DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410, 411, 414, 415, and 485

[HCFA–1065–FC]

RIN 0938–AJ61

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final rule with comment period.

SUMMARY: This final rule makes several changes affecting Medicare Part B payment. The changes include: implementation of resource-based malpractice insurance relative value units (RVUs); refinement of resource-based practice expense RVUs; payment for physician pathology and independent laboratory services; discontinuous anesthesia time; diagnostic tests; prostate screening; use of CPT modifier -25; qualifications for nurse practitioners; an increase in the work RVUs for pediatric services; adjustments to the practice expense RVUs for physician interpretation of Pap smears; and revisions to the work RVUs for new and revised CPT codes for calendar year 1999 and a number of other changes relating to coding and payment. Furthermore, we are finalizing the 1999 interim physician work RVUs and are issuing interim RVUs for new and revised codes for 2000. This final rule solicits public comments on the second 5-year refinement of work RVUs for services furnished beginning January 1, 2002 and requests public comments on potentially misvalued work RVUs for all services in the CY 2000 physician fee schedule. This final rule also conforms the regulations to existing law and policy regarding: removal of the x-ray as a prerequisite for chiropractic manipulation; the exclusion of payment for assisted suicide; and optometrist services. This final rule also announces the calendar year 2000 Medicare physician fee schedule conversion factor under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Social Security Act. The 2000 Medicare physician fee schedule conversion factor is $36.6137.

DATES: *Effective date:* This rule is effective January 1, 2000. This rule is a major rule as defined in Title 5, United States Code, section 804(2). In accordance with 5 U.S.C. section 801(a)(1)(A), we are submitting a report to the Congress on this final rule on October 29, 1999.

Comment date: Comments on interim RVUs for selected procedure codes identified in Addendum C and on interim practice expense RVUs and malpractice RVUs for all codes as shown in Addendum B will be considered if we receive them at the appropriate address, as provided in the **ADDRESSES** section, no later than 5 p.m. on January 3, 2000.

Comments on all RVUs considered under the 5-year refinement process as discussed in section IV of the preamble will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on March 1, 2000.

ADDRESSES: Mail written comments related to the 5-year refinement process (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1065–FC (5-Year Refinement), P.O. Box 8013, Baltimore, MD 21244–8013.

Mail written comments related to interim RVUs for new and revised procedure codes, interim practice expense RVUs, and interim malpractice RVUs (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1065–FC, P.O. Box 8013, Baltimore, MD 21244–8013.

If you prefer, you may deliver your written comments to one of the following addresses:

Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–16–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1065–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7061).

FOR FURTHER INFORMATION CONTACT:

Benjamin Long, (410) 786–0007 (for issues related to accessing the physician fee schedule information on the HCFA homepage).

Bob Ulikowski, (410) 786–5721 (for issues related to the resource-based malpractice relative value units).

Carolyn Mullen, (410) 786–4589 (for issues related to resource-based practice expense relative value units).

Jim Menas, (410) 786–4507 (for issues related to physician pathology services and independent labs and discontinuous anesthesia time).

Ken Marsalek, (410) 786–4502 (for issues related to optometrist services).

Bill Larson, (410) 786–4639 (for issues related to the coverage of prostate screening).

Paul W. Kim, (410) 786–7410 (for issues related to nurse practitioner qualifications).

Dorothy Honemann, (410) 786–5702 (for issues related to the X-ray requirement for chiropractic services).

Bill Morse, (410) 786–4520 (for issues related to diagnostic tests).

Marc Hartstein, (410) 786–4539 (for issues related to the conversion factor and physician fee schedule update and the regulatory impact analysis).

Diane Milstead, (410) 786–3355 (for all other issues).

SUPPLEMENTARY INFORMATION: *Copies:* To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Please specify the date of the issue requested, and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa, Discover, or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

To order the disks containing this document, send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013–7082. Please specify, ''Medicare Program; Revisions to Payment Policies Under the Physicians Fee Schedule for Calendar Year 2000,'' and enclose a check or money order payable to the Superintendent of Documents, or enclose your VISA, Discover, or MasterCard number and expiration date. Credit card orders can be placed by calling the order clerk at (202) 512–1530 (or toll free at 1–888–293–6498) or by

faxing to (202) 512–1262. The cost of the two disks is $19.

Information on the Physician Fee Schedule can be found on our HCFA homepage. This data can be accessed by using the following directions:

1. Go to the HCFA homepage (http://www.hcfa.gov).
2. Click on ''Medicare.''
3. Click on ''Professional/Technical Information.''
4. Select Medicare Payment Systems.
5. Select Physician Fee Schedule.

You will find information on the Physician Fee Schedule Regulation on this page, as well as other documents (for example, Lewin Group Report, Health Economics Research Report) that are referenced in the preamble. Or, you can go directly to the Physician Fee Schedule page by typing the following: http://www.hcfa.gov/medicare/pfsmain.htm.

To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations. Information on the regulation's impact appears throughout the preamble and not exclusively in section IX.

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In addition, because of the many organizations and terms to which we refer by acronym in this rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AANA American Association of Nurse Anesthetists
AMA American Medical Association
APSA American Pediatric Surgical Association
ASA American Society of Anesthesiologists
BBA Balanced Budget Act of 1997
CF Conversion factor
CFR Code of Federal Regulations
CMDs Carrier Medical Directors
CPEPs Clinical Practice Expert Panels
CPT [Physicians'] Current Procedural Terminology [4th Edition, 1999, copyrighted by the AMA]
CRNA Certified Registered Nurse Anesthetist
DRE Digital rectal examination
DRG Diagnostic Related Group
E/M Evaluation and management
GAF Geographic adjustment factor
GPCI Geographic practice cost index
HCFA Health Care Financing Administration
HCPAC Health Care Professionals Advisory Committee
HCPCS HCFA Common Procedure Coding System
HHS [Department of] Health and Human Services
IDTFs Independent Diagnostic Testing Facilities
JUAs Joint Underwriting Associations
MEDPAC Medicare Payment Advisory Commission
MEI Medicare Economic Index
MGMA Medical Group Management Association
OBRA Omnibus Budget Reconciliation Act
OIG Office of the Inspector General
PSA Prostate-specific antigen
PC Professional component
PCF Patient Compensation Fund
PEAC Practice Expense Advisory Committee
PPS Prospective payment system
ROS Risk-of-Service
RUC [AMA's Specialty Society] Relative [Value] Update Committee
RVU Relative value unit
SMS Socioeconomic Monitoring Survey
STS The Society of Thoracic Surgeons
TC Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians''

Services.'' This section contains three major elements: (1) A fee schedule for the payment of physicians' services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to the conversion factors (CFs) to preserve budget neutrality.

B. Published Changes to the Fee Schedule

In the July 22, 1999, proposed rule (64 FR 39609), we listed all of the final rules published through November 2, 1998, relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the July 22, 1999, proposed rule (64 FR 39608), we discussed several policy issues affecting Medicare payment for physicians' services including implementation of resource-based malpractice insurance relative value units (RVUs); refinement of resource-based practice expense RVUs; payment for physician pathology and independent laboratory services; discontinuous anesthesia time; prostate screening; diagnostic tests; qualifications for nurse practitioners; an increase in the work RVUs for pediatric services; adjustments to the practice expense RVUs for physician interpretation of Pap smears; revisions to the work RVUs for new and revised CPT codes for calendar year 1999; and a number of other issues relating to coding and payment. In the proposed rule, we also indicated that we would conform the regulations to existing law and policy regarding removal of the x-ray as a prerequisite for chiropractic manipulation, the exclusion of payment for assisted suicide, and optometrist services.

This final rule affects the regulations set forth at—

- Part 410, Supplementary medical insurance benefits;
- Part 411, Exclusions from Medicare and limitations on Medicare payment;
- Part 414, Payment for Part B medical and other services;
- Part 415, Services furnished by physicians in providers, supervising physicians in teaching settings, and residents in certain settings; and
- Part 485, Conditions of participation; specialized providers.

The information in this final rule updates information in the July 22, 1999 proposed rule (64 FR 39608).

C. Components of the Fee Schedule Payment Amounts

Under the formula set forth in section 1848(b)(1) of the Act, the payment amount for each service paid for under the physician fee schedule is the product of three factors: (1) A nationally uniform relative value for the service; (2) a geographic adjustment factor (GAF) for each physician fee schedule area; and (3) a nationally uniform conversion factor (CF) for the service. The CF converts the relative values into payment amounts.

For each physician fee schedule service, there are three relative values: (1) An RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each of these components of the fee schedule there is a geographic practice cost index (GPCI) for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component.

The general formula for calculating the Medicare fee schedule amount for a given service in a given fee schedule area can be expressed as:

Payment = [(RVU work × GPCI work) + (RVU practice expense × GPCI practice expense) + (RVU malpractice × GPCI malpractice) × CF]

The CF for calendar year 2000 appears in section V. The RVUs for calendar year 2000 are in Addendum B. The GPCIs for calendar year 2000 can be found in Addendum D.

Section 1848(e) of the Act requires the Secretary to develop GAFs for all physician fee schedule areas. The total GAF for a fee schedule area is equal to a weighted average of the individual GPCIs for each of the three components of the service. Thus, the GPCIs reflect the relative practice expenses, malpractice insurance, and physicians' work in an area compared to the national average. In accordance with the law, however, the GAF for the physician's work reflects one-quarter of the relative cost of physician's work compared to the national average.

D. Development of the Relative Value Units

1. Work Relative Value Units

Approximately 7,500 codes represent services included in the physician fee schedule. The work RVUs established for the implementation of the fee schedule in January 1992 were developed with extensive input from the physician community. The original work RVUs for most codes were developed by a research team at the Harvard School of Public Health in a cooperative agreement with us. In constructing the vignettes for the original RVUs, Harvard worked with panels of expert physicians and obtained input from physicians from numerous specialties.

The RVUs for radiology services are based on the American College of Radiology relative value scale, which we integrated into the overall physician fee schedule. The RVUs for anesthesia services are based on RVUs from a uniform relative value guide. We established a separate CF for anesthesia services while we continue to recognize time as a factor in determining payment for these services. As a result, there is a separate payment system for anesthesia services.

2. Practice Expense and Malpractice Expense Relative Value Units

Section 1848(c)(2)(C) of the Act requires that the practice expense and malpractice expense RVUs equal the product of the base allowed charges and the practice expense and malpractice percentages for the service. Base allowed charges are defined as the national average allowed charges for the service furnished during 1991, as estimated using the most recent data available. For most services, we used 1989 charge data ''aged'' to reflect the 1991 payment rules, since those were the most recent data available for the 1992 fee schedule.

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, required us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician service. As amended by the BBA, section 1848(c) required the new payment methodology to be phased in over 4 years, effective for services furnished in 1999, with resource-based practice expense RVUs becoming fully effective in 2002. The BBA also requires us to implement resource-based malpractice RVUs for services furnished beginning in 2000.

II. Specific Proposals for Calendar Year 2000 and Responses to Public Comments

In response to the publication of the July 22, 1999 proposed rule, we received approximately 2,050 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of comments addressed the proposals related to resource-based malpractice RVUs, resource-based practice expense RVUs, and supervision of diagnostic tests.

The proposed rule discussed policies that affect the number of RVUs on which payment for certain services would be based. Certain changes implemented through this final rule are subject to the $20 million limitation on annual adjustments contained in section 1848(c)(2)(B)(ii)(II) of the Act.

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 2000. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section IX.)

For the convenience of the reader, the headings for the policy issues correspond to the headings used in the July 22, 1999 proposed rule. More detailed background information for each issue can be found in the July 22, 1999 proposed rule.

A. Resource-Based Malpractice Relative Value Units

1. Current Relative Value Unit System

Malpractice RVUs are currently charge-based, using the same statutory formula discussed above for practice expense RVUs but using weighted specialty-specific malpractice expense percentages and 1991 average allowed charges. As with practice expense RVUs, malpractice RVUs for new codes after 1991 were extrapolated from similar existing codes or from work RVUs. Section 4505(f) of the BBA requires us to implement resource-based malpractice RVUs for services furnished beginning in 2000. With the implementation of resource-based malpractice RVUs and full implementation of resource-based practice expense RVUs in 2002, all physician fee schedule RVUs will be resource-based, thus eliminating the last vestiges of payment inequities that resulted from charges that did not accurately reflect the relative resources involved in providing a service.

2. Methodology for Developing Resource-based Malpractice RVUs

The resource-based malpractice RVU methodology is data-driven based on malpractice insurance premium data. Malpractice premium data were used because they represent the actual malpractice expense to the physician and are widely available. Actual malpractice premium data were collected for the top 20 Medicare payment physician specialties. Data were collected from all 50 States, Washington D.C., and Puerto Rico. Data were collected from commercial and physician-owned insurers and from joint underwriting associations (JUAs), typically State government administered risk pooling insurance arrangements in areas where commercial insurers left the market. Adjustments were made to reflect mandatory patient compensation fund or PCF (a fund to pay for any claim beyond the statutory amount thereby limiting an individual physician's liability in cases of a large suit) surcharges in States where PCF participation is mandatory. Premium data reflect at least a 50 percent market share in each State, with the average market share being 77 percent. Adjustments were made to reflect a standard $1 million/$3 million mature claims made policy (a policy covering claims made rather than services provided during the policy term).

Medicare physician specialties were mapped to malpractice insurance rating risk classes. A national average premium was computed for each specialty by weighting area geographic premiums by fee schedule RVUs. Specialty risk factors or indexes were then calculated by dividing the national average premium for each specialty by the national average premium for the specialty with the lowest premium, psychiatry. The risk factors describe the relative malpractice costs among specialties.

Specialty-weighted resource-based malpractice RVUs were calculated for each procedure by summing, for all specialties providing the procedure, the product of each specialty's risk factor times the proportion of total service count for that procedure provided by the specialty. This number was then multiplied by the procedure's work RVUs to account for differences in risk-of-service (ROS) among procedures. If ROS differences were not recognized, all services performed exclusively by a given specialty would have the same resource-based malpractice RVUs, even though they might vary considerably in effort, difficulty, total payment, and their contribution to that specialty's malpractice liability. Since work RVUs reflect differences in time, intensity, and difficulty among procedures and are generally accepted as accurate, we proposed them as the best available proxy for determining ROS. To attain budget neutrality as required by law, the total new fee schedule resource-based malpractice RVUs were compared to the total current charge-based malpractice RVUs, and the appropriate adjustment was made to retain the same total malpractice RVUs.

We proposed to add a new § 414.22(c)(3) (Relative value units (RVUs)) to specify that, for services furnished in the year 2000 and subsequent years, the malpractice RVUs are based on the relative malpractice insurance resources for each service.

A more detailed explanation of our methodology can be found in the July 22, 1999 proposed rule (64 FR 39610).

We received the following comments on our proposed resource-based malpractice RVUs:

Comment: Many commenters agreed that our methodology was generally reasonable and that malpractice risk-of-service (ROS) differences among procedures must be taken into account. While understanding that we used work RVUs to reflect the malpractice ROS differences because we could not find a better proxy, they commented that work RVUs may not be the best proxy to use for ROS and suggested that we work with the medical community to find a better alternative.

Response: As we stated in the July 1999 proposed rule, we realize that work RVUs may not be the perfect proxy to reflect malpractice ROS differences. It is the best proxy available at this time. We will be happy to work with the medical community to find a better alternative and welcome any suggestions.

Comment: The most frequently recurring comment was that, while the law requires that we use the most recent available data, the data used (1993 through 1995 malpractice premiums) is outdated and does not accurately reflect current malpractice premiums. Commenters suggested that we delay implementation of the resource-based malpractice RVUs until more recent data can be collected. If delay is not an option, the commenters requested that the resource-based malpractice RVUs be considered interim subject to change, when more recent data are collected and verified.

Response: We used the 1993 through 1995 data because they were readily available. Moreover, we believe the use of these data are reasonable because it is our understanding that malpractice

insurance premiums have been relatively stable in the 1990s. The law requires us to implement the new malpractice RVUs in 2000. However, we do agree that the RVUs should be considered interim until they can be verified by more recent data.

Comment: Some commenters stated that using two risk factors, surgical and nonsurgical, and applying the surgical risk factor to surgical services performed by a specialty, and the lower nonsurgical risk factor to the nonsurgical services performed by the specialty, does not recognize that physicians typically perform a wide range of services and that their malpractice costs are spread across the whole range. Since a physician's malpractice premium is usually determined by the higher risk services performed, the commenters state that the higher risk factor should be applied to the whole range of services. OBGYN specialties felt particularly strongly about this issue, stating that over 80 percent of OBGYNs do both obstetrics and gynecology, and that even if a physician only does a very minimal number of deliveries a year he or she will pay the much higher obstetric premium.

Response: It is true that, for an individual physician in a specialty with different risk factors depending upon whether or not the physician performs surgery, the physician's malpractice premium will probably be based upon the higher risk services, depending upon the policies of the individual insurer. (For obvious surgical specialties, for example, general surgeon and thoracic surgeon, there is only one risk factor and this is applied to all services performed by that specialty.) The purpose of the resource based malpractice RVUs is not to guarantee each physician an absolute return of his or her malpractice costs. It is rather to construct malpractice RVUs based on the relative malpractice costs among services. We believe it is reasonable to use the lower risk factor for the values of the lower risk non-surgical services and to allocate the higher relative values to the higher risk services that cause them. In the case of OBGYN services, the higher obstetric premiums and risk factor were used for services that were clearly obstetrical services which drive these premiums, while the lower gynecology risk factor was used for all other services. This also seems consistent with support from many commenters that we use a risk of service adjuster for each service, as discussed earlier.

Comment: Several commenters generally agreed with our policy of retaining the existing malpractice RVUs for codes with zero work RVUs (generally the technical component (TC) of diagnostic tests) rather than making them zero (as they would have been if we multiplied the premium-based RVUs by the work RVUs as our risk-of-service methodology provides). Some commenters pointed out that retaining the existing values leaves them charge based, however, and suggested that we work with the physician community to find an alternative proxy to work RVUs to use to adjust for risk-of-service. Some commenters suggested that we merely leave the work multiplication step out of the calculation. One commenter suggested that we use the non-physician clinical labor from the practice expense Clinical Practice Expert Panels (CPEPs). It was also pointed out that by retaining the present malpractice values for the TCs and applying our methodology to the professional component (PC) and the global fee, we created anomalies when the value of one of the parts, the TC, was greater than the value of the whole, the global fee.

Response: As stated in the proposed rule, we welcome suggestions concerning a different proxy than work to use to reflect ROS differences among services with no work RVUs. We considered eliminating the work multiplication step, but did not accept this for the reason mentioned in the proposed rule: that without adjusting for ROS all services performed solely or almost solely by a specialty would have the same malpractice RVUs without regard to the different risks they may entail. We will consider all suggestions including using the CPEP data and may propose additional refinements in a future proposed rule. In addition, we have corrected the global PC and TC anomaly. Instead of separately calculating global values using our methodology, we have added the PC and TC to obtain the global value, because that value by definition is the sum of its TC and PC parts.

Comment: Cardiologists commented that the two-tiered surgical breakdown was inadequate to reflect cardiologists' malpractice costs because some of their services (for example, angioplasties and cardiac catherization) do not neatly fall into either category, and that more categories than just surgery or nonsurgery are required. They also stated that we did not clearly define what are surgical and nonsurgical services.

Response: As mentioned in the proposed rule we acknowledge that insurers vary as to categories of physician risk classifications. However, we believe that the major determinants of malpractice premiums are physician specialty and whether or not the physician performs surgery. We believe that our two risk factor methodology is generally adequate. Our proposed methodology was based on the CPT definition of surgery as a way to identify specific codes to be considered surgery or nonsurgery. We applied the surgical risk factors to services in the surgery section of CPT, codes 10000 through 69999, and the nonsurgical risk factors to all other services. After considering this comment, we acknowledge that the cardiological procedures they mentioned are quite invasive and more akin to surgery than most non-surgical services. We are, therefore, applying the higher cardiology surgical risk factor to the following cardiology catheterization and angioplasty codes: 92980 to 92998 and 93501 to 93536. Since all malpractice RVUs are considered to be interim, we welcome additional comments concerning other codes which should be considered as surgery for these purposes.

Comment: Some commenters objected to our basing the resource-based malpractice RVUs on premium data for 20 specialties with other specialties being crosswalked to these 20 specialties. They stated that the RVUs should be based on actual data for all specialties. Some believed that it was particularly inappropriate to crosswalk non-physician specialties to the ''all physician'' category.

Response: There are about 100 recognized specialties in our payment records. We do not believe it is practical, possible, or necessary to collect actual malpractice premium data on all these specialties. The 20 specialties most prominent in the data represent over 80 percent of physician fee schedule payments. The shares of payments of many of the other specialties for a specific service are extremely small and thus have virtually no effect on the specialty share-weighted calculation. As discussed in the proposed rule, insurers create their own risk classes generally using ISO codes. We mapped all specialties to the risk classes of St. Paul Companies, one of the oldest and largest malpractice insurers. These risk classes include multiple specialties that represent similar malpractice risk. To our knowledge, no insurer has established risk classes for each of the almost 100 Medicare specialties.

Comment: Some commenters objected to our computing the malpractice RVUs for a service by weight-averaging the risk factors for all specialties providing the service. They state that this rewards the specialties with the lowest risk

factors and punishes the specialties with the highest risk factors.

Response: The basic principle underlying the physician fee schedule is that the relative value for a service represents the resources required to provide the typical service for all physicians providing the service. Indeed, the law specifically prohibits any specialty payment differential. The RVUs are intended to reflect the relative resources required to provide the service compared to other services. Computing resource-based malpractice RVUs for a service by weight-averaging the relative costs of all specialties providing the service is not intended to reward or punish a particular specialty but to reflect average costs across all specialties providing the service and is entirely in keeping with the basic principles underlying the fee schedule.

Comment: Radiology groups commented that, while both the TC and PC of radiology diagnostic tests contain malpractice RVUs, current and proposed malpractice RVUs are generally much higher for the TC than for the PC. They state that the radiologist supervising or interpreting the test bears the malpractice responsibility and believe that all or the bulk of malpractice RVUs currently in the TC should be moved to the PC.

Response: We disagree with the commenters. The total TC RVUs (practice expense and malpractice) for the TC of radiology diagnostic tests represent the expenses required to perform the test—equipment, supplies, and technicians plus malpractice insurance. The total PC RVUs (work, practice expense and malpractice) represent only the interpretation of the test by the physician. In general, the current TC RVUs for radiology services are significantly higher than the PC RVUs because of the very expensive equipment, supplies and other costs. The malpractice RVUs are generally split in similar proportion between PC and TC as the practice expense RVUs. In cases where the physician or group provides both the TC and PC and bills for both components, the split is not a significant issue since the physician or group would receive the total payment. In many cases, the TC is provided by an entity—hospital or free standing imaging center—other than the physician providing the interpretation. The entity providing the TC, which includes a supervising physician who is most likely a radiologist, assumes the risk, such as excessive irradiation of the patient, of providing the TC. We can think of no reason to transfer any portion of malpractice RVUs from the entity (including a supervising physician) providing the majority of the service, the TC, to a physician who is providing only the interpretation. The malpractice liability associated with interpreting the test is reflected in the PC malpractice RVUs.

Comment: One commenter stated that certain allergy and immunotherapy codes (95145 through 95170, 95010, and 95015) should not have zero malpractice RVUs as these codes contain work RVUs.

Response: We agree that all services with physician work RVUs contain some potential malpractice liability and expense. This error occurred because we rounded to zero in our computation. We have given them a malpractice value of 0.01 RVU.

Comment: Some commenters stated that we should base the resource-based malpractice RVUs on actual closed claims data as recommended by MEDPAC and discussed in the proposed July 1999 proposed rule. MEDPAC again recommended this approach in its comments and stated that some insurers maintain a data base relating malpractice claims to ICD–9 codes and that software is available to crosswalk ICD–9 to CPT codes. MEDPAC also commented that in using only the costs of malpractice premiums that we failed to factor into the malpractice RVUs the ''* * * loss of reputation* * *'' that a physician incurs from malpractice claims. MEDPAC also indicated that ''* * * psychological costs of professional liability are very important to physicians.''

Response: As stated in the proposed rule, we do not believe that closed claims data linking malpractice claims to CPT codes are widely available across the country for all or even a significant portion of the 7000 plus CPT codes paid under the physician fee schedule. If any such data are available, we expect they are for a very few codes on a limited geographical basis. Our coding experts tell us it is not possible to crosswalk ICD–9 codes to an individual CPT code with any degree of accuracy. The statute requires that the new malpractice system be based on the malpractice expense resources involved in furnishing the service. We believe that the physician's malpractice premium best reflects the malpractice expense. We do not believe that any loss of a physician's reputation from a malpractice claim would be related to the statutory requirement to base malpractice RVUs on the malpractice resources involved in furnishing the service; we do not believe that this intangible ''loss'' represents a resource used in furnishing a service. Indeed, we do not see how loss of reputation and psychological costs can be quantified. We encourage MEDPAC to further develop their idea, particularly as it relates to the statutory requirement, and submit their further analysis in comments to future physician fee schedule notices.

Comment: Some neurologists listed five codes (95829, 95920, 95955, 95961, and 95962) assigned the neurology non-surgical risk factor that they believe are surgical services and should be assigned the higher neurology surgical risk factor.

Response: Our medical consultants believe that these are not surgical services and no evidence was presented that these services result in higher malpractice premiums for neurologists. At this time, we will continue to apply the non-surgical risk factor to these services. We will reconsider this decision should evidence be presented that performance of these services results in higher malpractice premiums.

Comment: Some neurosurgeons commented that the real effect of malpractice changes on neurosurgeons is masked by comparing estimated year 2000 allowed charges to 1999 allowed charges, thereby ignoring the effect on the malpractice RVU pool of the rebasing of the MEI from 1998 to 1999. They further commented that, while comparing 2000 to 1999 malpractice RVUs for neurosurgical procedures shows significant increases, comparing 2000 to 1998 malpractice RVUs will substantially reduce or eliminate these increases. They also stated that, while the updated MEI showed that the average malpractice expense represented 3.2 percent of gross income across all physician specialties, neurosurgeons have much higher malpractice expenses of about 7 percent of gross income. Neurosurgeons submitted a detailed methodology that they suggested might be used as an alternative to our proposed methodology.

Response: The MEI was rebased in 1999 to reflect more recent (1997 as compared to 1989) data from the AMA's Socioeconomic Monitoring Survey (SMS) on physician income and expenses. The more recent data indicated that malpractice expenses across all physician specialties as a percentage of gross income had shrunk from 4.8 to 3.2 percent. In order to reflect these more recent data in the physician fee schedule, the pool of malpractice RVUs was reduced from 4.8 to 3.2 percent of total RVUs. We made this change on a budget-neutral basis: the 1.6 percentage points were redistributed among the work and practice expense RVUs. We always show impacts relative to current law,

regulations and policies; therefore, comparing 2000 to 1999 changes was not done to mask the effects of previous changes but was consistent with past practices. The effects of proposed 2000 malpractice RVUs were thus compared to existing 1999 levels. We agree that malpractice expenses of neurosurgeons are generally higher than the overall average 3.2 percent of gross income for all physicians. An examination of high volume codes performed primarily by neurosurgeons shows that the new resource-based malpractice RVUs range from about 6 percent of the total 1999 transition RVUs to about 9 percent of fully implemented total 2002 RVUs for a given service. We are examining the alternative methodology suggested by the neurosurgeons and will consider it along with other alternatives during future refinement of malpractice RVUs.

Comment: Several surgical specialties commented that many of the ''winners'' under our proposal are relatively low-risk specialties (for example, nephrology, general practice, and family practice) with relatively low malpractice premiums, while many of the ''losers'' are high-risk specialties (for example, cardiac surgery and thoracic surgery) with relatively high malpractice premiums. While acknowledging that the gains or losses are minor, usually less than 1 percent, they state that the results are counter-intuitive and do not match clinical practice experience. Some believe that this is a continuation of a HCFA bias in favor of primary care specialties at the expense of surgical specialties.

Response: We do not agree that the results are counter-intuitive or reflect any intentional bias. The impacts compare a new resource-based system with an existing charge-based system. The systems are on totally different bases. All the results show is what provided the Congress with the impetus to create the resource-based physician fee schedule in the OBRA 1989 and expand it in subsequent legislation: charges for physicians' services did not accurately reflect the relative resources required to provide the services. While over the course of the development of the fee schedule, the changes to a resource-based system did generally increase payments for primary care services relative to surgical services, it was because this was indicated by the resource input data and not as a result of any intentional HCFA bias.

Result of Evaluation of Comments: After careful examination of comments, we are adopting our proposal that new resource-based malpractice RVUs calculated using the methodology described in the July 1999 proposed rule will become effective in 2000. We have modified our proposal to identify certain services as surgery for purposes of applying specialty risk factors to individual services. These RVUs can be found in Addendum B.

B. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, required us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician's service beginning in 1998. The legislation specifically required that, in implementing the new system of practice expense RVUs, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

The BBA was enacted on August 5, 1997, before publication of the October 1997 final rule (62 FR 59103). Section 4505(a) of the BBA delayed the effective date of the resource-based practice expense RVUs until January 1, 1999. In addition, the BBA provided for the following revisions in the requirements to change from charge-based practice expense RVUs to resource-based RVUs.

Instead of paying for all services entirely under a resource-based RVU system in 1999, section 4505(b) of the BBA provided for a 4-year transition period. The practice expense RVUs for the year 1999 will be the sum of 75 percent of charge-based RVUs and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based RVUs and 50 percent resource-based RVUs. For the year 2001, the percentages will be 25 percent charge-based RVUs and 75 percent resource-based RVUs. For subsequent years, the RVUs will be totally resource-based.

Section 4505(e) of the BBA provided that, in 1998, the practice expense RVUs would be adjusted for certain services in anticipation of the implementation of resource-based practice expenses beginning in 1999. Thus, practice expense RVUs for office visits were increased. For other services whose practice expense RVUs exceeded 110 percent of the work RVUs and which were furnished less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had proposed resource-based practice expense RVUs in the June 18, 1997 proposed rule (62 FR 33196) that increased from their 1997 practice expense RVUs. The procedure codes affected and the final RVUs for 1998 were published in the October 31, 1997 final rule (62 FR 59103).

Section 4505(d)(3) also required that a proposed rule be published by May 1, 1998, with a 90-day comment period. A final rule was published on November 2, 1998, (63 FR 58816) and the transition began on January 1, 1999.

The BBA also required that we develop new resource-based practice expense RVUs. In developing these new practice expense RVUs, section 4505(d)(1) required us to—(1) use, to the maximum extent practicable, generally accepted accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures, and use actual data on equipment use and other key assumptions; (2) consult with organizations representing physicians regarding the methodology and data to be used; and (3) develop a refinement process to be used during each of the four years of the transition period.

2. Current Methodology for Computing Practice Expense Relative Value Units

Effective with services furnished after January 1, 1999, we established a new methodology for computing resource-based practice expense RVU that uses the two significant sources of actual practice expense data we have available—the Clinical Practice Expert Panel (CPEP) data and the American Medical Association's (AMA's) Socioeconomic Monitoring System (SMS) data. This methodology is based on an assumption that current aggregate specialty practice costs are a reasonable basis for establishing initial estimates of relative resource costs of physicians' services across specialties. It then allocates these aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach. The following summarizes the general methodology used. (For more specific information refer to the June 5, 1998 proposed rule (63 FR 30826) and the November 1998 final rule with comment (63 FR 58816).)

Practice Expense Cost Pools

We used actual practice expense data by specialty, derived from the 1995 through 1997 SMS survey data, to create six cost pools: administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools. They are as follows:

(Step 1) We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expense per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities by the physicians in the practice.

(Step 2) We determined the total number of physician hours, by specialty, spent treating Medicare patients. This was calculated from physician time data for each procedure code and the Medicare claims data.

(Step 3) We then calculated the practice expense pools by specialty and by cost category by multiplying the practice expenses per hour for each category by the total physician hours.

For services with work RVUs equal to zero (including the TC of services with PC and TC), we created a separate practice expense pool using the average clinical staff time from the CPEP data (since these codes by definition do not have physician time), and the ''all physicians'' practice expense per hour.

Cost Allocation Methodology

For each specialty, we separated the six practice expense pools into two groups, direct costs and indirect costs, and used a different allocation basis for each group.

- For direct costs, which include clinical labor, medical supplies, and medical equipment, we used the CPEP data as the allocation basis.

For the separate practice expense pool for services with work RVUs equal to zero, we are using, as an interim measure, 1998 practice expense RVUs to allocate the direct cost pools (clinical labor, medical supplies and medical equipment).

Also, for all radiology services that are assigned work RVUs, we used the 1998 practice expense RVUs as an interim measure to allocate the direct practice expense cost pool for the specialty of radiology. For all other specialties that perform radiology services that are assigned work RVUs, we used the CPEP data for radiology services in the allocation of that specialty's direct practice expense cost pools.

- For indirect costs, which include administrative labor, office expenses, and all other expenses, we used the total direct costs or the 1998 practice expense RVUs, as described above, in combination with the physician fee schedule work RVUs, to allocate the cost pools. We converted the work RVUs to dollars using the Medicare CF (expressed in 1995 dollars for consistency with the SMS survey years).
- For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

Other Methodological Issues

- Global Practice Expense Relative Value Units

For services with the PC and TC paid under the physician fee schedule, the global practice expense RVUs are set equal to the sum of the PC and TC.

- Practice Expenses per Hour Adjustments and Specialty Crosswalks

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expenses tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. We also made the following adjustments to the practice expense per hour data (the rationale for these adjustments is explained in the November 1998 proposed rule (63 FR 58817):

+ For the specialty of ''oncology'' we set the medical materials and supplies practice expense per hour equal to the ''all physician'' medical materials and supplies practice expenses per hour.

+ We based the administrative payroll, office, and other practice expenses per hour for the specialties of ''physical therapy'' and ''occupational therapy'' on data used to develop the salary equivalency guidelines for these specialties. We set the practice expense per hour for the direct cost categories equal to the ''all physicians'' practice expense per hour from the SMS survey data.

+ We derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these codes.

+ For the specialty ''emergency medicine'' we used the ''all physician'' practice expense per hour to create practice expense cost pools for the categories ''clerical payroll'' and ''other expenses.''

+ For the specialty ''podiatry'' and the specialty of ''maxillofacial prosthetics'' we used the ''all physician'' practice expenses per hour to create the practice expense pool.

+ For the specialty ''pathology'' we removed the supervision and autopsy hours reimbursed through Part A of the Medicare program from the practice expense per hour calculation.

- Time Associated with the Work Relative Value Units

The time data resulting from the more current RUC refinement of the work RVUs have been, on the average, 25 percent greater than the time data obtained by the original Harvard research team for the same services in 1992. We adjusted the Harvard research team's time data by comparisons within families of CPT codes in order to ensure consistency between these data sources and fairness to those services not yet valued by the RUC.

For services with no assigned physician times, such as dialysis, physical therapy, psychology and many radiology and other diagnostic services, we calculated estimated total physician times based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for the anesthesia CPT codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

3. Refinement

Background

Section 4505(d)(1)(C) of the BBA requires us to develop a refinement process to be used during each of the four years of the transition period. In the June 1998 proposed rule (63 FR 30822) and the November 2, 1998 final rule (63 FR 58818) we set out the parameters for a refinement process and indicated that RVUs for all codes would be considered interim for 1999 and for future years during the transition period.

As part of the initial refinement process, in the November 1998 final rule, we outlined the steps we are undertaking to resolve the outstanding general methodological issues. These steps include the establishment of a mechanism to receive additional technical advice for dealing with these broad practice expense RVU methodological issues; evaluation of any additional recommendations from the GAO, MEDPAC, and the Practicing Physicians Advisory Council; and consultation with physicians' and other groups about these issues. In addition, we solicited comments and suggestions about methodology from organizations that have a broad range of interest and expertise in practice expense and survey issues.

We also discussed a proposal submitted by the Relative Update Committee (RUC), which was supported by almost every medical specialty society, for the establishment of a Practice Expense Advisory Committee (PEAC), to review comments and make recommendations on the code-specific

CPEP data (that is, the clinical staff types and times, medical supplies, and medical equipment needed for each procedure) during this refinement period. This committee would make recommendations to the RUC, which would make final recommendations to us.

Current Status of Refinement Activities

Top-Down Methodology

Comment: Several physician specialty societies expressed concern about what they perceive as a lack of progress in the refinement process. One surgical society noted the final report of the contractor we chose to evaluate methodological issues is not due until May 2000. Other commenters requested that we identify our plans for refinement, provide guidance to specialty societies for refining key data sources and inform the medical community of our progress. Several commenters recommended that we lengthen the time period for transition, while another requested that we consider all practice expense RVUs as interim until all refinements are complete, even beyond 2002. Two surgical specialty societies stated their concern that many of the methodological issues on which they previously commented have not yet been resolved, such as averaging of the CPEP inputs for services valued by more than one CPEP panel, the negative effect of high patient care hours on certain specialties, the effects of rounding on the physician time for evaluation and management (E/M) services, and the impact of errors in the Medicare claims data.

Response: We can understand the frustration expressed by many of the commenters about the lack of many immediate revisions to our top-down methodology. However, this methodology is complex and is also dependent on the accuracy and interrelationship among five separate data sources: the SMS survey, the CPEP inputs, Harvard and RUC physician times, the Medicare claims data, and the work RVUs. In addition, because the RVUs must be budget neutral, any change we make that advantages one group could disadvantage another. Therefore, we must ensure that all refinements we make are methodologically sound, are consistent with Medicare policy, and, to the greatest degree possible, are based on objective information.

We believe that we are now in a position to begin addressing many of the methodological issues that are of concern to those commenting on our refinement efforts. As indicated in the July 22, 1999 proposed rule (64 FR 39608), one of our main strategies for resolving the outstanding practice expense methodological issues was to establish a mechanism for obtaining expert advice and technical support. We awarded a one-year contract, beginning May 24, 1999, to The Lewin Group to provide technical assistance in evaluating the following aspects of the practice expense methodology:

- Evaluate the validity and reliability of the SMS data for specialty and subspecialty groups and academic and hospital-based specialties to determine which groups may not be adequately represented in the SMS survey.
- Assist us in our consultations with the AMA and the medical community on considering possible ways to improve the representativeness of the aggregate specialty-specific data so that sampling error is decreased and to eliminate as many sources of non-response and measurement error as possible.
- Evaluate the appropriateness of crosswalking unrepresented specialties to a specialty included in the AMA survey and develop alternative options to crosswalking.
- Determine which specialties' SMS data may be affected by inclusion of mid-level practitioners in specialty survey cost data and develop alternative methodologies to address the issue.
- Determine whether the impact on AMA SMS of non-billable hours is significant and, if so, develop methodologies for adjusting AMA/SMS to account for non-billable hours.
- Determine whether the impact of uncompensated care is significant and, if so, develop methodologies for adjusting the SMS data to account for uncompensated care.
- Identify and evaluate alternative and supplementary data from sources such as specialty and multi-speciality societies and future SMS surveys.
- Determine under what circumstances, if any, we should consider use of survey data other than AMA SMS data and, if this data could be used, develop criteria for accepting other surveys and determine the appropriate form of these surveys.
- Consider ways that specialty data that significantly change in a future survey can be selectively validated by AMA SMS through an independent auditor or other appropriate entity.
- Develop options for validating the Harvard/RUC physician procedure time data.
- Determine whether the effect of rounding time data for high volume/low time services is significant and, if so, develop methodologies to address it.
- Review options supplied by us for allocating indirect costs, including substituting physician time for physician work.
- Provide advice on developing a process for the 5-year review of practice expense RVUs.

Our contractor has accomplished the following to date:

- Met with us and the AMA to discuss our future use of the AMA SMS survey and to discuss the design and structure of the AMA's new practice-level survey. The AMA plans to conduct its survey of practices in alternating years with the SMS survey. Our contractor has completed an evaluation of the 1998 SMS questionnaire and has completed an initial review of the methodology of the practice expense per hour values derived from the SMS data. Our contractor is developing recommendations regarding the practice survey design and methodology and is considering how we can use the practice-level survey and how we can cross-walk the information to the SMS survey. We hope to present the details of the final recommendations and our proposals regarding them in next year's physician fee schedule proposed rule.
- Met with the Society of Thoracic Surgeons (STS) to review the methodology used in their survey to make a specific recommendation concerning the use of this survey to calculate the practice expense per hour for cardiothoracic surgery.
- Hosted a meeting on September 15, 1999 with 37 representatives of physician specialty societies, 11 representatives of nonphysician practitioners and a number of representatives of the AMA.

Our contractor held the meeting at our urging to allow an opportunity for representatives of physicians and other practitioners to raise issues and concerns regarding methodological issues which effect Medicare payment for practice expenses. Among other issues, our contractor discussed:

+ Improving collection reliability of practice expense data from the SMS survey including data on practitioners not represented in the SMS survey.
+ Developing and evaluating criteria for use of supplemental data collection efforts.
+ Defining and validating the number of hours physicians spend in patient care activities.
+ Appropriateness of crosswalk between HCFA and AMA specialty designations.

Our contractor discussed concerns related to these and other issues and facilitated a discussion among the

participants of potential ways of improving the top down methodology.

• Submitted their first draft report, Practice Expense Methodology, dated September 24, 1999, containing an analysis and recommendations concerning SMS and other practice expense data. This report has been placed on HCFA's homepage under the title ''Lewin Group Report'' for anyone interested in reviewing it. (Access to our homepage was discussed under the ''Address'' section earlier.)

Comment: We have received several comments regarding the effect of the step in our methodology that weight-averages all scaled specialty-specific dollar inputs for each CPT code to arrive at a single value for each service. Commenters claim that this step can cause redistributions in the specialty-specific practice expense pools and, in some cases, can cause anomalies in the payment for certain services. Several commenters indicate that payments for some nerve block injections will rise by several hundred percent in the office. The American Society of Anesthesiologists commented that the values for some of the nerve block injections make no sense in the real world and urged us to allow the refinement process to work before taking action with respect to in-facility practice expense values. Some commenters objected to the proposed increase in payments for outpatient E/M. A number of commenters noted that office-based E/M services will increase substantially under the proposed policy. The Society for Vascular Surgery objected to the proposed 4 to 7 percent increase in total RVUs for outpatient E/M. They indicated that the additional payments for an intermediate office visit (CPT code 99213) alone will increase $312,000,000 which will require further adjustments to the CF. The American College of Cardiology recommended that we should implement a way to reduce or eliminate the ''pool leakage'' for specialties such as cardiology that have a high practice expense per hour. Such high practice expense specialties can lose a portion of their pool to specialties with lower expenses when the costs are averaged. Other commenters also suggested that we should eliminate ''pool leakage.'' The American Association of Neurological Surgeons (AANS) made a similar comment regarding ''pool leakage.'' AANS asserted that pool leakage is unfair and violates that BBA mandate to develop a system that reflects physicians' actual practice expenses.

The Society of Thoracic Surgeons (STS) commented that, because of the dropping of clinical staff time in the facility setting from the CPEP data, the values for cardiac and thoracic surgical procedures are reduced while values for cardiac and thoracic office visits are increased. The commenter asserted that the effect of this ''misallocation and subsequent weighted-averaging of E/M services across specialties is a virtual draining and redistribution of cardiac and thoracic surgery practice expenses to other specialties.'' The commenter further stated that other anomalies demonstrate the fallibility of this approach. For example, the scaling factors for clinical staff for thoracic and cardiac surgery become 1.75 and 2.2 respectively, which are far from the norm for other specialties. As a result of these high scaling factors, the values in the cardiac and thoracic surgery practice expense pools for E/M services are increased while the values for these same services are decreased in the internal medicine practice expense pool. Cardiac and thoracic surgery have a value for an E/M service which is about six times the values for these services in the internal medicine practice expense pool. Finally, these changes in the direct cost values for E/M services also cause the indirect practice expense for these services to increase in a distorted fashion.

Response: We are required by statute to have a single payment for each service, regardless of the specialty performing that service. It is for this reason that we adopted the weight averaging of services. Under the top-down methodology, we calculate an ''SMS'' pool using the practice expense per hour from the AMA's SMS as follows:

SMS Pool=Practice expense per hour * time per procedure * allowed services.

This is summed by specialty across all procedures a specialty performs.

We then calculate a ''CPEP'' pool using the estimates of direct expenses for specific procedures by the CPEP:

CPEP Pool=Practice Expense for a procedure (as estimated by the CPEP) * allowed services.

This is summed across all services a specialty does.

There is a separate pool for each category of direct costs (clinical labor, supplies and equipment). The SMS pool is divided by the CPEP pool for each specialty to produce a scaling factor which is applied to the CPEP direct cost inputs. This process is intended to match costs counted as practice expenses in the SMS survey with items counted as a practice expense in the CPEP process. Ideally, all of the scaling factors would equal 1.0, which would suggest that practice expenses are being identified consistently within each pool. If the scaling factor is more than 1.0, the CPEP inputs for each specialty are increased prior to the weight-averaging step. If the scaling factor is less than 1.0, the CPEP inputs for each specialty are decreased prior to the weight-averaging step. If the scaling factors all equaled 1.0 or alternatively were within a narrow range of each other, the weight averaging step will have little impact on the final value for a procedure relative to the original CPEP estimates. Thus, the ideal is that the scaling factor equals 1.0.

Alternatively, if the scaling factors among different specialties are equal to each other, each specialty specific value that goes into the weight-averaging step would be the same. Since the scaling factors tend to be less than one for the direct inputs, most specialties overestimated practice expenses in the CPEP relative to how the costs were estimated in the SMS survey. In the refinement process, one of our key interests is ensuring that there is consistency between costs counted as practice expenses in the SMS survey and costs which were counted as practice expenses in the CPEP process. To the extent this occurs and we can obtain reliable information on physician time related to performing individual procedures, we believe that scaling factors should approach 1.0 and these refinements would be an improvement in the top-down methodology. In the interim, we believe the policies in this final rule are an improvement in the top-down methodology.

The scaling factors for clinical labor costs for most specialties move closer to 1.0 in this final rule. The scaling factor for all physicians increased from 0.54 to 0.72 in this final rule relative to last year's final rule. For a few specialties, the scaling factor deviates sharply from 1.0 as a result of these new policies. For instance, the scaling factor increased from 0.40 to 2.42 for thoracic surgery, 0.36 to 3.07 for cardiac surgery, and 0.51 to 5.72 for anesthesiology. Since the scaling factors for most specialties and for all physician pools move closer to 1.0, we do not believe that significant changes in policy related to the top-down methodology such as the ones suggested by commenters are necessary. We continue to believe the refinement process should be used to obtain better information on physician practice expenses to further improve the top-down methodology. We do not believe that results for a few specialties that deviate from the general trend indicate a significant problem with the top-down methodology. In fact, it is possible that the increase in the scaling factor that

results from changes in this final rule is due to an overstatement of SMS costs on practice expense per hour rather than an understatement of the CPEP pool. For instance, if a physician brings nonphysician practitioners to the hospital, whose services are charged for separately, the expenses associated with these practitioners generate physician revenue and should be considered as a part of the physician work RVU. Indeed, the STS indicated in its comments that thoracic surgeons frequently bring physician assistants to the operating room to perform duties typical of ''the first assistant-at-surgery.'' In this situation, the service of the assistant-at-surgery would be separately billable and would generate additional revenue to the physician. If it is commonplace for thoracic surgeons to bring physician assistants to the hospital for whose services Medicare may make an additional payment, it would be appropriate to examine whether expenses for physician assistants are included as a practice expense in the SMS and thus whether the practice expense per hour is overstated.

Similarly, we believe it is possible that anesthesiologists responding to the SMS survey may have counted certified registered nurse anesthetists as a clinical practice expense even though they may receive an additional payment for the service of a CRNA providing anesthesia services during a surgical procedure. We do not know that this is the case but are instead indicating that this is an avenue for further research to explain the very high scaling factor for anesthesiology.

We acknowledge that payments under our rule will largely decline for services which are predominantly performed in a facility and which had substantial inputs for clinical staff. However, we do not believe that this is illustrative of a problem with the top-down methodology. Indeed, as we explained above, we believe our policies are an improvement in the top-down methodology with a few exceptions.

With respect to some of the code level results that were pointed out by commenters, we are concerned that there are a few instances where the scaling and weight-averaging methodology could cause changes in payment or redistributions that do not reflect the relative costs of performing certain services. These occur for a few services that are performed predominantly by a specialty whose scaling factor deviates sharply from 1.0. For instance, as indicated by some commenters, practice expense RVUs for pain management injection services would have increased substantially for reasons unrelated to the relative resources used in providing the service. This occurs because of the very high scaling factor for anesthesia that is applied to these services. As some commenters have noted, including anesthesiologists themselves, these values ''make absolutely no sense in the real world.'' For this reason, as an interim measure until refinement is completed, we will use the average scaling factor in place of the specialty specific scaling factor if the specialty specific scaling factor exceeds the average scaling factor by more than 3 standard deviations. This change will largely result in a reduction in the enormous increase in some of the pain management services from the proposed rule as a result of a different scaling factor being used for anesthesiology. Although these services still appear to have higher RVUs, the changes do not seem so extreme. We believe this change is warranted as an interim measure in situations where there is an extreme deviation in specialty scaling factor relative to the average scaling factor. As we have indicated, this interim measure is being taken to avoid extremely anomalous payments for certain services until we can further identify the reason for aberrant scaling factors.

SMS Data

As we explained in the July 1999 proposed rule we have received comments from a large number of medical specialty societies concerning the SMS data and the parameters under which we would accept supplementary data or new data. We identified as the top priority of the technical contractor the determination of (1) the circumstances, if any, under which we should consider use of survey data other than the SMS data; (2) the appropriate form of these other surveys; and (3) how these surveys or future SMS surveys can be appropriately validated for our use.

Comment: Many organizations reiterated the concerns expressed in previous comments that their services or their actual costs are not adequately represented in the SMS data or, in the case of non-physician specialties, are not represented at all. Organizations representing emergency medicine, vascular surgery, podiatry, and optometry requested that we use supplementary data already collected for their specialties. Two organizations representing cardiology recommended that we use the most current SMS data in developing practice expense values for the year 2000. One of the comments states that a review of the most recent data indicates that no ''gaming'' took place in the responses to this new SMS survey, once reported practice expenses have only grown at about the rate of medical inflation.

Two primary care specialty societies support our decision not to use supplementary data at this time and instead to use our outside contractor to develop reliable and standardized criteria for accepting and validating additional specialty-specific data.

Response: We are still in the process of developing the general criteria for the use of supplementary practice expense surveys and more recent SMS survey data that could be used in the calculation of the specialty-specific practice expense per hour. We have made this issue the top priority for our methodological contractor. As stated above, our contractor has already met with AMA staff on several occasions to discuss the future use of the SMS survey, in particular the design, structure and potential use of the new practice-level SMS survey. Our contractor also held a meeting on this issue to which all major national specialty societies were invited in order to obtain input on concerns relating to the AMA SMS survey and other supplementary survey data. As mentioned earlier, we have just received the first draft report with our contractor's findings and recommendations on the criteria for acceptance of future data. We have not yet had the opportunity to review closely this report and its recommendations. Therefore, we are not yet ready to determine which already submitted or potential additional survey data would be acceptable, although we have previously stated our preference for future surveys to be carried out on a multi-specialty level, as is the SMS. We are pleased that, according to the comment mentioned above, the results in general from the latest SMS survey may not have differed significantly from the data that are used for this rule.

Comment: The Society of Thoracic Surgeons (STS) had commented on last year's proposed rule (63 FR 30817) that the sample size in the SMS surveys used by us for cardiac, thoracic and vascular surgery was insufficient for use calculating accurate practice expenses for these specialties. The STS submitted a supplementary survey with these earlier comments that had a larger sample size and that showed a higher practice expense for cardiac and thoracic surgery. The comments stated that STS contracted with the AMA in April 1998, before it was known that the SMS data would be used in the determination of practice expense, to conduct an SMS-clone oversample. This survey showed a practice expense per

hour of $75.90, rather than the $63.80 from the 1994 through 1996 data. The STS requests that we use this later SMS data in the calculation of cardiac and thoracic surgery's practice expense per hour.

Response: We believe that the STS survey is unique among all specialty surveys that we have received in that it both appears to be a clone of the SMS surveys already used in our calculations and was undertaken before our top-down methodology was proposed. Therefore, we asked our contractor to evaluate and advise us on the utility of considering the STS survey at this time. Our contractor met with the STS, discussed the issue with SMS technical staff and submitted a detailed questionnaire to STS about the methodology used in the survey.

In the draft report on practice expense methodology mentioned above, our contractor discusses the standards that could be applied to supplementary data provided by specialty groups. The draft report suggests that supplemental data collection efforts: draw the sample from the AMA Physician Masterfile, when possible; survey a large enough number of individuals to assure an adequate number of useable responses; are based on SMS survey instruments and protocols, including administration and follow-up efforts; use the same contractors as SMS and be fielded during the same time-frame; consistently define, through the SMS and all additional surveys, practice expense and hours spent in patient care; give responsibility for data editing and analysis to the AMA's SMS project team.

In a memo to us accompanying the above mentioned draft report, our contractor stated: ''We believe that the survey conducted by the Society of Thoracic Surgeons meets the standards we have set forth in the paper. Therefore, it is our recommendation that HCFA incorporate their supplemental survey data into its calculation of practice expense RVUs.'' We agree with this recommendation and will use the survey submitted by STS in the calculation of thoracic and cardiac surgery's practice expense per hour.

Result of Evaluation of Comments

We will use the survey submitted by STS in the calculation of thoracic and cardiac surgery's practice expense per hour. We recalculated the practice expense per hour for cardiac and thoracic surgery by weight-averaging the new survey information with practice expense SMS survey data from 1995 and 1996. Consistent with other specialty information we deflated values to reflect 1995 costs. We used the number of survey responses adjusted for non-response as the weights. In addition, we did not include the responses from vascular surgeons in the calculations for thoracic and cardiac surgery because we are now crosswalking vascular surgery to all physician practice expense per hour. This produced the following practice expense per hour:

Clinical Labor	Supplies	Equipment	Clerical, Office & Other
$19.50	$1.93	$2.34	$48.20

Adjustment to Direct Patient Care Hours for Pathology

In the November 1998 final rule, we made adjustments to the direct patient care hours for pathologists to account for the fact that time spent performing autopsies and supervising technicians are Part A services. The pathologists had also requested that we eliminate some of the time for ''personally performing nonsurgical laboratory procedures including reports'' because this time also includes some part A services. We did not make this adjustment at the time because we did not have appropriate data. We now have the necessary information and in the July 1999 rule we proposed to remove three hours from the total patient care hours for pathologists.

Comment: The College of American Pathologists, as well as individual commenters, supported the proposal to eliminate three of the 6.77 hours of pathology SMS time for performing nonsurgical laboratory procedures. The AMA also supports this proposal because the SMS survey shows that 45 percent of the 6.77 weekly hours spent on performing these procedures is non-reimbursable under the physician fee schedule.

One surgical organization expressed concern that this adjustment will be made at the expense of all other specialty pools. Other commenters contended that many other physicians, besides pathologists, spend time in direct patient care activities for patients which is not separately billable including phone calls, waiting time, ''hallway'' patient consultations and ''stand-by'' time, or uncompensated care. Two commenters argued that specialties with high patient care hours are not treated fairly in the calculation of practice expense RVUs and ask that we consider removing such time from the SMS data for surgical specialties as well. In a similar comment, an anesthesiology society, though not opposed to the proposed pathology adjustment, urged its extension to other specialties as part of an across-the-board refinement of SMS-generated values.

Response: We believe that the data presented by the College of American Pathologists, in conjunction with the AMA, is persuasive that three hours should be eliminated from the SMS direct patient care weekly hours for pathology. Therefore, we will make the adjustment at this time. However, though we do believe that pathology may differ from most specialties with regard to their split between Part A and Part B payments, we also agree that the other commenters raised a valid point concerning other specialties' non-billable hours that may be inadvertently captured in the SMS direct patient care hours data. It is because of this concern that we included the issue of the SMS patient care hours in the scope of work for our contractor. Over three pages in the draft report from our contractor, which is referenced above and which is available on our home page, are dedicated to this issue. The report points out that, if there is a discrepancy between the activities captured in the code-specific physician time values in the Harvard and RUC database and the activities that physicians considered in responding to the patient care hour question in the SMS survey, the practice expense pools could be biased in either direction. We hope to discuss recommendations on improving the accuracy of the patient care hours data in our next proposed rule.

Result of Evaluation of Comments: We will eliminate 3 hours from pathology's direct patient care hours for ''personally performing nonsurgical laboratory procedures including reports'' because this time includes some part A services.

CPEP Data

Response to Comments on Egregious CPEP Errors and Anomalies/RUC Recommendations

As we stated in last year's final rule, comments were submitted on the CPEP inputs for about 3000 CPT codes. In response to the July 1999 proposed rule,

a few additional comments on CPEP inputs have been received, most of them reiterations of comments previously submitted. In this year's proposed rule we stated that we plan to wait until we receive recommendations from the RUC before making significant changes to most code-specific inputs. The PEAC held its organizing meeting in February 1999 and met again in April to begin the task of refining the code-specific CPEP data. The PEAC and RUC then met at the end of September to further develop the approach to the refinement of the CPEP data and as a result of this meeting the RUC has forwarded recommendations to us on 65 CPT codes. The November 1998 final rule also pointed out that we had received comments on a number of egregious errors and anomalies that we would address in future rulemaking. Our responses to the comments on the errors and anomalies and to the RUC recommendations are discussed further below.

Comment: One organization representing pediatric services supports our decision to wait for RUC recommendations on code-specific direct practice expense inputs, while an ophthalmology subspecialty society strongly recommends adopting the CPEP input changes suggested by ophthalmology groups now, without waiting for RUC recommendations. A primary care group recommended that we publish the CPEP errors and anomalies for review before we correct them in this final rule. A few other organizations suggested further changes to the RUC recommended inputs or changes in inputs for codes not yet reviewed or not agreed to by the PEAC and RUC.

Response: We believe that, particularly at these first steps in refining the CPEP inputs, it is preferable to have a multi-specialty agreement on changing these data, rather than accepting the recommendations of a single group without the level of peer input that a group like the PEAC and RUC can afford. That is the major reason we have chosen to wait for the RUC recommendations before refining most of the CPEP data and why, at this point, we are not addressing the few additional changes suggested by commenters to the July 1999 proposed rule. The commenters pointed out at the same time that there are some obvious errors or anomalies when the corrective action is of a more technical nature. Therefore, we believe that it will be helpful to the refinement process to make these corrections at this time.

Comments on Egregious Errors and Anomalies

Outlined below are comments and our responses concerning those anomalies and errors for which corrections could easily be determined. It is important to note that while we are making some revisions now, all practice expense inputs for these codes are still subject to further comment, our refinement and potential PEAC and RUC review and action. In addition, we have made minor adjustments to the CPEP supply list by deleting a few supplies either because of the difficulty in measuring their use, or because the supplies were not fully used up during a single procedure and do not fit the definition that we use for direct supply costs. Therefore, the costs for tissues, biohazard bags and Lysol spray will be treated as indirect costs. This change should not affect the practice expense RVUs for any service, but it will help simplify the refinement of the supply inputs.

Comment: The American Academy of Orthopaedic Surgeons and the American College of Surgeons both commented that we should delete separately billable casting materials from the CPEP inputs.

Response: Casting materials are bundled into the payment for the initial fracture management procedures and separate billing for the supplies is not allowed under Medicare billing rules. Therefore, for these procedures, the casting supplies should remain as inputs. However, for casting and strapping codes CPT codes 29000 through 29750, casting supplies can be billed for separately, and including the supplies in the CPEP data would lead to double counting. Therefore, we have deleted the fiberglass roll, cast padding and cast shoe from the list of supplies for these procedures.

Comment: The American College of Surgeons commented that we should delete Romazicon (used to reverse conscious sedation) from supplies wherever it appears since it is not typically used.

Response: This comment brought to our attention that many drugs in addition to Romazicon are included in the supply lists of many procedures. Most drugs are separately billable and are not paid under the physician fee schedule. Therefore, in keeping with our general policy to retain in the CPEP data only those inputs that would be paid as practice expense under the physician fee schedule, we have deleted from the supply lists all those drugs that would be billed separately, which would include Romazicon. We have also deleted self-administrable drugs that are not payable under Medicare. The drugs that have been removed are: fentanyl, demerol injection, versed injection, valium injection, ativan syringe, bacitracin ointment, neosporin, benadryl, steroid kenalog, IV fluids, such as saline in various quantities, D5W, droperidol, romazicon, narcan, ancef, nubain, sodium chloride injection, lasix, brevital, decadron, esmolol IV, metopropol IV, sodium amobarbital, tylenol and ibuprofen.

Comment: The American College of Surgeons commented that the supply lists for the insertion of bile duct catheters (CPT code 47510) and stents (CPT code 47511) include an extensive and costly list of supplies used to perform the procedure in the out-of-office setting. However, these supply costs are covered by the facility and therefore should be removed from the list of supplies for these codes.

Response: We agree and note that the supplies listed in the facility setting appear to be connected with the performance of the procedure and will be included in the payment to the facility. Therefore, we have removed these supply costs from the data. However, since this is a 90-day global code and would be expected to have post-procedure visits in the office, we would welcome comments about appropriate supplies for the office visits during the global period. In addition, one CPEP panel listed 210 minutes of angio technician time in the post-procedure period. Because the services of an angio tech would only be needed during the procedure itself and not during the post-procedure office visits, we are deleting this time.

Comment: The American College of Surgeons commented that the supply costs for the procto-sigmoidoscopies and flexible sigmoidoscopies are significantly higher than the supply costs for colonoscopy codes. They attributed this rank order problem partially to the inappropriate inclusion in the supply list of an expensive lumen tube for the sigmoidoscopy codes. They asserted that a lumen tube is not a typical supply for sigmoidoscopy codes and recommended the removal of this supply from these codes.

Response: We are in agreement with the College of Surgeons that the lumen tube is not a typical supply for these procedures and are therefore deleting this supply from the sigmoidoscopy codes (specifically: CPT codes 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45330, 45331, 45332, 45333, 45338 and 45339).

Comment: The American Academy of Ophthalmology and the Macula, Retina and Vitreous Societies questioned the

prices identified in the CPEP data for the superblade. They indicated the price for the superblade should be $1.00 instead of the $30 listed in the Abt pricing file.

Response: We have verified this lower price and will make the price change to the CPEP database.

Comment: The American Academy of Ophthalmology, the American Optometric Association and the American Society of Cataract and Refractive Surgery stated that the CPEP data included a discrepancy in the supply costs for CPT code 92012 (eye exam, established patient, intermediate). The supply costs reflected were much higher than supply costs for the other eye exam codes. They felt the supplies for the eye exam codes are essentially the same and recommended that the supply values for CPT code 92012 should be changed to be consistent with the value used for the other codes in the series.

Response: We have reviewed the CPEP data and made revisions to the supplies used for CPT code 92012 so that these supplies are consistent with those for other eye exam codes. (We removed as suggested: patient education booklet; fox shield; patch, eye; bleach; gonisol; contact lens solution; tape, VHS).

Comment: The Macula, Retina and Vitreous Societies believed the price allocated for an 18 gauge filter needle, (listed at $46) was in error. They recommended a price of $1 for this supply. They initially also questioned the cost allocated for color film, but in later discussion agreed that the list price of $.85 is reasonable.

Response: We agree that the price allocated for the 18 gauge filter needle is in error and after reviewing supply catalogs believe that the price suggested by the commenter ($1.00) is reasonable. We will revise the CPEP data accordingly.

Comment: The American College of Cardiology pointed out that a cast cutter is listed in the supply list for two cardiovascular rehabilitation procedures (CPT codes 93797 and 93798) and should be removed.

Response: The cast cutter has been deleted from the supply list for these codes.

Comment: The American Academy of Neurology commented that CPT code 62270, spinal fluid tap, diagnostic and CPT code 62272, drainage of spinal fluid, are erroneously listed as having no supplies. A short list of suggested routine supplies was included with the comment.

Response: We believe that the list is appropriate and have included these supplies in the CPEP inputs for these services.

Comment: The Joint Council of Allergy, Asthma and Immunology (JCAAI) pointed out that no supplies were allotted to CPT 95070, bronchial allergy tests, though other codes in the family did have supplies listed.

Response: We agree that the CPEP panel left out the supplies that should have been assigned to CPT 95070, and we found that this is also true for CPT 95071. Therefore, until the inputs for these bronchial allergy test codes can be refined, we are assigning to them the same supplies that are listed for the other codes in the family, such as CPT code 95065, nose allergy test, except that, because CPT codes 95070 and 95071 are inhalation tests, we are omitting the band aid, swab, gauze, tape and syringe included in other codes in the family.

Comment: JCAAI also commented that there were rank order anomalies for the venom immunotherapy codes (CPT codes 95145 through 95149), because the needed antigens were not included in the supplies. The comment lists the antigens (adjusted for a single 1 cc dose) that are necessary for each service: CPT code 95145 requires a single venom; CPT code 95146 requires two venoms; CPT code 95147 requires three venoms; CPT code 95148 requires a three vespid mix plus a single venom; CPT code 95149 requires a three vespid mix, a single venom and a honey bee venom.

Response: We agree that these venom antigens should be added to the supply lists for these codes and have made the necessary adjustments.

Comment: The American College of Obstetrics and Gynecology (ACOG) commented that the CPEP inputs for CPT code 58350, reopen fallopian tube, show time for angiography supplies although this is not an angiography procedure.

Response: Although the comment stated that the angiography supplies are in CPT code 58350, they actually are present in CPT code 58340, catheter for hysterography,(which ACOG states is overvalued in comparison to CPT code 58350). Consistent with the comment, we are deleting the angiographic vessel dilator and the vascular sheath. We also noticed that CPT code 58340 shows 63 minutes of angio technician, which we are deleting as this is not an angiography procedure. In addition, CPT code 58340 has 175 minutes of RN time in the intra-period in the non-facility setting, while CPT code 58350 shows only 63 minutes RN/MA in this period. In line with ACOG's comment that CPT code 58340 is overvalued, we are changing the intra time for CPT code 58340 to 63 minutes of RN/MA clinical time to match the input for CPT code 58350.

Comment: Raytel Cardiac Services were concerned that data on supplies and clinical staff for arrhythmia monitoring services were based on only one monitored event during a 30-day period. The comment requested that we check for the appropriateness of the CPEP supplies and staff time for these services.

Response: The CPEP panel stated that there were no clinical supplies associated with these monitoring services, and the commenter did not supply any information regarding the clinical staff duties required for these codes. Therefore, we have no basis for making any changes to the inputs for these monitoring services at this time, but would welcome further information on this issue from additional comments or from the PEAC and RUC.

Comment: The American Academy of Dermatology commented that the actinotherapy and photochemotherapy CPT codes 96900, 96910, 96912 and 96913 were grossly undervalued because the CPEP equipment data do not include the costs of a photochemotherapy unit. The comment stated that these units also use almost 200 lamps a year.

Response: It is clear that a photochemotherapy unit was omitted from the CPEP data in error, because these procedures could not be performed without this equipment. We will add the photochemotherapy unit and lamps to the CPEP database.

Comment: The American College of Radiology pointed out that many of the cardiovascular nuclear medicine codes had two types of cameras assigned in the CPEP files, but that only one camera is needed.

Response: We found that almost all of the nuclear medicine codes (CPT codes 78000 through 78999) had two or three cameras listed. We have included only one camera for each of these codes as suggested by the commenter.

Comment: The American Urological Association commented that the cost of a lithotriptor is not included in the equipment in the in-office setting for CPT code 50590, extracorporeal shock wave lithotripsy.

Response: The CPEP panel only evaluated inputs for this procedure in the facility setting. However, we assigned practice expense RVUs to both settings; the in-office inputs were crosswalked from the facility setting. As a result, there is no procedure-specific equipment listed in the office setting. We are adding a lithotriptor as requested by the commenter.

Comment: The College of American Pathologists (CAP) commented that the price of $1,481 in the CPEP data for a compound microscope was insufficient to cover the cost of the microscope used for pathology services. CAP submitted a quotation from a pathology equipment supplier which listed the cost of a pathologist's professional microscope at $11,600.

Response: The price submitted by CAP appears more reasonable to us than the original CPEP price, and we will use the new price for the final rule, subject to later review.

Comment: The American Association of Neurological Surgeons recommended that all receptionist time listed in the clinical activities field in the CPEP database be deleted from the labor file, since this should be indirect expense.

Response: We agree and have deleted all administrative staff types from our current CPEP database since all administrative staff costs are included in our indirect expense pool.

Comment: The American Academy of Orthopaedic Surgeons pointed out that the CPEP panel did not assign direct inputs to CPT code 27740, thus creating an anomaly in the family of codes 27730 through 27742.

Response: The CPEP panel only included inputs for CPT code 27740 in the facility setting. We are adding the same clinical staff, supplies and equipment inputs to CPT code 27740, repair of leg epiphyses, in the office setting as are assigned to CPT code 27730, repair of tibia epiphyses. This should help eliminate this anomaly.

Comment: The American Academy of Dermatology (AAD) commented that there are rank order anomalies in the family of excision of malignant lesions, CPT codes 11600 through 11606.

Response: We examined these CPT codes and noted that 11601, 11603 and 11604 were missing routine supplies in the office setting and 11601 had no supply inputs in the facility setting. We are including the same supply inputs as are assigned to 11600, which should bring this code family back in line.

Comment: AAD commented that there is a lack of logical progression in the values for lesions of different sizes in the CPT code series 11400, excision of benign lesions, and 17260, destruction of malignant lesions.

Response: We determined that the 17260 series appeared to have a logical progression in the proposed rule. However, CPT codes 11403, 11404, 11423, 11424, 11444 have supplies missing in the office setting. These services should have at least the same supplies as their ''parent'' CPT codes, i.e., CPT codes 11403 and 11404 should have the same supplies as CPT codes 11400; CPT codes 11423 and 11424 the same as 11420; and CPT code 11444 the same as 11440. We are including these missing supplies.

Comment: The American College of Chest Physicians and the National Association for Medical Direction of Respiratory Care commented that the practice expense RVUs for complex pulmonary stress testing, CPT code 94621, are lower than those for simple pulmonary stress testing, CPT code 94620. The commenter requested that this anomaly be corrected.

Response: We agree that this anomaly should be corrected. As an interim correction until actual practice expense direct inputs can be developed for these services, which were not evaluated by the CPEP panels, we have crosswalked the supply and equipment inputs for CPT code 94621 from CPT code 94620, but have crosswalked the clinical staff time from the higher of the two CPEP panels' assigned clinical staff time for CPT code 93015, cardiovascular stress test.

Comment: The American College of Nuclear Physicians/Society of Nuclear Medicine commented that CPT code 78494, heart image spect, should be referenced to CPT code 78464, heart image,(3D) single, and CPT code 78588, perfusion lung image, should be referenced to CPT code 78585, Lung V/Q imaging.

Response: We agree that these crosswalks are appropriate, and we have made the changes.

Comment: The American College of Obstetrics and Gynecology recommended the following crosswalk changes: CPT code 57308, fistula repair transperineal, should be crosswalked to either CPT code 57305, repair rectum-vagina fistula, or CPT code 57307, fistula repair and colostomy; CPT 57531, removal of cervix radical, should be crosswalked to CPT code 58210, extensive hysterectomy; CPT code 59866, abortion should be crosswalked to CPT code 59000, amniocentesis or CPT code 59015, chorion biopsy. The values for the CPT vaginectomy codes 57107, 57109, 57111 and 57112 are too low in comparison to other gynecologic oncology procedures. The commenter recommends that we use CPT code 58210, radical abdominal hysterectomy, as a crosswalk for these four codes, since the clinical staff time, supplies and equipment are similar.

Response: We will crosswalk CPT codes 57308 to 57305, 57531 to 58210, and 59866 to 59000 as requested. Due to the clinical similarity of the procedures and the comparable follow up care, we are crosswalking the CPEP inputs from CPT code 57110 to CPT codes 57107 and 57111. For similar reasons we are crosswalking the CPEP inputs from 58200 to CPT codes 57109 and 57112.

RUC Recommendations on CPEP Inputs

The AMA forwarded for our consideration the direct input recommendations for 65 codes originally reviewed by the PEAC and subsequently approved by the RUC. The RUC states that in the majority of cases, the PEAC examined all of the direct inputs for a particular code, but that in several instances, the PEAC examined only a subset of the direct practice expenses. The comment also explains that, in those instances where the RUC approved crosswalking direct impact data to multiple codes, those crosswalked codes are listed. Several organizations representing neurology, ophthalmology, urology, dermatology and other specialties requested that we use these PEAC/RUC recommended refined inputs to calculate the practice expense RVUs for the year 2000 physician fee schedule.

Response: We have reviewed the submitted codes and discuss our specific responses to each of them below. We appreciate the work of the PEAC and RUC in developing the recommendations on these 65 codes. From all of our previous experience in both the CPEP and validation panels, it is a very difficult, time-consuming and complex process to deal with the amount of detail required to arrive at reasonable inputs for a specific procedure. In addition, it takes time for all participants to achieve a level of comfort with our methodology.

We are accepting most of the recommendations with the exceptions noted below, but some of the inputs may still need further review. It does appear that in reviewing the inputs more attention was understandably paid to the changes proposed by the presenting groups than to the original CPEP data that we believe could still need refining. For example, the quantity of supplies associated with many procedures would appear to need further discussion with a view to ensuring appropriate standardization among different services. Another problem lies in the inconsistent assignment in the CPEP data of equipment to either the procedure-specific or overhead equipment categories. This process, we acknowledge, has been hampered by the lack of clear definitions which we hope to correct in the near future.

We would also appreciate more comments and discussion about what constitutes appropriate clinical staff

duties and times during the pre-service period. As most of the 65 codes are related to other codes that have not yet been reviewed by the PEAC and RUC, we are recommending that, as the group gains more experience and reviews related codes, this group of codes be reassessed to see if any further adjustments in inputs are warranted. As an alternative, we could propose our own changes to these codes in a future proposed rule.

As discussed above, we have deleted a few minor supplies from the overall CPEP supply list either because of the difficulty in measuring their use or because the supplies were not fully used up during a single procedure. Therefore, tissues, biohazard bags, and Lysol spray have also been deleted from the supplies of these 65 procedures, when applicable. We also have deleted all separately billable and self-administrable drugs and casting supplies as described earlier. In addition, consistent with our policy excluding the CPEP inputs for clinical staff services for a facility patient, all clinical staff time in the out of office intra-service period has been eliminated.

Other adjustments that we have applied to these 65 codes, when relevant, are as follows: We standardized all exam table paper to a quantity of 7 feet per visit, as that appears to be the most common quantity reported. We adjusted the quantity of patient gowns and pillow cases and other supplies to be consistent with the number of visits. We deleted items that could be considered office supplies or office equipment. We did not add any suggested equipment that was costed at less than $500, in order to fit the equipment definition used by Abt. Because we believe that betadine is only used on the day of a procedure, we deleted it from post-procedure visits.

Listed below are the 65 codes on which we received RUC recommendations. We have noted any revisions, other than those specified above, that we have made to these recommendations. The RUC recommendations are available on our home page, as discussed earlier. Access to the homepage is discussed in the introductory section of this regulation under **ADDRESS.**

CPT code 17000, Destruction by any method, including laser with or without surgical curettement, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferate lesions, including local anesthesia; first lesion

The RUC forwarded a recommendation for supplies only. We accepted their recommendation but deleted what appeared to be duplicated gauze supplies.

CPT code 17003, Destruction by any method, including laser with or without surgical curettement, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferate lesions, including local anesthesia; second through 14 lesions

The RUC forwarded a recommendation only on the supplies for this service. This is an add-on code, for which there would be few added supplies since most are contained in the base code. We adjusted the supply list accordingly. In comments, the society representing dermatologists had indicated that this CPT code appeared to be over-valued in comparison with other CPT codes in the family.

CPT code 17004, Destruction by any method, including laser with or without surgical curettement, all benign or premalignant lesions other than skin tags or cutaneous vascular proliferate lesions, including local anesthesia; 15 or more lesions

The RUC forwarded a recommendation only on the supplies for this service. We accepted the recommendation but deleted what appeared to be duplicated gauze supplies and the drape sheet.

CPT code 17304, Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; first stage, fresh tissue technique, up to 5 specimens.

We reviewed and made no changes to the RUC recommendation on clinical staff at this time. We accepted the recommended additions to the supply list; however, we removed the Mohs kit listed in the original CPEP data because it duplicated the pathology supplies that have been added to the list. For equipment, we moved the doppler, suction machine, x-ray view box and smoke evacuator from procedure-specific to overhead equipment because this equipment is used for a wide range of services and thus fits the definition of overhead equipment. We deleted the ECG machine from equipment since it is not needed for this procedure.

CPT code 17305, Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; second stage, fixed or fresh tissue, up to 5 specimens

We made no changes to the RUC recommendation on clinical staff at this time. We deleted the Mohs kit from the supplies (as noted in discussion for CPT code 17304) as well as the sutures, suture kit and patient education pamphlet because we do not believe they are needed for each stage of this procedure. We also deleted the nerve stimulator because it is not typically used for this service. We made the same adjustments for equipment as we did for CPT code 17304.

CPT code 17306, Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; third stage, fixed or fresh tissue, up to 5 specimens

We made no changes to the RUC recommendation on clinical staff at this time. We made the same adjustments in the supply and equipment lists as made for CPT code 17304.

CPT code 17310, Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; more than five specimens, fixed or fresh tissue, any stage

We reviewed and made no changes to the RUC recommendation on clinical staff at this time. We deleted the Mohs kit for the reasons discussed for CPT code 17304 above. We also deleted gel foam, xylocain and the syringe from the supply list and all equipment because this is essentially an add-on code representing an increased number of specimens and these supplies and the equipment are reflected in the base code.

CPT code 32000, Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent

We reviewed and made no changes to the RUC recommendations for clinical

staff time or equipment. We deleted a syringe, xylocain and atropine from the supply list since these items should be included in the thoracentesis kit that is also on the supply list.

CPT code 43239, Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejenum as appropriate; with biopsy single or multiple

The RUC made recommendations only on supplies and we accepted them.

CPT code 45330, Sigmoidoscopy, flexible diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

The RUC made recommendations for supplies only. We accepted the recommendations with the following adjustments. We decreased the staff gowns and surgical masks to two items each to reflect that there would typically only be two staff, a physician and a nurse, involved in this procedure.

CPT code 56340 Laparoscopy, surgical; cholecystectomy (any method).

Only refinements to clinical staff time were proposed by the RUC. We reviewed the proposed changes and the original CPEP inputs. While the RUC proposed changes to the pre-service clinical staff time, we are not accepting these changes at this time because there was an inadequate explanation for these changes. We will continue to use the original CPEP time of 15 minutes for the pre-service clinical staff time. We also noted that the post-service staff time included two RNs. Since it is more typical for one RN to assist with patient care during post-operative visits, we allowed 76 minutes of staff time for one RN and deleted 25 minutes for a second RN from the original CPEP inputs. Total staff time is now 91 minutes. This is an interim value, and the CPT code may be subject to further refinements.

CPT code 58100, Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

We reviewed and made no change to the RUC recommendation on clinical labor or supplies. We deleted the vaginal/surgical procedure tray from the procedure-specific equipment because it was less than $500 and the colposcope from the overhead equipment since it is not typically used for this procedure.

CPT code 65855, Trabeculoplasty by laser surgery, one or more sessions

We made changes based upon review of both the RUC recommendations and the comments of the American Academy of Ophthalmology (AAO) that described the practice expense proposals they made to the RUC. We will continue to use the original CPEP inputs for pre-service clinical staff time of zero minutes. We accepted the RUC's proposed refinements for intra-service time in the office, 62 minutes, and post-service time, 82.5 minutes. We also accepted the RUC's proposal for supplies and equipment. These values were crosswalked to CPT codes 66762, 66770 and 66761 as recommended by the RUC.

CPT code 66170, Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

We accepted the RUC's recommendation to value the procedure only in the facility setting. Based upon review of both the recommendations of the RUC and the comments of the AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time and decreased the post-service clinical staff time to 247 minutes. We accepted the recommendations for supplies and deleted the Argon Laser and Hoskins Lens from equipment because this procedure is performed in the facility setting only and therefore this equipment is not used in the office for this procedure. These are interim values and the code may be subject to further refinement. These values were crosswalked to CPT codes 66150 66155, 66160, and 66165 as recommended by the RUC.

CPT code 66172, Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (included injection of antibiotic agents).

This procedure was valued only in the facility setting. Based upon review of both the recommendations of the RUC and comments from the AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time and decreased the post-service clinical staff time to 330 minutes. We accepted the RUC's proposals for supplies and equipment. These are interim values and the code will be subject to further refinement.

CPT code 66821, Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg YAG laser) (one or more stages)

Based upon review of both the recommendations of the RUC and the comments of the AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time, we decreased the post-service clinical staff time to 55 minutes, and we accepted the RUC proposed refinement of 37 minutes of intra-service clinical staff time in the office. We accepted the RUC's proposals for supplies and equipment. These are interim values and the code may be subject to further refinement.

CPT code 66984, Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification).

This procedure was valued only in the facility setting. Based upon review of both the recommendations of the RUC and the comments of the AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time, and we decreased the post-service clinical staff time to 110 minutes. We accepted the RUC's proposals for supplies and equipment. These are interim values and the code will be subject to further refinement. These adjusted values were crosswalked to CPT codes 66830, 66840, 66850, 66852, 66920, 66983, 66985, and 66986 as recommended by the RUC.

CPT code 67036, Vitrectomy, mechanical, pars plana approach

This procedure was valued only in the facility setting. Based upon review of both the recommendations of the RUC and the comments of AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time, and we decreased the post-service clinical staff time to 124 minutes. We accepted the RUC's proposals for supplies and equipment. These are interim values and the code will be subject to further refinement.

CPT code 67038, Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping

This procedure was valued only in the facility setting. Based upon review of both the recommendations of the RUC and the comments the AAO, we retained the original CPEP value of zero minutes for pre-service clinical staff time and we adjusted the post-service clinical staff time to 220 minutes. We accepted the RUC's proposals for supplies and equipment. These are interim values and the code will be subject to further refinement. These adjusted values were crosswalked to CPT codes 67039 and 67040 as recommended by the RUC.

CPT code 67800, Excision of chalazion; single

Based upon review of both the recommendations of the RUC and the comments of the AAO, we retained the original CPEP value of zero minutes of pre-service clinical staff time, and we accepted the RUC's proposed refinements of 35 minutes for intra-service clinical staff time and 20 minutes of post-service clinical staff time. We also accepted their recommendations for supplies and equipment but corrected typographical errors in the quantity of betadine, irrigation fluid and sterile towels. These are interim values and the code will be subject to further refinement. These adjusted values were crosswalked to CPT codes 67700, 67710, 67715, 677801, 67805, 67810, 67840, 68020, 68040, 68100, 68110, 68115, 68130, 68135, 68440, 68705, and 68760 as recommended by the RUC.

CPT code 67820, Correction of trichiasis; epilation, by forceps only

This procedure was valued only in the office setting. We accepted the RUC proposed refinement of 35 minutes for intra-service clinical staff time. We also accepted the RUC's proposed refinements for supplies and equipment, except that we decreased the number of sterile towels and cotton tipped applicators because of typographical errors. These are interim values and the code will be subject to further refinement.

CPT code 71020, Radiologic examination, chest, two views, frontal and lateral

CPT code 72100, Radiologic examination, spine, lumbosacral; anteroposterior and lateral

CPT code 72170, Radiologic examination, pelvis; anteroposterior only

CPT code 73560, Radiologic examination, knee; one or two views

CPT code 74000, Radiologic examination, abdomen; single anteroposterior view

CPT code 74020, Radiologic examination, abdomen; complete, including decubitus and/or erect views

For all these radiologic services we reviewed and made no changes in the RUC recommendation for clinical staff time. Date stickers and insert folders were deleted from the medical supplies because these are considered office supplies. We accepted the RUC recommendation for equipment except for deleting dictation equipment because it is considered office equipment and the lead shield because it does not cost over $500.

CPT code 76519, Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

We reviewed and made no changes in the RUC recommendations for clinical staff time or supplies. We moved the printer from procedure-specific to overhead equipment because it can be used across a range of services.

CPT code 76700, Echography, abdominal, B-scan and/or real time with image documentation complete

The RUC made recommendations only on supplies and, after reviewing, we made no changes to their recommendations.

CPT code 85060, Blood smear, peripheral, interpretation by physician with written report

CPT code 85097, Bone marrow, smear interpretation only, with or without differential cell count

Since these are professional services only, all clinical staff time, supplies, and equipment were deleted. Practice expenses are included for payment with other applicable CPT codes and, if practice expense inputs were included here, would result in a duplicate payment.

CPT code 88104, Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation

We made no changes in the clinical staff time, but made a minor revision to the supplies listed. We deleted the marking pen from the supplies because the cost per procedure was negligible and deleted the metal slide storage cabinet from overhead equipment because it is considered furniture.

CPT code 88304, Level III—Surgical pathology, gross and microscopic examination

CPT code 88305, Level IV—Surgical pathology, gross and microscopic examination

We made no changes in the clinical staff time, but made a minor revision to the supply list. We deleted the marking pen from the supplies because the cost per procedure was negligible, and deleted the metal slide storage cabinet and the plastic block storage cabinet from overhead equipment because these items are considered furniture. We also deleted the Stryker saw which is not typically used with these procedures.

CPT code 88312, Special stains; Group I for microorganisms, each

We reviewed and made no changes to the RUC recommendations for clinical labor, equipment and supplies.

CPT code 92004, Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits

The RUC recommendation was for supplies only; we accepted the recommendation except for deleting the betadine from the supply list because it would not be used during an eye examination.

CPT code 92012, Ophthalmological services; medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient

CPT code 92014, Ophthalmological services; medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits

The RUC recommendation was for supplies only; we accepted this recommendation, except for deleting the betadine from the supply list because it would not be used during an eye examination. We also deleted the patient education pamphlet and contact lens solution to be consistent with comments from the American Academy of Ophthalmology.

CPT code 92083, Visual field examination, unilateral or bilateral, with interpretation and report; extended examination

We reviewed and made no changes to the RUC recommendations for clinical staff time or equipment. We deleted the black pins from the supply list because they are a reusable supply. These adjusted values were crosswalked to CPT code 92081 and 92082 as recommended by the RUC.

CPT code 92235, Fluorescein angiography (includes multiframe imaging) with interpretation and report

We reviewed and made no change to the RUC recommendations on supplies. For equipment, we deleted the electric table because a reclining exam chair is also included and both are not needed for this procedure.

CPT code 92240, Indocyanine-green angiography (includes multiframe imaging) with interpretation and report

We received RUC recommendations on equipment only. We deleted the

electric table because a reclining exam chair is also included and both would not be used for a given service.

CPT code 92250, Fundus photography with interpretation and report

We received a RUC recommendation on equipment only. We deleted the electric table because a reclining exam chair is also included and both are not needed for a given service. These adjusted values were crosswalked to CPT code 92230 as recommended by the RUC.

CPT code 92507, Treatment of speech, language , voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual

CPT code 92526, Treatment of swallowing dysfunction and/or oral function for feeding

CPT code 92585, Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system

We reviewed and made no change to the clinical staff time recommended by the RUC. However, we did not increase the wage rate for the audiologist as suggested by the RUC because we will address this issue globally for all staff types during refinement.

CPT code 93307, Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

The RUC made recommendations only for supplies that we reviewed and made no changes.

CPT code 93320, Doppler echocardiography, pulsed wave and/or continuous wave with spectral display ; complete

A comment accompanying the RUC recommendation stated that this is an add-on code and questioned whether the RUC recommended equipment should be included. Because the cost of the equipment is reflected in the values for the base code, we have deleted all the equipment listed for this service.

CPT code 94010, Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

We reviewed and made no changes to the RUC recommendations for clinical labor, supplies or equipment.

CPT code 95819, Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation

We reviewed and made no changes to the RUC's clinical labor recommendations. We deleted the following items from the list of supplies: printer toner cartridge, since this is an office expense; the skin marking pen because the cost per procedure is negligible; the nasopharyngeal-electrode because it is not typically used with this procedure; and seconal and chloral hydrate since these are drugs that are not paid under the physician fee schedule. We moved the pulse oximeter from procedure-specific to overhead equipment because it can be used for a wide range of services and deleted the exam table because an electric bed is included with the equipment and both would not be needed for a given service.

CPT code 95860, Needle electromyography, one extremity with or without relaxed paraspinal areas

We reviewed and made no changes to the RUC's clinical labor recommendations. For supplies, we deleted the sharps container and blood medical waste bag since they are not disposed of after only one procedure. We also substituted the ENG electrode needle for the concentric ENG needle electrode because it is more typically used for this procedure. For equipment, we moved the hydrocollator from procedure-specific to overhead equipment because it is used for a wide range of services.

CPT code 95900, Nerve conduction, amplitude and latency/velocity study, each nerve, any /all site(s) along the nerve; motor, without F-wave study

CPT code 95904, Nerve conduction, amplitude and latency/velocity study, each nerve, any /all site(s) along the nerve; sensory

We reviewed and made no changes to the RUC's clinical labor recommendations. For supplies, we deleted the skin marking pen and the stimulator bar electrode and pick-up electrodes because they are not disposable supplies. For equipment, we moved the hydrocollator from procedure-specific to overhead equipment because it is used for a wide range of services.

CPT code 97022, Application of a modality to one or more areas; whirlpool

Based on a review of the RUC recommendation and the original CPEP data, we are using the original CPEP staff time of 31 minutes in the intra-service period because the RUC recommended set-up time of 13 minutes is excessive. For supplies, we deleted the sterile drape, culterette and culture media because they are rarely used for this procedure, and we are deleting the patient education booklet because this procedure would be performed on the same patient more than once and a booklet would not be required at each session. We deleted the hilo table and hoyer lift from the equipment because they are not typically used for the service.

CPT code 97035, Application of a modality to one or more areas; ultrasound, each 15 minutes

We reviewed and made no changes to the RUC's clinical staff time recommendation. However, we deleted the patient education booklet from supplies because it is not provided with every treatment. We also deleted the utility cart from equipment because the cost was under $500.

CPT code 97110, Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

We made no changes to the RUC's clinical staff time recommendation. However, from the supply list we deleted the patient education booklet, because it would not be provided at each therapeutic session, as well as tape and ace bandage because they are not typically used. For equipment, the RUC recommendation suggested 50 percent utilization for the isokinetic strengthening equipment and the therapeutic exercise equipment set. We have instead assumed 100 percent utilization of the therapeutic exercise equipment as it is much more typically used than the isokinetic equipment. We also deleted the hilo table because there is another table listed in the equipment and only one or the other would be used for a specific procedure.

CPT code 97530, Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes

We reviewed and made no changes to the RUC's clinical staff time recommendation. However, we deleted the patient education booklet, as well as tape and ace bandage, from supplies, because they are not typically used. For equipment, the RUC recommendation suggested 50 percent utilization for the isokinetic strengthening equipment and the therapeutic exercise equipment set.

We have instead used 100 percent utilization of the therapeutic exercise equipment as it is much more typically used. We also deleted the hilo table and the low mat table because the patient would typically be standing during this service.

The RUC also forwarded to us recommendations for the CPEP inputs for the following services:

CPT code 11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single,

CPT code 52647, Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included),

CPT code 53850, Transurethral destruction of prostate tissue; by microwave thermotherapy,

CPT code 53852, Transurethral destruction of prostate tissue; by radiofrequency thermotherapy,

CPT code 64721, Neuroplasty and/or transposition; median nerve at carpal tunnel,

CPT code 96408, Chemotherapy administration, intravenous; push technique, and

CPT code 96410, Chemotherapy administration, intravenous; infusion technique, up to one hour.

Since many of the changes proposed for these CPT codes included items not typically used for the procedures, duplicate inputs, inconsistent inputs or extensive additional in-office inputs for services currently only costed in the facility setting, we have concluded that further review is required before the proposed changes can be adopted or rejected. Therefore, the original CPEP inputs will remain unchanged. We solicit comments on these CPT codes to assist us with those refinements.

Physicians' Clinical Staff in the Facility Setting

In the ''top-down'' methodology set forth in the 1998 regulation, we used the raw CPEP inputs without applying edits to any of the data, and the staff time allotted to the use of clinical staff in the facility setting was therefore included. In our July 1999 rule, we proposed to exclude from the raw CPEP data all clinical staff time in the facility setting. The CPEP data is used in our methodology solely to allocate the specialty-specific practice expense pools to the individual CPT codes. We proposed to exclude this clinical staff time for the following reasons: (1) Medicare should not pay twice for the same service; (2) It is not typical practice for most specialties to use their own staff in the facility setting; (3) Inclusion of these costs is arguably inconsistent with both the law and Medicare regulations. We believe these reasons strongly support not including the costs of physicians' clinical staff used in the facility setting in the calculation of practice expense values. However, in the proposed rule, we invited comments on this issue and particularly solicited information about any possible instances where it would be appropriate to include data on the use of a physician's clinical staff in the facility setting.

Comment: Several commenters, from the American Hospital Association (AHA) and other hospital trade groups, as well as from several physician specialty societies, believe we have correctly determined that it is not a typical practice for physicians to bring their own staff to the hospital. The AHA commented that 1,459 hospitals in the National Hospital Panel Survey were surveyed on physician practices in their institutions. They believe the Panel Survey ensures reliable national estimates by stratifying hospitals according to size and randomly selecting from each stratum in each of the nine census regions in disproportionately larger numbers as bed size increases. There were 573 responses to the survey. They stated that, though 63 percent of the hospitals surveyed answered that at some time in the last 6 months a physician brought his or her own staff to the hospital, only 11 percent of all responding hospitals said this was a regular practice. Two primary care specialty groups agreed that it is not typical for physicians to use their own clinical staff in the facility setting. One specialty group representing urologists acknowledged that a survey of its physician membership showed that less than 15 percent of its members take their clinical staff to facility settings.

We also received many comments that took issue with the argument in the proposed rule that it is not typical practice for most specialties to use their own staff in the facility setting. Several commenters questioned the validity of the AHA survey. Some commenters argued that the category ''not a regular practice'' in the AHA survey was ambiguous because a negative answer to the question could mean either that no physicians regularly brought staff to the hospital or that only certain specialties, such as cardiothoracic surgeons or anesthesiologists, regularly brought staff to the hospital. Another specialty society commented that the AHA survey provides no basis for concluding that cardiothoracic surgeons do not bring their staff into the hospital because less than 25 percent of the hospitals in the U.S. provide open heart surgery.

Many commenters merely stated, with no data to support their view, that it is common for their particular specialty to bring nurses or physician assistants with them to the facility to prepare the patient for surgery, assist during the procedure, and provide post-operative care. Other commenters referred to the results of one or more surveys that would indicate use of physicians' clinical staff in the facility setting, but did not include a copy of the survey or provide any details of the survey methodology, the sample used, or the questions asked. An organization representing neurosurgery referred to data collected by their society that suggests that between 40 and 60 percent of practices in the mid-West and South Central regions of the country use their employed clinical staff in the hospital. One organization representing a sub-specialty of cardiology cited a survey of its members that indicated that 55 percent of its members follow the practice of bringing staff to the hospital for purposes of patient education when performing such procedures as electrophysiology studies, pacing procedures and ablations. The commenter contended that hospital nurses are not knowledgeable enough about the above procedures to talk comprehensively with patients or families.

Two specialty societies provided more extensive information regarding survey data on the use of clinical staff in the facility setting. The American Society of Anesthesiologists (ASA) stated that the ASA surveyed 220 anesthesia practice managers in August of this year. The survey referenced the fact that our proposed rule proposed to exclude from CPEP data the costs of clinical staff in the facility partly because of our belief that it was not typical and asked respondents if their practice used any of their own staff, excluding those who can bill separately, in the facility setting. The commenter reported that with a 65 percent response rate, 40 percent of the managers reported that they did use clinical staff in the facility setting. ASA further stated that a 1997 Abt survey for the ASA suggested that many anesthesia practices employ clinical staff with a mean of 0.32 employees per practice; this total included a mean of 0.19

registered nurses and 0.04 anesthesia technicians. The commenter also argued that the typical cost criterion does not rest on any statutory footing and that allowances for practice expenses should be based on average cost rather than typical cost. The STS referred to surveys undertaken by the American Association of Physician Assistants and the Association of Physician Assistants in Cardiovascular Surgery that report physician assistants (PAs) are involved in at least 200,000 cardiac cases a year, that almost all these PAs have responsibilities in the operating room, and 85 percent are involved in postoperative care in the hospital.

Response: We want to make it clear that we are not asserting that physicians never bring their own clinical staff into the facility setting or that this practice may not be more common among some specialties than among others. However, as stated in the proposed rule, we have not seen sufficient data to convince us that the use of the physician's clinical staff in the facility setting is a typical practice.

The search for sufficient data did not start with the proposal in this year's proposed rule. Rather, the inclusion by most of the CPEP panels of varying amounts of inputs for clinical staff in the facility setting has been controversial from the start. While many medical specialties insist that the physicians' practice of bringing staff to the hospital is common, other specialties indicate that this is not a typical practice.

In our Notice of Intent to Regulate published on October 31, 1997, we stated that there seemed to be some question of whether the practice of bringing a physician's staff to a facility was, in fact, common and widespread. We explicitly solicited information about this practice. We asked for comments about the extent to which the practice occurs, procedures involved, functions performed, type of staff employed, and staff training and credentialling. We specifically requested the name, location and characteristics of any facility where this practice occurred and the facility's requirements for credentialling the staff, including any limits on duties of the staff by the facility. In addition, we requested that where surveys had been conducted to document this practice, we wanted to receive copies of the surveys and results, including such details as the survey methodology and sampling design.

The response to this request for information was sparse. We received only 16 responses to this issue, most were anecdotal without any specific information. Only two comments from specialty societies included information from surveys or objective sources. The American Academy of Ophthalmology (AAO) surveyed 300 ophthalmologists and reported that 45 percent of the respondents said they utilized staff out of the office. There was no information on the sample size, composition, or response rate. In addition, the information on the frequency of this practice was not clear. It appears from the information provided that a large portion of those who brought their own staff into the facility did so less than 100, and many probably less than 50, times a year. The STS included the PA surveys that are a part of their current comments from which they drew indirect inferences regarding the use of physicians' staff in the facility setting. However, neither the AAO nor the STS surveys answered the specific questions asked in the Notice.

In December 1997, we received a copy of the AHA survey mentioned above that indicated that only 11 percent of the hospitals that responded to the survey said that it was a regular practice for physicians to bring their staff into the facility. We compared the results of the AHA survey with the AMA's 1996 SMS survey of physicians that included responses from 153 surgeons and obstetricians and gynecologists about the use of clinical staff in the facility setting and found that the findings correlated closely. In answer to the question, ''When the physician provides services in the hospital how often is he or she assisted by non-physician personnel employed by the physician's practice?,'' only 11 percent of the physicians answered ''always.'' In contrast, 68 percent answered ''never'' and another 9 percent ''occasionally.'' Equally important, in answer to the question, ''Are these non-physician personnel reimbursed by the hospital, reimbursed by a third party or are they paid directly by the practice for services provided in the hospital?,'' 38 percent of those who brought their staff to the facility answered ''reimbursed by hospital,'' and only 51 percent said they were paid by the practice. Therefore, it was both the absence of requested data that could actually demonstrate that it was typical for physicians to bring their staff to the hospital, as well as existence of data that strongly indicated that this indeed was not a typical practice, that has led us to the conclusion that it is indeed not typical for physicians to bring their staff to a facility.

The only hard data supplied to us in the comments on the proposed rule were provided by the ASA and STS. The ASA reported the results of two surveys. The Abt study reported a mean of 0.32 full time equivalent (FTE) total clinical staff per practice, of which 0.19 FTE were registered nurses and only 0.04 FTE were anesthesia technicians. These relatively low numbers of clinical staff per practice would actually seem to support a conclusion that it is not typical to bring these staff to the hospital. The ASA also conducted their own study of 220 anesthesia practice managers. With a 65 percent response rate, about 40 percent of the respondents indicated that their practice employed clinical support personnel who were not eligible for direct reimbursement. There is, however, no indication in their comment about what this staff is doing and where they are doing it. In addition, this survey actually shows that 60 percent of practices do not employ clinical staff; therefore, this is not a typical practice. Apparently aware of this, the ASA argues that the typicality standard ''merely derives from the original studies undertaken as part of the development of physician work values when the Fee Schedule was initiated.'' The ASA then contends that we should base our practice expense on the cost of the average patient, not the typical patient. The ASA is correct that all of the RVUs, both work and practice expense, have been based on the services provided to the typical patient. Though we would be willing to discuss in the future the merits of using the typical versus the average patient for certain practice expense categories, we do not believe that the costs of an average patient would be meaningful regarding the use of clinical staff in the facility setting when there is such obvious inconsistency in practice patterns. All the use of the cost of an average patient would accomplish would be to consistently underpay some, while consistently overpaying others.

As stated above, while STS submitted surveys compiled by two PA organizations, no information was included regarding the use of nurses in the facility setting. From the submitted surveys, it would appear that cardiovascular PAs are very active in the hospital setting. For example, the surveys showed that almost all cardiovascular PAs assist in the operating room. The problem with the submitted data is that, because PAs are eligible for direct reimbursement from Medicare, the physicians' costs associated with PAs cannot, in general, be considered practice expense. The same would be true of nurse practitioners.

After reviewing all the available data, we remain convinced that our position in the proposed rule was correct: it is not a typical practice for physicians to bring their own staff into the facility setting.

Comment: We received only a few comments in response to our statement in the proposed rule that Medicare should not pay twice for the same service and that this was a major reason to exclude the clinical staff time for physicians' staff used in the facility setting from the CPEP data. Two groups contended that, to the extent that Part A is paying for the cost of clinical staff brought to the hospital by the physician, we should take measures to see that Part A monies are shifted to Part B. Two other organizations took issue with our statement that, because the hospital is already paid for providing all nursing care to its patients, the inclusion of the costs of physicians' clinical staff in calculating the practice expense RVUs would amount to paying twice for the same service. These commenters claimed that because hospital payments are reweighted annually to reflect changes in costs and charges, these facilities are not being reimbursed for the costs of clinical staff that physicians now bring themselves to the facilities.

The STS argued that, though our observation in the proposed rule that there is separate Part B reimbursement for a PA acting as an assistant-at-surgery is generally true, this is not true in the academic setting where a resident is available, nor in California where state law requires that two physicians be present for every case. The commenters also raised the more general point that PAs are also used in the office setting and point out that 15,000 PAs are employed in family practice, either billing directly or being included as ''incident to'' physicians' services. The commenters asked why we have not raised this issue more broadly across all specialties and suggested that we could better eliminate duplicate payment for these clinical services by reducing the SMS specialty pools by the amount of income received for staff who can bill directly to Medicare.

In response to our statement that much of the time claimed for clinical staff in the facility for making patient rounds is really a substitute for physician work, the STS states that the Congress and the government have explicitly encouraged the use of such physician extenders. The commenter conceded that it is possible that the work RVUs may need to be adjusted for all specialties, but added that it is not clear what activities are a substitute for physician work and which are added services. Finally, STS argued that excluding hospital-related clinical staff costs from CPEP data because they are not otherwise covered services or because they are separately reimbursable without taking similar action for all other CPEP inputs with similar characteristics is discriminatory.

Response: In the proposed rule we stated our belief that the duties that were being attributed by many specialties to physicians' clinical staff in the facility setting were already paid for by Medicare through a mechanism other than physician expense. For example, an assistant at surgery can be paid separately. In addition, we already pay the facility to provide all nursing care to the facility patient whether that nurse is acting as a scrub nurse or monitoring a patient undergoing conscious sedation. We also pointed out that reviewing charts, making patient rounds or pulling chest tubes are physicians' services that are paid for through the physician work RVUs.

In response to the comment that we should shift Part A monies to Part B so that a double payment would not be made, we believe this implies that we should adjust inpatient hospital PPS rates to remove costs associated with clinical staff brought to the hospital by physicians. We do not believe that such an adjustment is consistent with section 1886(d)(2)(C) of the Act which prescribes the methodology for standardizing PPS base year costs and calculating PPS rates for each fiscal year. We disagree with the comment that annual reweighting of hospital costs and charges means that hospitals are not being reimbursed for staff allegedly replaced by the clinic staff physicians bring to hospitals. The relative weights which determine payment for a diagnostic related group (DRG) are reweighted annually based on hospital charges. However, this only affects the relative payment for each DRG. Payment would continue to be included in the PPS rates unless a specific adjustment were made to remove these costs. As stated above, we do not believe such an adjustment is consistent with section 1886(d)(2)(C) of the Act.

The STS made several interesting points in their comments, and we will respond to each. STS conceded that a PA acting as an assistant-at-surgery can be separately paid, but not when another doctor is there to assist. The STS did not clarify why the use of a PA would be necessary in such a situation or why, if a PA is used, Medicare should recognize any such extra costs. We believe that the STS has raised a valid issue about the general use of physician extenders across all specialties. It is true that in our proposed rule we only addressed the possible substitution of nonphysician practitioners' work for physician work in the facility setting for all specialties. It is not possible in the CPEP data to readily identify in office setting what clinical staff time might be a substitute for physician work or what staff is eligible for separate payment. It was relatively rare for the CPEP panels to identify a PA or nurse practitioner as the clinical staff type in the office setting. However, this is clearly an issue that we intend to address during the refinement process. In addition, as specific in-office codes are refined, either by us or by the PEAC and RUC, the question of possible duplication of physician work should be raised for all services.

The STS also suggests adjustment of the SMS data to account for staff that may bill directly. As we noted above, we have asked our contractor to determine which specialties' SMS data may be affected by inclusion of mid-level practitioners in specialty survey cost data and to develop alternative methodologies to address it. It should also be noted that the practice-level SMS survey that is in development breaks out the costs for clinical staff who are eligible for direct payment.

Regarding the commenter's argument that we are acting in a discriminatory manner unless we exclude from the CPEP data all inputs that are separately billable or not covered, we are attempting to do just that. In last year's final rule, we used the raw CPEP data and made no modifications for any separately billable or non-covered CPEP inputs. However, we have in this final rule identified separately billable supplies, such as drugs and casting materials, and have excluded these from the CPEP data. We have also excluded self-administered drugs from the supply list because they are not covered by Medicare. We invite comments about any other inputs currently in our CPEP database that fall into either category.

After reviewing the comments on this issue, we continue to believe that including in CPEP data the costs of physicians' clinical staff in the facility setting would represent a duplicate payment that Medicare should not make.

Comment: We also stated in the proposed rule that inclusion in CPEP data of the costs of clinical staff brought into the facility is arguably inconsistent with both the law and Medicare regulations. No commenter directly challenged this contention. However, several groups stated the general concern that the elimination of clinical staff costs from the CPEP data

contradicts the intent of section 4505(d) of the BBA that specifically states that, in developing such units, the Secretary shall utilize to the maximum extent practicable, generally accepted cost accounting principles which recognize all staff, equipment, supplies, and expenses, not just those which can be tied to specific procedures. The STS submitted an extensive comment on this point which stated that even if it were true that the clinical staff costs would be excluded from coverage under Medicare if physicians sought to bill separately for those services, the point is irrelevant and inconsistent with the statutory language and the history of the practice expense provisions. The comment stated that the Congress defined the term practice expense as ''all expenses for furnishing physicians'' services, excluding malpractice expenses, physician compensation, and other physician fringe benefits.'' The STS concluded that nothing in these definitions requires or even permits the agency to carve out from practice expenses RVU costs that would not be covered services on their own or that are separately reimbursable under Medicare. The commenter added that, to the contrary, the agency's mandate is to identify all practice expenses incurred by physicians in their practice and then to allocate all of those costs to particular procedures.

Response: We believe that a reading of both the law and Medicare regulations leads to the conclusion that no payment should be made under the physician fee schedule that is attributable to the costs of physicians' clinical staff used in the facility setting.

- Section 1862(a)(14) of the Act which discusses exclusions from coverage states that,

''Notwithstanding any other provision of this title, no payment may be made under part A or part B * * * for any expenses incurred for items or services which are other than physicians' services (as defined in regulations promulgated specifically for purposes of this paragraph) * * * and which are furnished to an individual who is a patient of a hospital * * * by an entity other than the hospital * * * unless the services are furnished under arrangements. * * *''

(This section also exempts services of physician assistants, nurse practitioners, clinical nurse specialists, certified nurse-midwife services, qualified psychologist services, and services of certified registered nurse anesthetists from the above exclusion.)

- In § 411.15 (Particular Services Excluded from Coverage) subparagraph (m)(1), the text paraphrases the above provision for hospital inpatients and adds that ''services subject to exclusion under this paragraph include * * * services incident to physicians' services.'' Section 411.15(m)(2) implements the exceptions to this exclusion, among them ''physician services that meet the criteria of § 415.102(a) of this chapter for payment on a reasonable charge or fee schedule basis.''
- Section 415.102(a) contains the definition of physicians' services required by section 1862(a)(14) of the Act and the criteria referred to in § 411.15(m) above: ''If the physician furnishes services to beneficiaries in providers, the carrier pays on a fee schedule basis provided the following requirements are met: (1) The services are personally furnished for an individual beneficiary by a physician. (2) The services contribute directly to the diagnosis or treatment of an individual beneficiary. (3) The services ordinarily require performance by a physician.''
- On September 8, 1998, we published a proposed rule on a prospective payment system for hospital outpatient services (63 FR 47552). This rule proposed to add § 410.39 which embodies in regulation for the hospital outpatient setting the exclusion in § 411.15 described above. Section 410.39(c) would exempt from the exclusion physicians' services that meet the requirements of § 415.102(a) as described above, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, and qualified psychologist services, as well as services of an anesthetist.

A reading of all of the above suggests that no payment should be made under the physician fee schedule that reflects the costs of physicians' clinical staff used in the hospital setting. Services performed by nonphysician clinical staff do not fulfill the definition of services personally furnished by a physician, and, therefore, the exception to the exclusion for the physicians' services created by section 1862(a)(14) of the Act does not apply. In addition, nursing services, such as those performed by a scrub nurse working for a physician, do not ordinarily require performance by a physician and, thus, are not physicians' services for the purpose of section 1862(a)(14) of the Act. Finally, services ''incident to a physician's service'' are explicitly excluded from coverage in the hospital setting by § 411.15(m)(1).

As stated above, we received no comments that directly addressed our reading of the statute and regulations. The commenters merely cited the requirement of the BBA that we should utilize generally accepted cost accounting principles which recognize all staff, equipment, supplies, and expenses, not just those which can be tied to specific procedures. We believe that this section of the BBA, with its reference to the recognition of costs that are not tied to specific procedures, is primarily directed at our prior methodology of computing indirect costs; this section of the law does not supersede other provisions of the law or regulations governing Medicare payment. Nor is there any indication that the BBA was intended to prevent us from excluding noncovered or otherwise paid for services as allocators of direct practice expense. We are still convinced that the inclusion of the costs of clinical staff brought into the facility setting is inconsistent with the law and Medicare regulations.

Comment: Several groups commented that there are appropriate services that clinical staff in the physician's office do perform for facility patients that are typical, are not paid for by Medicare under any other mechanism, and that would be permitted by our regulations. For example, clinical staff may help with arranging a psychiatric admission to the hospital, may make follow-up telephone calls to patients to give post-surgical instruction on drugs or pain management, or may give other clinical guidance to the patient or patient's family. The comments recommended that these clinical staff services be included as direct inputs in the facility setting.

Response: We agree that there may be some clinical tasks that clinical staff in the office can appropriately perform for a facility patient. There first needs to be a general discussion about what are the appropriate *clinical* tasks that clinical staff might perform during each of the different global periods. (For example, we would not consider scheduling tests or procedures to be a clinical task but an administrative task and most of the CPEP panels assigned time for a scheduling secretary.) We would also like to obtain a general consensus about what are reasonable parameters for the times it takes to perform these clinical tasks. Once there is a general approach to this issue, we would consider recommendations for specific services. We welcome general comments on this issue; it would also seem to be an appropriate topic for discussion for the PEAC and RUC.

Comment: Several commenters recommended that we delay implementation of this proposal until further data could be collected. Some of the commenters suggested that the PEAC or our contractors help resolve

the issue of including within practice expense inputs physicians' clinical staff time in a facility. Another group of commenters advised HCFA to survey physicians to identify the extent to which physicians use their own staff to provide services in facilities and their reasons for doing so. The AMA asked us to defer action on this proposal until the physician fee schedule final rule for 2001 because specialty groups have been given no opportunity for meaningful review of the reasonableness of the approach or its impacts. Other organizations suggested that we proceed with the proposal but allow affected specialty groups to present survey data on this issue to the PEAC to justify whether any of these costs should be included in the CPEP data.

Response: We do not plan to delay implementation of our proposal to exclude the costs of physicians' clinical staff used in the facility setting from the CPEP inputs. We have reviewed and analyzed the submitted comments and continue to believe that the policy in our proposed rule on this issue is correct. Though the PEAC is free to discuss the issue of clinical staff in the facility setting if they so choose, we have the ultimate responsibility for making a decision on this basic policy issue. We will implement this proposal and will use the adjusted CPEP data in the calculation of the practice expense RVUs for the year 2000 physician fee schedule.

Physician Time

Pediatric Surgery Physician Time Data

The physician time assigned to pediatric surgery codes was based on erroneously low time data from the original Harvard study, rather than on later data from the study of pediatric services performed by the same Harvard study team for the American Pediatric Surgical Association (APSA) in 1992. We proposed updating the physician times for these 48 pediatric surgical services upon receipt of the needed data.

Comment: The APSA and the American College of Surgeons have forwarded to us the updated physician times for 48 pediatric surgical services and have requested that we use the times for the calculation of the practice expense pools that contain these services. Included with the comments is a detailed report entitled, ''Pediatric Surgery and the Medicare Fee Schedule for Physicians' Services: History, Analysis and Correction of Data on Physician Work and Physician Time.'' This request is supported by comments from the American Urological Association and the American Academy of Pediatrics.

Response: We have substituted the revised times for these pediatric surgical services into our physician time database and will use them in all of our practice expense calculations.

Physical Therapy and Occupational Therapy Times

We had received comments indicating the times for the physical therapy codes (CPT 97001 through 97770) contained in the November 1998 final rule were too low due to the fact that only intra-service times were used. We agreed that it was appropriate to include some preservice and postservice times for these procedures and proposed adjusting the total code-specific times used to create the practice expense pools as shown in Table 6 ''Revised Times for CPT codes 97001 through 97770'' in the July 1999 proposed rule.

Comment: Two major organizations commended us for recognizing that it is appropriate to include pre-service and post-service time and for adjusting the RVUs to reflect this time. However, they wanted us to use the times identified by the expert panel established by the American Physical Therapy Association (APTA) for CPT codes 97001 through 97770. They considered such times to more accurately reflect the times associated with each code.

Response: We carefully evaluated the expert panel's submitted time for CPT codes 97001 through 97770 and used it in collaboration with our staff physicians' medical judgment to adjust the practice expense RVUs for these codes. The times as adjusted reflect nonduplicated pre- and post-service times that may occur when multiple services are provided during the same therapy session. The APTA acknowledged the potential for such overlap in commenting on our proposed rule.

Comment: The American Occupational Therapy Association was pleased that we agreed to revise the occupational therapy times to include some pre- and post-service times for the physical medicine and rehabilitation CPT codes and the RUC surveyed intra-service time for the occupational therapy evaluation and occupational therapy re-evaluation CPT codes (97003 and 97004, respectively).

Response: We appreciate the association's comment.

Comment: An association representing physical therapists recommended that we include additional times for two CPT codes that were not reflected in the proposed rule. It was recommended that we use a 20 minute time period for new CPT code 97140. In addition, the association stated that CPT code 97150 should be added with a typical group session of approximately 45 minutes and pre- and post-time.

Response: We are not clear about the commenter's statement that CPT codes 97140 and 97150 were not reflected in the proposed rule. These codes were listed in Addendum B of the proposed rule. We cannot adopt the recommendation to treat code 97140 as a 20 minute code. When the AMA added 97140 to the CPT codes in 1999, it defined it as a 15 minute code. Therefore, we cannot comply with commenter's request to increase the code's time to 20 minutes. After reviewing the comment for CPT code 97150, we have decided to refer it for close examination during the five year refinement process.

RUC Time Database

The primary sources for the physician time data used in creating the specialty-specific practice expense pools are the surveys done for the initial establishment of the work RVUs and the surveys submitted to the AMA's RUC. Some of the times used for the November 1998 final rule differed from the official RUC database. We indicated in the proposed rule that we plan to use the times from the verified database, in conjunction with the Harvard times, as the basis for determining physician times.

Comment: The AMA has submitted a database that contains verified physician times for those codes considered by the RUC. However, according to a letter received September 30, 1999 from the RUC, there are certain complications in trying to calculate total physician time for the global surgical codes. The letter states: ''* * * it became apparent that a key assumption would need to be made about the E/M time for each office visit included in a global surgical period. At the most recent RUC meeting, it became apparent that there is not an obvious standard for this data element. * * * It is apparent that this is an issue of real importance and we will, therefore, place this issue back on the RUC's agenda for next year. However, we will be unable, at this time, to provide 'total time calculations' for many of the codes in the RUC database, as we have not yet agreed on the most appropriate E/M time to be utilized in the calculations of the codes with global surgical periods.''

Response: We believe that it would not be appropriate to utilize the submitted RUC database until the RUC resolves the question of the E/M time

assigned to global surgical visits. The premature use of this data could potentially have unwarranted negative impacts on the specialties that perform these global services. Therefore, we will use the current time database as part of the calculation of the practice expense pools.

Comment: One association commented that our adjustments to the physician time data as described in the 1998 Physician Fee Schedule final rule seem arbitrary and premature and decreased the time for urologic endoscopic procedures by a factor of 0.979. The commenter recommended that we dispense with these adjustments until the contractor has a chance to review the time data. A surgical association recommended that the unadjusted RUC or Harvard times be used in our practice expense calculations because the adjustments were arbitrary; for example the time for E/M codes was increased by 4 to 6 percent which has a serious impact. The commenter included a lengthy technical attachment entitled, ''Are Physician Time Data Correct?'' A primary care organization also stated it is not convinced that our decision to adjust the Harvard time data to ensure consistency between the RUC and Harvard data is appropriate.

Response: The adjustment to reconcile the Harvard and RUC physician times was proposed in the June 5, 1998 proposed rule (63 FR 30818) and was adopted in the November 2, 1998 final rule (63 FR 58814). In this final rule we stated, ''We still believe this adjustment is appropriate and we will continue to use the adjusted values in our calculations for this final rule.'' There was not a discussion or proposal on this issue in the July 22, 1999 proposed rule. Therefore, we are not changing or dispensing with these adjustments in this final rule. However, we agree that the accuracy and consistency of the physician time data is vitally important to the appropriate calculation of the specialty practice expense pools, and we welcome further discussion on this issue from all parties. As noted above, we have asked our contractor to develop options for validating the Harvard and RUC time data and will share this discussion and any recommended options with the medical community.

Comment: One organization noted that, for services with a small amount of time, a minor error in the time allotted can result in a relatively large difference in the practice expense allocated to such services. The commenter also recommended that we consider using an alternative approach for determining the time used in the calculation of practice expense for those services not performed by physicians.

Response: We would be interested in receiving any suggestions about improved methods of verifying time for any specialty, physician or non-physician, and would be glad to consider any specific approaches that the commenter might want to suggest.

Comment: The American Psychiatric Association commented that the physician times for psychotherapy codes with E/M services are sometimes less than those services without an E/M component. The commenter recommended that the times assigned to the codes with E/M be increased so that they are seven minutes more than the corresponding service without E/M.

Response: We agree that the codes with E/M should be at least equal to those corresponding codes without E/M and are making this adjustment. The current discrepancy in times could be due to the previous changes in the coding of psychiatric services. However, we believe that any further increases in time for these codes might be better addressed during the 5-year review of work or by the RUC process.

Comment: The American Psychiatric Association also commented that the physician times for CPT code 90847 (family psychotherapy with patient present) should be increased from 76 minutes to 101 minutes, so that it is the same as CPT code 90846 (family psychotherapy without patient present) and that the physician time for CPT code 90857 (interactive group psychotherapy) should be increased from 123 to 134 minutes so it is the same as CPT code 90853 (group psychotherapy).

Response: The times for these codes were originally assigned by the RUC and were not affected by the change in CPT coding for psychiatric services. Therefore, we have decided to defer changes in these times to either the RUC process or the 5-year review.

Crosswalk Issues

Physical and Occupational Therapy Indirect Costs

Based upon comments received on the November 2, 1998 rule and after consultation with industry representatives, we proposed increasing the estimated space requirements that were used as part of the calculation of the indirect practice expense per hour for physical and occupational therapists from 250 square feet to 500 square feet per therapist.

Comment: The APTA commended us for recognizing that 250 square feet is not representative of the actual space needed by therapists in private practice and for proposing to increase the space allocation to 500 square feet. However, APTA asserted that 700–850 square feet is a more accurate measure of the square feet required for such therapists.

Response: As stated in our proposed rule of July 1999, we currently crosswalk physical and occupational therapy services to the ''all physician'' practice expense per hour for direct costs. However, for indirect costs we believed that the crosswalk to ''all physicians'' would overstate the actual practice expense for therapy services. Instead, we used the data that were used to develop the therapy salary equivalency guidelines to create the practice expense per hour for these costs. These guidelines, which were developed for therapists working under contract for a facility, assumed a required space of 250 square feet per therapist. After further consideration of previous objections received from organizations representing both physical and occupational therapists about the insufficiency of the 250 square feet, we agreed that the 250 square feet space requirements might not be representative of the actual space needed by privately practicing therapists. Based on our analysis of the available data, we increased the space requirements to 500 feet.

We have carefully considered the treatment space necessary for a therapist in private practice and have determined that 500 square feet or a space 25 feet by 20 feet is more than sufficient space for a single therapist to deliver services to a single typical patient. Although some treatment areas are larger, they are designed for multiple therapists to work simultaneously and serve multiple patients. Space requirements for areas such as waiting rooms, record rooms, and restrooms are considered in the overhead for therapists in private practice.

Comment: Several organizations have remained strongly opposed to the use of salary equivalency guidelines to determine the clerical, office, and other practice expense pools for therapists. The associations recommended the SMS data in the ''all physician'' category as a more accurate measure of the expenses associated with operating a therapist's office. These commenters contended that the salary equivalency guidelines were not intended to serve as the basis for payment for patient treatment delivered in the therapist's office but rather to pay providers directly for these services when furnished by contract therapists who maintained separate administrative offices. They stated that

the guidelines established the maximum hourly rates that Medicare will reimburse the provider for therapy services furnished by such therapists. Thus, they argued that the salary equivalency guidelines should not be used to determine the clerical, office, and other practice expense pools for therapists because the overhead costs data used in the guidelines are associated with operating a contract therapist's administrative office but not the setting where the clinical services are furnished.

Response: We continue to believe the salary equivalency guidelines better approximate the actual expenses for this cost pool than the ''all physicians'' practice expense category. As previously stated, we believe that using the ''all physicians'' practice expense category would considerably overstate the actual practice expense for occupational and physical therapists. We will continue to use the salary equivalency guidelines to calculate this portion of the practice expense pool for occupational and physical therapists for this final rule. However, during the refinement process, we will consider all data submitted on any service.

Comment: An association objected to the use of salary equivalency data to determine the indirect expense portion of the practice expense portions of the RVUs. The association recommended that we use SMS survey data for a specialty whose indirect cost structure is similar to that of a therapy provider. It was suggested that the SMS survey data on physical medicine and rehabilitation, manipulation therapy or podiatry would be a more accurate measure of the expenses associated with operating a physical therapy office than the salary equivalency guidelines.

Response: There is no SMS data specifically regarding podiatry services. The other recommended specialties are primarily hospital-based. Therefore, we continue to believe that the salary equivalency guidelines are the best estimate of the indirect costs for outpatient rehabilitation services.

Vascular Surgery

Based upon comments received on last year's proposed and final rules, we proposed to change vascular surgery's crosswalk from cardiothoracic surgery to the ''all physician'' practice expense per hour because this more appropriately reflects the office-based nature of much of vascular surgery's caseload.

Comment: The International Society for Cardiovascular Surgery and The Society for Vascular Surgery stated their appreciation for the interim increase in vascular surgery's practice expense per hour to the ''all physician'' rate. However, the Societies are concerned that, despite this 5.8 percent increase in the practice expense per hour, and the overall lack of impact on vascular surgery of removing clinical staff from the facility setting, the fully implemented resource-based practice expense RVUs for eleven of their top fifteen services were decreased in the proposed rule. The American College of Surgeons (ACS) agreed that vascular surgeons have patients with more co-morbidities who require more E/M services than certain other specialties. The ACS thus supported the change in the crosswalk of vascular surgery from cardiac and thoracic surgeons to the ''all physician'' practice expense per hour.

Response: We agree with the commenters that the use of the ''all physician'' practice expense per hour rate is an appropriate interim crosswalk for vascular surgery, and we are implementing this change. Concerning the decrease in the practice expense RVUs for the 11 listed services, all of these services are facility services that were originally assigned large amounts of clinical staff time in the facility setting. Because vascular surgeons perform a relatively large number of office-based services as well, the impact of the decreases in their facility services was offset by the increases in their office-based services, and therefore the removal of the inputs for clinical staff in the facility had little impact on the specialty as a whole.

Calculation of Practice Expense Pools—Other Issues

Medicare Claims Data

Comment: The American College of Cardiology recommended that we use the most current Medicare claims data available because in the older data many cardiologists identified themselves as internists. This had the effect of decreasing the size of cardiology's practice expense pool.

Response: We will be using the 1998 Medicare claims data, the most current data available, for the purposes of calculating expense RVUs for the year 2000.

''Zero Work'' Pool

In the November 2, 1998 final rule, as an interim solution, we created a separate practice expense pool for all services with zero work RVUs because of the possibility that inaccuracies in the data were causing substantial reductions for these services. We used the ''all physicians'' category for the practice expense per hour for this pool and instead of allocating this pool by the CPEP data, we used the 1998 RVUs as the allocator. This was of benefit to most of the services included in this interim separate expense pool, but some specialties such as sleep medicine, neurology, ophthalmology and pathology were negatively affected by this methodological change. We received comments requesting that certain services negatively impacted by the adjustment in the 1998 final rule be taken out of this special pool and instead be treated in the same way as the vast majority of codes (that is, treated in the same manner as they were treated before the 1998 final rule adjustment). In the proposed rule, we requested comments both on an adjustment in general and on specific services that should either be included or excluded from the adjustment.

Comment: We received many comments supporting the removal of requested services for the ''zero'' work pool. The comment from the AMA urged us to implement this provision with respect to any codes that specialties have requested be removed from the ''zero work'' pool. The AMA supported the establishment of this pool but only for true radiology services; all other ''zero work'' services should be developed in the same way as other services provided by the other specialties. Another comment from an organization representing primary care physicians supported a proposal to treat codes with zero work RVUs more consistently with other codes in the fee schedule. This commenter stated that the reason given for the creation of the pool was concern about possible inaccuracies in the CPEP data for the ''zero work'' codes, but since concern was expressed regarding the data for other codes as well, ''zero work'' codes should not be given special treatment. Several organizations representing ophthalmology and optometry opposed the use of the ''zero work'' pool and favored removing the ophthalmology codes from this pool. These commenters contended that the current approach is not resource-based and that the creation of the ''zero work'' pool undermined the rationale of the top-down approach. In addition, the commenters stated that ophthalmology has a practice expense per hour that is much higher than the ''all physician'' rate assigned to the ''zero work'' pool and that neither optometry nor ophthalmology were among the specialties requesting a change in methodology for their ''zero work'' services, because the data for eye care services is relatively good. A major surgical specialty society supported

plans to move services with zero work RVUs from their own pool and to treat them like other services and opposed retaining any services in the special pool.

Several specialty societies representing imaging services, radiation oncology, cardiology subspecialties, and vascular surgery objected to the removal of any services from the ''zero work'' practice expense pool or modification of this pool. One of these commenters stated that the ''zero work'' pool should be retained, because it was created to approximate the costs of independently owned facilities that are not captured in the SMS data. The commenter offered as an alternative recommendation that the current RVUs of those services in the pool be maintained even if other codes are extracted from the pool. Several of the commenters stated that, because the current technical component allowances are virtually identical to those in effect prior to the institution of resource-based practice expense RVUs, a decision, which the commenters support, appeared to be have been made by HCFA that these values should remain unchanged pending further data collection and analysis. For those services that have been disadvantaged by their move to this ''zero work'' pool, the commenters suggested that we change their charge-based RVUs without removing them from the ''zero work'' pool. One commenter suggested that all ''zero'' work codes should be treated uniformly and the fact that some of these services fared better under the original top-down methodology is not a sufficient basis for removing them from the ''zero work'' pool.

Response: We still believe that, although we regard the ''zero work'' pool as an interim solution, there is a need to maintain this pool until we have greater confidence in the data for the technical component and ''zero work'' services. However, we do not believe that we should force specialties to keep their services in this ''zero work'' pool if there is a stated preference to have these services treated by the same methodology as the vast majority of services. We also do not agree that our decision to create the ''zero work'' pool implied that the values for the technical component (TC) codes should necessarily be maintained in the change from a charge-based to a resource-based practice expense methodology. In the 1998 proposed rule, before we created the ''zero work'' pool, many of the TC services would have received large decreases in practice expense RVUs. In response to comments in the final rule of the same year, we stated, ''the possibility exists that inaccuracies in the CPEP data * * * are causing the substantial reductions * * *. Therefore * * * as an interim solution until the CPEP data for these services have been validated, we have created a practice expense pool for all services without work RVUs.'' The purpose of this pool was only to protect the TC services from the substantial decreases referred to in the above quote until further refinement could take place; the purpose, notwithstanding the specific outcomes of the complex practice expense calculations, was not to guarantee that these services alone would be unaffected by any changes in our methodology. We also stated that we were not convinced that there was a bias in the SMS survey data against TC services, although we agreed to examine the issue during refinement.

While the creation of the ''no work'' pool was of benefit to most of the TC services contained in it, there was an unintended result of the pool's creation: the values of some specialties' TC services were severely reduced. We believe that it is appropriate to remove those services from the ''no work'' pool if the specialties performing these services make that request. We have no basis for increasing the charge-based RVUs for these codes as a way to offset the negative effects of the ''no work'' pool.

Comment: The following comments were received that requested services be removed from the ''zero work'' pool:

- The American Academy of Sleep Medicine reiterated their request that the TC of CPT codes 95805 through 95811 be moved back into the practice expense pools of the specialties performing these services, allocating these pools using the CPEP data. The commenter stated that this recommendation has the support of the major organizations whose members provide sleep medicine services.
- The American Society of Electroneurodiagnostic Technologists supported the removal of neurology codes, CPT codes 95808 through 95956, from the ''zero work'' pool.
- The National Association of Epilepsy Centers, supported by the American Academy of Neurology, requested the removal of four of the major epilepsy services, CPT codes 95950, 95951, 95954, and 95956 from the ''zero work'' pool. The commenter stated that the resource-based data for these services collected through the CPEP process is more representative of the costs of these services than the charge-based values.
- The American Academy of Neurology commented that CPT codes 95805 through 95956 should be removed from the ''zero work'' pool because the CPEP-derived RVUs are more accurate than the historical charge-based values.
- The American College of Chest Physicians supported the proposal to move the sleep medicine CPT codes out of the ''zero work'' pool, and requested that any of the pulmonary CPT codes 94010 through 94799 that are contained in this pool be treated in the same way.
- The American Academy of Ophthalmology requested that we move any of the CPT codes 76511 through 76529 and 92081 through 92499 that are in the ''zero work'' pool back into the practice expense pools of the specialties that are providing these services. For all of these codes, ophthalmologists are the predominant specialty. This change is also supported in comments from the American Society of Cataract and Refractive Surgery. The American Optometric Association made the same request and added CPT codes 92060 and 92065 to the list of codes to remove; this same request was made by the Macula, Retina and Vitreous Societies.
- The College of American Pathologists requested that CPEP data be used to calculate all pathology technical component RVUs for the year 2000 rather than historical charge data. This recommendation was also supported by comments from the American Academy of Dermatology and individual commenters.

Response: We will remove all of the above services from the ''zero work'' pool and return them to the practice expense pools of the specialties performing the services.

Comment: The American College of Cardiology, the American Society of Echocardiography, and the American Society of Nuclear Cardiology commented that CPT codes 93307 and 93350 should not be removed from the ''zero work'' pool.

Response: We will leave these services in the ''zero work'' pool as requested by the commenters.

Site-of-Service Differential

Clarification of Site-of-Service Policy

In the 1998 final rule, we defined hospitals, skilled nursing facilities (SNFs) and ambulatory surgical centers (ASCs) as facilities for practice expense purposes. For purposes of physician practice expenses, all other sites of service are considered to be non-facility settings. The distinction between the non-facility and facility setting takes into account the higher expenses of the practitioner in the non-facility setting, where the practitioner typically bears the cost of the resources (for example,

clinical staff, supplies and equipment) associated with the service.

The major purpose of the site of service distinction is to ensure that Medicare does not make a duplicate payment for any of the practice expenses incurred in providing a service for a Medicare patient. When the beneficiary is a hospital, SNF or ASC patient, the facility is paid for the clinical staff, supplies and equipment needed to take care of that patient, and the lower facility rate should be paid to the practitioner. Therefore, if the patient is a facility patient or if a facility bills for the service, the practitioner must bill for a facility site-of-service so that the practice expense accurately reflects the setting in which the service was furnished. In the proposed rule, we clarified the circumstances under which either the non-facility or facility RVUs are used to calculate payment for a service. Specifically, we clarified application of the site-of-service differential for procedures performed in an ASC that are not on the Medicare approved list; for therapy services provided in the facility setting; and for services provided to facilities where there is a ''mixture'' of nursing home and SNF patients. With respect to provision of services in a ''mixed'' facility, we specifically solicited comments on ways to examine the relative costs of treating patients in different settings, so that we can determine whether an adjustment to certain non-facility practice expense payments is appropriate.

Comment: One organization objected to our stated policy that, in a mixed facility, the physician is responsible for ascertaining that there will be no Part A bill for the service in order to use the non-facility designation. The commenter stated that this would be a time consuming effort.

Response: We do not believe that it would be an onerous task for the physician to determine at the time of service whether the patient is a SNF or a nursing home patient. This information is needed to pay the bill correctly, and the physician is in the best position to obtain this information quickly.

Comment: The Renal Physicians Association, supported by comments from the American College of Physicians/The American Society of Internal Medicine, expressed concern about the application of the site-of-service differential to the monthly capitated payment (MCP) for end-stage renal disease services (CPT codes 90918 through 90921). The commenter stated that the series of E/M services that are represented by the MCP are highly variable and unpredictable and can be provided in a multitude of settings during the month. Therefore, the use of the site-of-service differential is not relevant to the MCP and should not apply.

Response: We agree that the site-of-service designations are not meaningful for a monthly service that may be provided in different settings for the same patient during a given month. Therefore, CPT codes 90918 through 90921 should always be reported as a nonfacility service.

Comment: An association representing speech-language pathologists and audiologists sought confirmation that there are no settings where speech-language pathology and audiology services would be classified as facility based for purposes of the physician fee schedule.

Response: The commenter is correct. As stated in the final rule of November 2, 1998, outpatient rehabilitation services are subject to the non-facility based practice expense.

Comment: One specialty society reiterated their belief that the site-of-service differential is inappropriately applied to some pediatric subspecialty services performed in the facility setting. The commenter maintained that the use of the facility practice expense RVUs could sacrifice access to high quality pediatric care. Two organizations representing gastroenterologists objected to the use of the site-of-service differential for endoscopy services, which require conscious sedation, because the higher rate paid for these services in the office could provide an incentive for physicians to perform these procedures in the inappropriate office setting. One of these commenters argued that we should either use a threshold that would require a procedure be performed a given percent of the time in the office before applying the site-of-service rule, or adopt MEDPAC's recommendation to establish a clinical consensus about the settings in which a service should be provided. An organization representing podiatrists commented that because they bring their own supplies into a skilled nursing facility (SNF) when providing services in that site, the lower facility rate should not be applied. The commenter contended that, even though multiple patients may be seen, each patient requires individual treatment. Another organization suggested we establish a site-of-service differential for services performed in a SNF in order to correct the inadequacies of payment for services performed in this site. An individual physician commented that there should not be a site-of-service penalty for the 67900 series of CPT codes, because these procedures are most safely and appropriately done in the facility setting.

Response: We believe that these commenters do not understand the purpose or the calculation of the site-of-service differential under our new resource-based practice expense methodology. As stated above, the purpose of the differential is both to ensure that Medicare does not make a duplicate payment for any of the practice expenses incurred and to take into account the higher expenses of the practitioner in the non-facility setting. To the extent that the appropriate practice expense inputs—clinical staff, supplies and equipment, and indirect costs—have been assigned to the two settings, there should be no question of penalizing those who perform their services in a facility. The difference in practice expense RVUs in the two settings should only reflect the difference in the relative costs of performing that particular procedure in the facility or office setting. For that reason there should also be no financial incentive to perform a service in one or the other setting. As stated in previous rules, if there is evidence that it is not safe to perform a particular service in the office setting, this information should be submitted to HCFA's Office of Clinical Standards and Quality.

Limitation on Facility RVUs

As we explained in the proposed rule, non-facility RVUs would be expected to be higher than the facility RVUs for a given service, because the practitioner bears the costs of the necessary clinical staff, supplies, and equipment. However, because of anomalies in our calculations, generally due to the different mix of specialties delivering the service in the two settings, for some codes the facility RVUs are higher than the non-facility RVUs. We proposed to limit the facility rate so that it cannot be higher than the non-facility rate for any given code.

Comment: An association representing urologists commented that we should not assume that any higher facility rate is always due to calculation errors and that we should evaluate these codes further before implementing the proposal. The AMA and an association representing gastroenterologists stated their belief that the imposition of such an across-the-board limit on facility RVUs is inappropriate, because the higher practice expense RVUs in the facility may be due to the different mix of specialties that care for the more complex, more costly cases in the facility setting. The AMA recommended

that we either use a weighted average of the RVUs from both settings or maintain the higher facility practice expense RVUs until each affected code can be reviewed.

Several primary care organizations commented that they agree with the proposal to limit the facility rate so that it cannot be higher than the non-facility rate for any given code. One commenter agreed that non-facility RVUs would be higher than facility RVUs for a given service, because the practitioner bears the costs of the staff, supplies and equipment needed. Another commenter also supported the proposal because it addresses some of the anomalies in the practice expense RVUs.

Response: We will implement the proposal so that the facility practice expense RVUs can never be higher than the non-facility practice expense RVUs. Because practice costs would always be expected to be at least somewhat higher in the office setting, where the practitioner is responsible for the costs of the staff, supplies and equipment, it would be an anomaly for the facility setting to have higher practice expense RVUs assigned. This adjustment only affects 222 facility services at this time, and the decrease in value for the affected services is minimal. There is no impact on any specialty as a result of this adjustment.

Comment: One commenter stated that we stated under Site-of-Service Differential in the July 1999 proposed rule (64 FR 39622) our policy that when a service is performed in an ASC and the service is not on the Medicare approved list of procedures and we do not make a facility payment to the ASC, we consider the ASC a physician's office and use the non-facility (higher) RVUs. However, the commenter notes that in our proposed revision in § 414.22(b)(5)(I) in the July 1999 proposed rule (62 FR 39641) we do not clearly state this point.

Response: Upon review, we agree that our revision to 42 CFR § 414.22 is not clear enough. We appreciate the commenter bringing this oversight to our attention. We, therefore, are revising § 414.22 (b)(5)(i) to clarify that, when a physician performs a procedure on the ASC approved procedures list in an ASC, the lower facility practice expense RVUs apply, and that when a physician performs a procedure in an ASC that is not on the ASC approved procedures list, the higher non-facility practice expense RVUs apply.

C. Adjustment to the Practice Expense Relative Value Units for a Physician's Interpretation of Abnormal Papanicolaou Smears

As explained in the July 22, 1999 proposed rule, the codes for a physician's interpretation of an abnormal Papanicolaou (Pap) smear were revised in the November 1998 final rule to include three HCPCS level II codes (P3001, G0124, and G0141) in addition to the CPT code 88141. This revision was made to accommodate differences in Pap smear technology, and we evaluated the practice expense RVUs for each of these three codes in a slightly different manner. We now believe that it would be more appropriate to evaluate the work, practice expense, and malpractice RVUs for these codes identically and comparable to the values for CPT code 88141.

We received a comment from one organization in support of our proposal. We are finalizing this proposal and making the practice expense RVUs identical for HCPCS codes P3001, G0124 and G0141.

D. Physician Pathology Services and Independent Laboratories

We proposed to revise our regulations to end payments to independent laboratories under the physician fee schedule for technical component physician pathology services furnished to hospital inpatients. (Some hospitals provide pathology services through hospital laboratories, and this provision does not affect them.) Under this proposal, independent laboratories would still be able to bill and receive payment from their Medicare carrier for the technical component of a physician pathology service furnished to beneficiaries who are not hospital inpatients. For the technical component of physician pathology services provided to a hospital inpatient, the hospital would have to bill and the independent laboratory would have to make arrangements with the hospital to receive payment.

Specifically, we proposed revising § 415.130(c) to state that after December 31, 1999, we would pay only hospitals for technical components of physician pathology services furnished to their inpatients.

We received 55 comments mainly from pathology groups. Most of these commenters requested that the proposed regulation be withdrawn and the current policy continued. Other commenters, mainly specialty organizations, recommended that the implementation of the proposal be delayed two years and that arrangements in effect as of July 22, 1999, the date of the proposed regulation, be grandfathered and the current payment policy continued for them.

Comment: Several commenters pointed out that if the proposal is implemented, hospitals might not compensate the independent laboratories for the technical component of physician pathology services. They referred to past practices where hospitals have not adequately compensated hospital pathologists for management functions related to the clinical laboratory, even though this cost was appropriately reflected in the hospital's prospective payment. The commenters refer to the Office of the Inspector General's (OIG) 1991 ''Report of Financial Relationships between Hospitals and Hospital-Based Physicians'' as well as the OIG's 1998 ''Compliance Program Guidance for Hospitals''. One commenter specifically asked if HCFA and OIG would create a safe harbor that sets forth a ''bright line'', for example 80 percent of the physician fee schedule allowance, for deeming as reasonable the negotiated technical component between hospitals that bill for the TC service and the independent laboratories that provide the service to the hospitals.

Response: The anti-kickback statute, section 1128B(b) of the Act, prohibits any person from soliciting or accepting anything of value to induce the referral of business that is reimbursable by a Federal health care program. If a hospital were to condition, express or implied, the referral of physician pathology services to a clinical laboratory on the lab's agreement to accept less than fair market value for the technical component, it would implicate the anti-kickback statute. Under section 1128D(b)(3) of the Act, the OIG is prohibited from determining what constitutes fair market value in any specific situation.

Comment: Some commenters contend that the factual information in the proposed rule is not correct and question whether double payment is, indeed, being made for the TC services. They believe there is significant question about whether, when the diagnostic related groups (DRGs) were constructed, initially priced and updated through the years, the TC for physician pathology services were adequately captured and incorporated in the DRGs. A few commenters remarked that it was and is the common practice in their State for hospitals to out-source the TC of physician pathology services to independent laboratories.

Response: Before the prospective payment system (PPS) system was implemented in 1983, we advised intermediaries that hospitals could appropriately include in their base period costs the laboratory cost of the physician pathology services furnished directly to hospital inpatients by that hospital laboratory. At the same time, we stated that if an independent laboratory billed the carrier for the physician pathology services, it could continue to do so, and these costs should not be included in the hospital's base period costs. At that time, the TC was incidental to the pathologist's professional service, and was not treated as a service in itself; it was the common practice at that time for the independent laboratory to bill a single charge that reflected both the TC and the PC physician pathology service.

During the early, transitional years of the PPS, the prospective payment was based on a blend of a target amount (reflecting the hospital's specific cost) and a DRG amount. The DRG amount was a blend of regional and national standardized amounts, with separate standardized amounts for rural and urban areas. After the transition, hospital specific amounts were no longer used in payment, except for sole community hospitals. In Federal fiscal year 1995, the separate rural rate was eliminated, and rural hospitals began receiving the same rate as urban hospitals.

Given that urban hospitals were much more likely to have the laboratory costs of physician pathology services included in their PPS base period costs used to calculate the urban standardized amount, it is our view that the DRG payment methodology compensates hospitals for the TC of physician pathology services. Also, the elimination of the separate rural standardized amount in Federal fiscal year 1995 similarly compensates rural hospitals for the TC of physician pathology services. It would be improper to continue to allow hospitals to receive Part A payments that reflect the TC of physician pathology services and simultaneously allow an independent laboratory to bill and be paid under the physician fee schedule for the same service.

Comment: A few commenters question the assumption in the regulatory impact analysis that 60 percent of the allowed charges for independent laboratories represent billings for hospital inpatients. Based on information from its membership, the College of American Pathologists (CAP) estimated that, on average, 20 percent of Medicare payments to independent laboratories are for Medicare inpatient services. The commenters requested that this estimate of savings to Medicare be appropriately reduced.

Response: We are accepting CAP's comment and calculating the estimate based on this information.

Result of Evaluation of Comments

We are adopting our proposal to pay only hospitals for the TC of pathology services furnished to its inpatients, but delaying implementation until January 1, 2001 to allow independent laboratories and hospitals sufficient time to negotiate arrangements.

E. Discontinuous Anesthesia Time

We proposed to revise our regulations to allow anesthesiologists and certified registered nurse anesthetists (CRNAs) to sum blocks of time around a break in continuous anesthesia care as long as there is continuous monitoring of the patient within the blocks of time. Payment for anesthesia services is based on the sum of base units plus time units multiplied by a locality-specific anesthesia CF. Under current regulations at § 414.46(a)(1) (Additional rules for payment of anesthesia services), the base unit is the value for each anesthesia code reflecting all activities other than anesthesia time. Anesthesia time, as defined under § 414.46(a)(2), starts when the anesthesiologist or CRNA prepares the patient for anesthesia care and ends when the anesthesiologist or CRNA is no longer in personal attendance; that is, when the patient is placed under postoperative care. While in most instances the anesthesiologist or CRNA remains continuously with the patient from the establishment of venous access to the conclusion of anesthesia attendance, there may be instances when there are breaks in the continuous presence of the anesthesiologist or CRNA. (See the July 22, 1999 proposed rule (64 FR 39624) for specific examples.) We proposed to revise the regulations in § 414.46 to include this exception to the general requirement and to revise § 414.60 (Payment for the services of CRNAs) to clarify this issue.

Comment: Both of the national specialty groups, the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, support the proposal to allow anesthesiologists and CRNAs to sum blocks of anesthesia time around a break in continuous anesthesia care as long as there is continuous monitoring of the patient within the blocks of time. Both groups requested that we provide guidance to anesthesiologists and CRNAs on how to report discontinuous anesthesia time.

Response: Anesthesiologists and CRNAs should report the total anesthesia time on the HCFA claim form as the sum of the continuous anesthesia block times. The medical record should be documented so that a medical record auditor can see the continuous and discontinuous periods and that the reported total anesthesia time sums to the blocks of continuous time.

Result of Evaluation of Comments: We are adopting the proposed policy and are revising the regulations accordingly.

F. Optometrist Services

The provisions of OBRA 1986 expanded coverage for optometrist services. While this statutory provision had been implemented through manual provisions, we had not revised the regulations to reflect this change. We proposed to revise the regulations at § 410.23 (Limitations on services of an optometrist) to specify that Medicare Part B pays for the services of a doctor of optometry, acting within the scope of his or her license, if the services would be covered as physicians' services if performed by a doctor of medicine or osteopathy. The American Optometric Association supported the proposed revision to the regulations.

Comment: The American Occupational Therapy Association (AOTA) asked that we clarify that optometrists may certify and recertify a beneficiary's need for occupational therapy services. According to AOTA, conforming changes should be made to § 424.11(e) (Limitation on authorization to sign statements) and relevant manual provisions on physician certification procedures for outpatient therapy. AOTA states that the proposed § 410.23 codifies the statutory provision that places optometrists in the same category as other physicians. Therefore, if a service is within the optometrists' lawful scope of practice, they contend it is permissible for a doctor of optometry to certify and recertify a beneficiary's need for occupational therapy services.

Response: Section 1861(r)(4) of the law provides that an optometrist is a physician ''only with respect to the provision of items or services described in section 1861(s).'' Because certification and recertification are not services described in section 1861(s), we believe that the law does not permit optometrists to be considered physicians for the performance of these functions. We are changing the text of the regulation (§ 410.23) to more directly reflect the language of the law.

Result of Evaluation of Comments: We are revising the regulations at § 410.23

to specify that Medicare Part B pays for services of a doctor of optometry, acting within the scope of his or her license, if he or she furnishes services described in section 1861(s) that would be covered as physicians' services when performed by a doctor of medicine or osteopathy.

G. Assisted Suicide

The Assisted Suicide Funding Restriction Act of 1997 prohibits the use of Federal funds to furnish or pay for any health care service or health benefit coverage for the purpose of causing, or assisting to cause, the death of an individual. The prohibition does not apply to withholding or withdrawing medical treatment, nutrition, or hydration. In addition, the prohibition does not apply to furnishing a service to alleviate pain, even if doing so may increase the risk of death, as long as the purpose is not to cause or assist in causing death.

We are conforming our regulations to the provisions of this Act by adding a new paragraph (q) to § 411.15 (Particular services excluded from coverage) to exclude from coverage any health care service for the specific purpose of causing, or assisting to cause, the death of an individual. Long standing Medicare policy has excluded such services under section 1862(a)(1)(A) of the Act. This section of the Act states that no payment may be made under Part A or Part B for any expenses for items or services that are not necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

One physician group expressed support for this provision, and we are including the provision in the final rule.

H. CPT Modifier -25

Currently, the global surgery payment policies described in section 4820 of the Medicare Carriers Manual apply to procedures that have global periods of 0, 10, and 90 days as shown on the physician fee schedule database. We proposed to apply these policies also to those services and procedures for which the global period indicator is ''XXX.'' Currently, it is only when a significant, separately identifiable E/M service is furnished before furnishing a procedure with a global period of 0, 10, or 90 days that the E/M service may be paid in addition to the procedure. The coding mechanism for indicating that the E/M service is not related to the surgical procedure is to append modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M service code.

We proposed that, for selected procedures that have a global period indicator of ''XXX,'' when a significant, separately identifiable E/M service is furnished at the same time by the same physician, the physician must append to the E/M service code the modifier -25.

The basis for this policy is that, because every procedure has an inherent E/M component, for an E/M service to be paid separately, a significant, separately identifiable service would need to be documented in the medical record. In other words, we want to prevent the practice of physicians reporting an E/M service code for the inherent evaluative component of the procedure itself.

Comment: Some commenters expressed the view that rather than implement this coding instruction, the carrier should determine if there is a problem with a physician billing for E/M codes with surgical codes and target the physician for review.

Response: We have received this suggestion many times in relation to other proposed coding edits. It is only within the past few years that the CPT Editorial Panel has begun to articulate more clarifying guidelines pertaining to the use of CPT–4 codes. In the meantime, the Congress has mandated that we promote uniformity in paying for services. Establishing coding principles associated with the CPT–4 coding system helps to achieve uniformity. We believe that establishing coding guidelines is an important adjunct to conducting reviews of problem practitioners.

Comment: Many commenters agreed that the proposal is consistent with CPT guidelines but strongly urged clarification of the categories of services to which this policy would apply. For example, these commenters were unclear whether this policy would apply to diagnostic tests, immunizations, laboratory, and pathology services.

Response: We are not making a blanket requirement that modifier -25 be used with every code in a specific category of services. Rather, we will implement this coding policy for specific HCPCS codes when we believe there is abuse or the potential for abuse in the reporting of an E/M service. Before implementing an edit for a specific code combination, we will provide an opportunity for review by physician groups.

Comment: One commenter suggested we clarify that modifier -25 should be used and recognized as denoting a separate E/M service furnished in conjunction with a minor procedure bearing either the ''XXX'' or the ''000'' global period policy.

Response: Our current policy for using modifier -25 is applicable to codes with global periods of 0, 10, and 90 days as stated in section 4822.A of the Medicare Carriers Manual. We proposed that, in furnishing a diagnostic or therapeutic service that has a global period of ''XXX'' as well, the same policy would apply and practitioners should decide whether the E/M component of a service having a global period of ''XXX'' is routinely furnished as part of the procedure or is a significantly, separately identifiable service. In general, for services with global periods of ''XXX,'' as well as those with 0, 10 and 90 days, when the E/M service is a significant, separately identifiable service, that is, the physician work furnished meets the criteria for the level of E/M service reported, modifier -25 should be appended to the procedure code.

Comment: A few commenters questioned the accuracy of the statement in the proposal, ''Since every procedure has an inherent E/M component, in order for an E/M service to be billed, there must be a significant, separately identifiable service documented in the medical record.'' They asserted that the only procedures that have an ''inherent'' E/M component are those that are subject to our own global surgery policies that have been developed with input from the specialty societies. However, there are procedures, for example, radiation oncology services such as treatment planning and simulation which are not subject to our global surgery policies nor do they have an E/M component. Therefore, our statement that ''every procedure has an inherent E/M component'' is in error. In addition, commenters stated that since we worked with the CPT Editorial Panel to create modifier -25 to be used in appropriate specific instances, to propose using modifier -25 for all services is inconsistent with our previous actions. Commenters requested that we not implement the proposal without input from the AMA's Correct Coding Policy Committee (CCPC) and without adequate time for physician education.

Response: One of the factors we will take into consideration as we identify the specific procedures for which the modifier -25 policy for separate payment for an E/M service will apply is whether the procedure, by definition, has an inherent E/M component.

We intend to submit correct coding edits associated with this coding policy to the AMA's CCPC for comment with a potential implementation date of no

earlier than October 2000. Assuming CCPC's comments are furnished expeditiously, we believe there will be sufficient time for us to notify carriers of its decisions, for the specialty societies and the AMA to notify their members, and for carriers to publish the edits in their bulletins.

Comment: Several commenters cited particular examples of diagnostic and treatment situations in which the E/M service and the procedure may be reported without the need for appending modifier -25. These examples are services represented by ophthalmology E/M codes 92002 through 92014 that result in the decision to perform a visual field examination or a fluorescein angioscopy and urology services ''that do not have a global period and, therefore, an E/M service would always be performed.''

Response: We will take these comments into consideration when we develop correct coding edits based on the coding instruction related to the use of modifier -25.

Comment: Many commenters had reservations about the burden on physicians and carriers if this proposal were implemented. They were concerned that this proposal would lead to using modifier -25 routinely, which in turn would lead to more carrier audits.

Another potential result with burdensome consequences to the practitioner and the carrier would be the number of appeals that would be generated because of contested denials when the practitioner is found to have adequate documentation for the services furnished but the denial was based on inadequate information.

Response: While we agree that these scenarios are possible, our experience with the coding instruction associated with the modifier -59 (Distinct Procedural Service) has not validated this kind of concern. While carrier post-payment reviews of two of these scenarios, namely abuse of modifier -59 and lack of appropriate use of modifier -59, have not been extensive, we have no evidence that practitioners are routinely billing modifier -59 with multiple procedures performed on the same day by the same practitioner. The carrier claims processing systems contain edits that identify incorrect coding combinations. When an incorrect code combination is detected, payment for one of the codes is denied. These denials decrease Medicare expenditures. If the use of modifier -59 had become routine, we would expect to see an increase in expenditures because of the increased use of the modifier. This has not been the case. In fact, expenditure data show that billing of the same code pairs is fairly consistent from one quarter to the next, thus suggesting that practitioners are not routinely using modifiers.

Comment: Other commenters suggested we identify the services that are problematic and work with the AMA to clarify CPT descriptions.

Response: We will work with the AMA at the same time that we are implementing the modifier -25 policy.

Comment: One specialty society stated that its members rarely furnish a service designated as one with no global period without performing services represented by an E/M visit code.

Response: We agree that an identifiable E/M service may be furnished with many procedures for which no global period applies. However, we are concerned about those instances in which a minimum amount of evaluation is an inherent component of the service or procedure. For these instances, we do not agree that it is appropriate to report a minimum level E/M code in addition to the service or procedure.

Comment: Pertaining to physical therapy codes, the assertion was made that the physical therapy evaluation codes 97001 and 97002 are not comparable to the ''E/M'' codes because they do not include the concept of ''management'' as do the E/M service codes. Since 97001 and 97002 are not comparable to the E/M codes and since modifier -25 can be used only with an E/M service, it would not be appropriate for it to be used with a physical therapy evaluation code when the physical therapy evaluation code is billed with a modality or therapeutic service.

Response: We disagree with the assertion that physical therapy codes are not comparable to the codes usually referred to as E/M codes. The E/M service codes are described in such a way that they may be used to report either evaluation *or* management services; or evaluation and management services. We believe that modifier -25 may accurately be used with evaluation codes associated with occupational therapy, ophthalmology, physical therapy, psychiatry, and radiation consultation.

Comment: Another commenter suggested that since many private payers do not recognize modifiers appropriately, our policy would create inconsistencies in how physicians report Medicare and non-Medicare services.

Response: Under the current circumstances, this comment may be valid in relation to the use of any modifier, not just modifier -25. It is expected, however, that when the relevant portions of the Health Insurance Portability and Accountability Act are implemented, the format for claims for physicians' services will be standardized. In the meantime, the requirement to use modifier -25 in those instances when the E/M service is distinguishable from the pre-procedure work may actually strengthen the claim for payment. This result may persuade other third party payers to recognize this coding guideline thereby ensuring more consistency in payment.

Result of Evaluation of Comments: We have considered the comments we received on the proposal and are proceeding to include procedures with a global period indicator of ''XXX'' the application of the global surgery payment policy in as it relates to the use of modifier -25.

We will not, however, require the routine use of modifier -25 with all procedures having a global indicator of ''XXX.'' Instead, we will identify specific codes with which the E/M service furnished would need to be one that is documented as being significant and separately identifiable, and, hence, should be reported with modifier -25.

We will seek review of these codes from physician specialty societies as well as those nonphysician practitioners who are authorized to bill Medicare on their own.

Specific procedure codes for which the use of modifier -25 is required when a significant, separately identifiable E/M service is furnished and reported by the same physician or nonphysician practitioner will be included as edits in the Correct Coding Initiative edits. These edits will be implemented no earlier than October 1, 2000 and will continue to be added as appropriate on an ongoing basis.

In the meantime, however, since modifiers are an inherent part of HCPCS, we urge all practitioners to familiarize themselves with them and to make it a practice to use them when applicable.

I. Nurse Practitioner Qualifications

As explained in the July 22, 1999, proposed rule (64 FR 39608), we gave additional consideration to the nurse practitioner (NP) qualifications because we realized that the qualifications would exclude many experienced NPs from continuing to qualify as NPs under the Medicare program. It was not our intention to establish qualifications in the November 1998 final rule (63 FR 58874) that would cause experienced NPs, who have been furnishing services to Medicare patients, to be barred from

billing under the Medicare program because they do not posses a master's degree or national certification. Therefore, we proposed NP qualifications that are less restrictive but that still ensure quality services are furnished to Medicare patients. We proposed progressively enhanced qualifications, including providing lead time for NPs to obtain a Medicare billing number under Section 2158 of the Medicare Carriers Manual, national certification, or (ultimately) a master's degree in nursing. Specifically, we proposed to revise § 410.75(b) so that for Medicare Part B coverage of his or her services, a nurse practitioner must:

(1)(i) Be a registered professional nurse who is authorized by the State in which services are furnished to practice as a nurse practitioner in accordance with State law; and

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and has been granted a Medicare billing number as a nurse practitioner by December 31, 2000; or

(3) Be a nurse practitioner who, on or after January 1, 2001, applies for a Medicare billing number for the first time and meets the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section; or

(4) Be a nurse practitioner who, on or after January 1, 2003, applies for a Medicare billing number for the first time and possesses a master's degree in nursing and meets the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section.

Comment: Several individuals and some organizations, including the American College of Nurse Practitioners, American Nurses Association, and the National Association of Pediatric Nurse Associates & Practitioners, submitted comments in support of the proposal. However, a couple of the commenters expressed concern that an NP whose Medicare number expires in the future may encounter new and more stringent qualification requirements depending on the year he or she reapplies for a new Medicare number. One commenter was also concerned that certain NPs, who qualify to receive Medicare billing numbers under current requirements, would be unfairly disadvantaged if they do not need to apply for Medicare numbers before January 1, 2001.

Response: As specified in the rule, the new qualifications beginning January 1, 2001, would apply only to those NPs applying for Medicare numbers for the very first time. Therefore, an NP would be subject only to the qualification requirements under which he or she received the initial Medicare number.

As for those NPs who qualify for the Medicare program under current rules but have not billed Medicare, we do not share their concern. This proposal was specifically intended to (1) avoid barring veteran NPs from continuing to furnish services to Medicare beneficiaries and, (2) provide a lead time for the new NPs to obtain the master's degree. These revised qualification requirements do not detract from our goal to ultimately require all Medicare NPs to have a master's degree.

Comment: Of the physicians and physician organizations that submitted comments, all but the American Academy of Family Physicians (AAFP) opposed the proposal. They stated that it would lessen the qualification requirements of NPs and endanger the safety of Medicare patients. A few individual doctors commented that they were appalled because the proposed rule would allow NPs to perform and bill Medicare directly for physicians' services. They believed that the proposal would not only raise issues regarding quality of care but also jeopardize the Medicare Trust Fund.

Response: It is the Social Security Act (as amended by the BBA), and not this proposed rule, that authorizes NPs to directly bill Medicare for performing physicians' services. Moreover, we do not agree with these conclusions because the proposed qualification requirements are clearly stricter than those that exist currently. We note that the November 1998, final rule regarding NP qualifications was scheduled to become effective January 1, 2000 (see 64 FR 25456). Thus, the new rule merely permits the veteran NPs who have been serving the Medicare beneficiaries to continue to do so.

Comment: The comments from most of the physician groups, such as the American Medical Association, and many of the individual doctors suggested that we emphasize and elaborate upon the provision requiring NPs to collaborate with physicians. Even AAFP requested that we address the definition of ''collaboration'' in a rule. In addition, some commenters asked that we specify in a rule that NPs should perform only those services specifically authorized by State law.

Response: ''Collaboration'' was not a subject of the proposed rule, and we have no plans at this time to change the current definition.

Comment: The women's health care NPs requested that we begin requiring the master's degree in 2007 to coincide with their plan to require master's degree of all women's health care NPs.

Response: We believe that the lead time provided under our proposal is sufficient for all new NPs to obtain the master's degree in nursing. We recognize that even some states do not require the master's degree. Nevertheless, we note that we are not precluded from establishing our own qualification requirements for NPs who furnish services to Medicare patients.

Result of Evaluation of Comments

The rule concerning NP qualifications is adopted as proposed. In addition to revising § 410.75(b), we are also making conforming changes to § 485.705(c)(8).

J. Relative Value Units for Pediatric Services

During the 5-year review, we did not appropriately adjust work RVUs for certain pediatric surgical services. The present values reflect E/M services of the postoperative period as determined in the original study conducted by the Harvard research team and not the subsequent study of pediatric surgical services performed in 1992 by the Harvard research team for the American Pediatric Surgical Association (APSA). We proposed changing the RVUs for E/M services during the global surgical period for pediatric surgical services to reflect the findings of the 1992 Harvard study.

Comment: The American Urological Association and the American Academy of Pediatrics supported this proposal. The American College of Surgeons and the APSA forwarded information from the 1992 Harvard study on work RVUs for pediatric surgical services and requested we use this data.

Response: We have accepted the RVUs from the 1992 Harvard study and have substituted them in our database.

Result of Evaluation of Comments: We are changing the RVUs to reflect the 1992 data.

K. Percutaneous Thrombectomy of an Arteriovenous Fistula

We proposed to implement a HCPCS code, defined as ''percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft'' to be used until the AMA creates a permanent CPT code. We defined it analogously to open surgical procedures, CPT codes 36831 to 36833 and proposed a 90-day global period for this service to be consistent with the open surgical procedure codes and to facilitate comparisons with them.

We proposed individual local carrier pricing for the new HCPCS code.

Comment: The International Society for Cardiovascular Surgery and the Society for Vascular Surgery expressed support for our proposal, and while the American College of Radiology was also in agreement with our proposal, they recommended a ''000'' global period rather than a 90 day global, as proposed.

Response: We continue to believe that a 90-day global period is appropriate for this procedure because the effectiveness has been compared to open thrombectomies, for which 90-day global periods are used.

Comment: The American Medical Association commented that adding the codes to HCPCS Level II , rather than through CPT, adds to the potential for confusion and incorrect coding.

Response: We have defined a HCPCS Level II code because no appropriate CPT code exists. These procedures are currently being performed, so we believe that it is necessary to have a code for billing even though no CPT code has yet been developed. As we have stated, we also plan to collect data in conjunction with the reporting of the new code so that we, or the CPT Editorial Panel, may refine its definition.

Comment: The Society for Cardiovascular and Interventional Radiology expressed support for our proposal; however, they recommended that the ''revision'' be dropped from the code description since a graft revision and declotting usually occur at separate sessions and a revision typically involves another physician. They also recommended that the interim HCPCS have a global period of ''000'' like other percutaneous therapies rather than the 90 day period proposed and that RVUs should be assigned for this interim code rather than allowing the procedure to be carrier priced.

A manufacturer also expressed concern about the 90 day global period and that this code would be carrier priced.

Response: We have specified carrier-pricing for this procedure for the reasons outlined by the commenters. If this is a heterogenous procedure with variations in how the thrombectomy is performed or whether a revision is done simultaneously, the carrier will be able to adjust the payment appropriately. We plan to collect data regarding the procedure variations, and we will consider revisions of the code definition, global period, and alternate codes after we have reviewed the data.

Result of Evaluation of Comments

We will implement this code as proposed with a 90 day global period and will review the collected data to determine if revisions to the code definition, global period and alternate codes should be made.

L. Pulse Oximetry, Temperature Gradient Studies and Venous Pressure Determinations

We proposed to discontinue separate payment for CPT codes 94760, 94761, 94762, 93740, and 93770 (pulse oximetry, temperature gradient studies and venous pressure determinations) and to list them in the physician fee schedule with a status code of ''B'' for ''payment always bundled into payment for other services.'' We stated that continuing to pay separately for these codes duplicates amounts included in both facility payments and practice expense RVUs.

Comment: Several professional societies commented that we should not consider these services to be bundled with E/M service payments. One commenter noted that the CPT specifies that diagnostic studies may be reported separately. Another commenter stated that if we would not pay separately for pulse oximetry, physicians would not perform pulse oximetry but would refer patients for arterial blood gas determinations. Another commenter observed that the interpretation of pulse oximetry results can be complex. The American College of Chest Physicians and the American Academy of Sleep Medicine commented specifically that CPT code 94762, pulse oximetry by continuous overnight monitoring, is not performed in conjunction with an E/M. All commenters noted that pulse oximetry is a valuable procedure.

Response: We agree that pulse oximetry is a valuable procedure. Because the technology has progressed and been simplified and reduced in cost, pulse oximetry is a routine inclusion in many procedures and visits. Pulse oximetry is no more invasive and arguably less invasive than recording the patient's temperature, another example of a diagnostic service for which we do not make separate payment. If interpretation of pulse oximetry or temperature data is complex, then that interpretation is clearly part of the medical decision making included in the E/M services. We believe that payment for pulse oximetry equipment is included in our facility and practice expense payments just as the costs of electronic thermometers are included.

While we believe that pulse oximetry with continuous overnight monitoring is always performed in conjunction with an E/M service, we agree that the patient's use of the oximeter is separate from the typical use of equipment during the E/M service.
Medicare coverage policy or some type of utilization standards to guide Medicare carrier review.

Response: As required by the BBA, we are developing utilization guidelines for manual manipulation to treat subluxation of the spine when an x-ray is not required.

Result of Evaluation of Comments: We are revising § 410.22(b)(1) to delete the x-ray requirement. Thus, this section will state that Medicare Part B pays only for a chiropractor's manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuromusculoskeletal condition for which manipulation is appropriate treatment.

N. Coverage of Prostate Cancer Screening Tests

Effective January 1, 2000, section 4103 of the BBA provides for Medicare coverage of certain prostate cancer screening tests for all male Medicare beneficiaries subject to certain frequency and other limitations. The BBA defines a prostate cancer screening test to mean a test (among other things) that is ''provided for the purpose of early detection of prostate cancer to a man over 50 years of age who has not had such a test during the preceding year.'' We interpreted this language to mean that payment may be made for a male beneficiary over 50 years of age or older (that is, starting at least one day after he has attained age 50) for both an annual screening digital rectal examination (DRE) and an annual screening prostate-specific antigen (PSA) test.

We proposed to add a new § 410.39 to provide coverage for two types of prostate cancer screening. To ensure that the screening DRE is performed as safely and accurately as possible, we proposed to require, in § 410.39(b), that the examination be performed by the patient's attending physician who is either a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (as defined in section 1861(aa) and section 1861(gg) of the Act) who is authorized under State law to perform the examinations. In § 410.39(c), we proposed that payment may not be made for a screening DRE performed for

a man age 50 or younger. For a patient over 50 years of age, payment would be made for a screening DRE only if the beneficiary has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening DRE was performed. In § 410.39(d), we specified that coverage is available for screening PSA tests only if they are ordered by the beneficiary's attending physician, or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is authorized to order this test under State law. We included this coverage requirement to assure that beneficiaries receive appropriate information about the potential implications of screening tests. In § 410.39(e), we proposed that payment may not be made for a screening PSA test performed for a man age 50 or younger. For an individual over 50 years of age, payment may be made for a screening PSA test only if he has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening PSA test was performed.

We also created a new HCPCS code, G0102, prostate cancer screening DRE, to be used for the screening DRE. A DRE is a relatively quick and simple procedure, and we have assigned it the same value as CPT code 99211, the lowest level E/M service. A DRE is usually furnished as part of an E/M service. We believe that it would be extremely rare for a DRE to be the only service provided during a patient encounter. For this reason, we proposed to bundle the DRE into the payment for an E/M service when a covered E/M service is furnished on the same day as a DRE. If the DRE is the only service furnished or is provided as part of an otherwise noncovered service, such as CPT code 99397 (preventive services visit), HCPCS code G0102 would be payable separately if all the aforementioned coverage requirements are met.

We also created a new HCPCS code, G0103, prostate screening; prostate specific antigen (PSA), to be used for the screening PSA test. The screening PSA test is priced at the same payment rate as CPT code 84153 (PSA; total) and would be paid under the clinical diagnostic laboratory fee schedule.

Comment: All the comments we received on this subject supported implementation of the prostate cancer screening provisions created by the BBA. One commenter indicated that the proposed requirements are consistent with current professional medical standards and generally in accord with the views of practicing physicians and various national medical societies.

However, one commenter expressed concern that the BBA was silent with respect to the need for the ''attending'' requirement and suggested that we needed to furnish additional rationale for adopting the requirements in the final rule. Specifically, it was suggested that physicians other than the beneficiary's attending physician, such as a physician partner, might be qualified to substitute for the attending physician in his or her absence from the office or clinic.

Response: Although the BBA is silent about who should perform DREs or order PSA tests for Medicare patients, section 1862(a)(1)(A) of the Act prohibits payment for services that are not reasonable and necessary for the diagnosis or treatment of illness or injury. Reasonable and appropriate qualification requirements help ensure that quality screening services are delivered to Medicare patients and that they are furnished with sufficient information about the implications and possible results of having a PSA blood test completed. It is true that an appropriately trained physician or other practitioner can perform this service safely and it does not have to be limited to the patient's attending physician. Based on the comments received from various medical societies, we believe that we can best help ensure that these new Medicare screening services are furnished safely and effectively to patients by requiring that they be done by the physician or other recognized practitioner (as stated elsewhere in this section) who is fully knowledgeable about the patient and would be responsible for explaining the results of the screening examination or test. We believe that under this formulation, a physician other than the patient's attending physician in a group practice can easily meet the requirement.

Result of Evaluation of Comments: We are modifying our proposal to delete the word ''attending''. The revised requirement will be that the screening DREs and the screening PSA tests must be performed and ordered, respectively, by the beneficiary's physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is fully knowledgeable about the patient and would be responsible for explaining the results of the screening examination (test). This revision is reflected in the new § 410.39.

Comment: One commenter indicated that §§ 410.39(c)(1) and 410.39(e)(1) relating to the limitation on coverage of screening DREs and screening PSA tests are in conflict, and need to be clarified to make them consistent with the law and our interpretation of the law as explained in the preamble to the proposed rule.

Response: We agree with the commenter. There is an inaccuracy in proposed § 410.39(e)(1) that needs to be corrected. As we discussed in the preamble to the proposed rule, the BBA defines a prostate cancer screening test to mean a test (among other things) that is ''provided for the purpose of early detection of prostate cancer to a man over 50 years of age who has not had such a test during the preceding year.'' We have interpreted this to mean that payment may be made for a male beneficiary over 50 years of age or older (that is, starting at least one day after he has attained age 50) for both an annual screening DRE and an annual screening PSA test. This means, however, that payment may not be made for a male beneficiary on or before the day he attains age 50.

Result of Evaluation of Comments: We are revising § 410.39(e)(1) to provide that payment ''may not be made for a screening PSA blood test performed for a man on or before the day he attains age 50.'' We are leaving § 410.39(c)(1) unchanged.

Comment: Commenters agreed with our proposal to create a new code, G0102, for a DRE and pay for it at the same level as the lowest level E/M code, 99211. Two commenters agreed with our proposal to bundle the payment for a DRE into the payment for a covered E/M service furnished on the same day. Two other commenters stated that since the DRE is a separate covered benefit that it should always be paid separately.

Response: As stated in the July 1999 proposed rule (64 FR 39627), a DRE is a very quick and simple examination taking only a few seconds. We believe it is rarely the sole reason for a physician encounter and is usually part of an E/M encounter. In those instances when it is the only service furnished or it is furnished as part of an otherwise non-covered service, we will pay separately for code G0102. In those instances when it is furnished on the same day as a covered E/M service, we believe it is appropriate to bundle it into the payment for the covered E/M encounter.

Result of Evaluation of Comments: We are adopting our proposal to pay for a DRE (G0102) at the same level as the lowest level E/M service (99211) and to bundle the payment for the DRE into the payment for a covered E/M service

when the two services are furnished to the patient on the same day.

O. Diagnostic Tests

1. Supervision of Diagnostic Tests

Sections 4511 and 4512 of the BBA removed the restrictions on the areas and settings in which nurse practitioners (NPs), clinical nurse specialists (CNSs) and physician assistants (PAs) may be paid under the physician fee schedule for services that would be physicians' services if furnished by a physician. We proposed to revise § 410.32(b) concerning diagnostic x-ray and other diagnostic tests and add an exception at § 410.32(b)(2) to specify that no physician supervision of NPs and CNSs is required for diagnostic tests performed by NPs and CNSs when they are authorized by the State to perform these tests. In addition, we proposed to modify § 410.32(b)(3) by means of a parenthetical to state that diagnostic tests that a PA is legally authorized to perform under State law require only a general level of physician supervision of the PA.

We also proposed to add an exception criterion at § 410.32(b)(2) so that physician supervision rules would not apply to pathology and laboratory codes in the 80000 series of the CPT payable under the physician fee schedule. These codes are within the scope of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations (Part 493), and we determined it would be unnecessarily confusing to apply another separate set of supervision rules to the performance of these procedures. The CLIA regulations should determine the level of supervision necessary, if any, for these procedures.

We received many comments opposing the proposal to modify § 410.32 to permit NPs and CNSs to order, interpret, and perform radiological procedures without physician supervision when they are authorized by the State to perform these services. Our proposal addressed only the last activity. The legal authority for NPs and CNSs to order and to interpret tests (and for PAs to perform these activities under physician supervision) is not at issue. Section 410.10(a)(3) already provides that nonphysician practitioners (including PAs, NPs, and CNSs) who are operating within the scope of their authority under State law may order diagnostic tests. With regard to the interpretation of diagnostic tests, Congress has specifically recognized the ability of PAs, NPs, and CNSs to furnish services that would be physician services, if furnished by a physician, subject to the provisions of State law.

Several commenters expressed their approval of the proposal regarding PAs, NPs, and CNSs.

Comment: Several commenters indicated that the proposal to change the regulation to permit NPs and CNSs to perform diagnostic tests without physician supervision did not explain why this change was being proposed.

Response: As indicated in the July 1999 proposed rule (64 FR 39638), the proposal would conform the requirements of the physician supervision policy in § 410.32(b) to the BBA provisions relating to PAs, NPs, and CNSs. Those provisions generally permitted these practitioners to bill directly for services that would be physicians' services if they were furnished by a physician.

Comment: Many commenters expressed concern about the qualifications of NPs and CNSs to perform radiology procedures without physician supervision. The commenters pointed out that—

- Radiologists undergo 4 to 5 years of residency training after medical school;
- NPs and CNSs do not have the training, education, or experience to be qualified to furnish radiology services;
- The lack of training undergone by NPs and CNSs in x-ray physics as well as nuclear medicine, magnetic resonance physics, and ultrasound physics, places the patient in a life-threatening position; and
- The policy on this matter should be a national policy, rather than a policy debated in each State legislature.

Response: As indicated in the July 1999 proposed rule, we made the proposals to remove the requirement for physician supervision of NPs and CNSs for diagnostic tests for services NPs and CNSs are authorized to perform under State law and to establish a level of general supervision by a physician for diagnostic tests that PAs are authorized to perform under State law. Further, since we have not imposed requirements regarding specific training requirements for physician specialties to be able to perform and bill for these diagnostic tests, we believe that it is inappropriate to apply these requirements to practitioners whom the Congress has specifically recognized as having the ability to furnish services that would be physician services if furnished by a physician, subject to the provisions of State law. The Medicare law generally leaves the scope of practice of NPs, CNSs, and PAs to be determined by the individual States. Finally, we have no indication that NPs and CNSs will abuse their benefit by trying to perform diagnostic tests they are not qualified to do.

Comment: A national organization of radiologic technologists questioned the reliance on the statutory language in section 4511 of the BBA for policy on the issue of supervision of NPs or CNSs for diagnostic testing and suggested that we are incorrectly interpreting this section by proposing to allow these practitioners to perform diagnostic testing without a supervising physician. The commenter went on to indicate that the proposed rule creates a practice opportunity for nurses that is not justified by the cited legislation, that it ignores existing law, and that we are in violation of the Administrative Procedure Act by making law that exceeds its congressional authority.

Response: We believe that our proposal is within the law and reflects the intent of the Congress with regard to services of NPs and CNSs.

Comment: One commenter said that it should be made clear in the final rule that the technical component which is the issue at hand, is not subject to the payment reduction applicable to services of nonphysician practitioners.

Response: We agree with the commenter. Since May 1992, Section 16000 of the Medicare Carriers Manual has stated: ''For those services that have both a technical component and a professional component (such as a radiology service or a diagnostic test) or if the nonphysician practitioner provides an incident to service that is routinely separately billed, the percentage payment limitations do not apply to the technical component or to the incident to part of the service that is separately billed.''

Comment: Some commenters expressed concern about the effect of this proposal, if adopted, on the mammography certification program.

Response: Mammography certification programs are regulated by the FDA (21 CFR Part 900), and entities performing mammography must comply with those regulations in order to be certified. Our regulations would not affect that process.

Comment: Some commenters indicated that the proposed revision would be contrary to Stark I and II that was formulated to reduce self-referral and its potential for abuse. It was pointed out that self-referral has been shown to be an incentive for overutilization of imaging services.

Response: The Stark provisions do not apply to the services of nonphysician practitioners.

Comment: The American Medical Association suggested that the proposal not to require physician supervision for

tests NPs and CNSs are authorized to perform under State law be delayed until the controversy surrounding the requirement for NPS and CNSs to be working in collaboration is better resolved.

Response: The collaboration requirement is not an issue upon which comments were sought under this year's proposed rule, and we do not believe that issue should delay implementation of this proposal.

Comment: Several commenters expressed their opinions on issues relating to the levels of physician supervision that should be required for individual diagnostic tests.

Response: No proposals on the levels of physician supervision required for individual diagnostic tests were included in the proposed rule, and we will not discuss them here. We plan to issue a program memorandum setting forth revised levels of supervision.

Comment: One commenter indicated that the proposed rule cites section 4511 of the BBA as one of the reasons for eliminating the physician supervision requirements for NPs and CNSs and pointed out that section 4511 could be interpreted to mean that the provision only applies to ''incident to'' services. The commenter went on to say that, since ''incident to'' (as set forth in section 1861(s)(2)(A)) does not apply to diagnostic tests that have technical components, that provision of the BBA does not mandate the elimination of the physician supervision requirement for diagnostic tests performed by NPs and CNSs.

Response: The technical components of diagnostic tests are covered under section 1861(s)(3) of the Act. Section 1848(j) of the Act specifies that services covered under that section are ''physicians' services'' for purposes of payment under the Medicare physician fee schedule. Section 4511 of the BBA provides that NPs and CNSs may bill directly for services that would be physician services if they were furnished by a physician, so long as the practitioners are authorized under State law to perform the services. This provision is not limited to ''incident to'' services. (In fact, the very definition of ''incident to'' services is that they are services which are included in a physician's bill and not separately billed; thus it would be difficult to read section 4511 as applying only to those services.)

Comment: One commenter characterized the language used in our proposal to exclude pathology and laboratory codes in the 80000 series of the CPT from the physician supervision requirements of § 410.32(b) as ''inflammatory, patronizing, and gratuitous.'' The language related to our statement that the decision as to the necessity of physician supervision in connection with these services should be made solely under the CLIA regulations and not under both the CLIA regulations and the physician fee schedule regulations.

Response: Obviously, there was no intent to offend pathologists. We made the proposal to remove confusion with regard to the physician supervision requirements that apply to a class of codes.

Result of Evaluation of Comments

We are adopting our proposal to provide that—

- Diagnostic tests payable under the physician fee schedule and performed by a nurse practitioner or clinical nurse specialist authorized to perform such tests under applicable State laws are excluded from the physician supervision requirement set forth in 42 CFR 410.32(b);
- Pathology and laboratory procedures listed in the 80000 series of the CPT and payable under the physician fee schedule are excluded from the physician supervision requirements of § 410.32(b); and
- Diagnostic tests payable under the physician fee schedule and performed by a physician assistant authorized to perform tests under applicable State laws require only a general level of physician supervision.

2. Independent Diagnostic Testing Facilities

In keeping with the BBA provisions concerning services furnished by NPs, CNSs and PAs as discussed in paragraph 1. above, we proposed to revise § 410.33(a), which establishes criteria for the operation of independent diagnostic testing facilities (IDTFs), to include NPs and CNSs who perform diagnostic tests that the State authorizes them to perform in the list of entities that may be paid directly by the carrier. We also proposed to modify the implementation date for IDTFs from July 1, 1998 to March 15, 1999 to reflect the actual implementation date.

Comment: Several commenters expressed concern that the proposal to add NPs and CNSs to the list of entities that may be paid directly by the carrier for diagnostic tests under the physician fee schedule would enable these practitioners to open their own imaging facilities and independently perform diagnostic imaging tests.

Response: The Congress has specifically recognized the ability of NPs and CNSs to furnish physician services subject to the requirements of State law. The law evidences the intent of the Congress that the determination of the scope of services of NPs and CNSs may be determined by the individual States. We have no reason to believe that NPs and CNSs will abuse their benefit by trying to perform diagnostic tests they are not qualified to do. NPs and CNSs are not precluded from opening an IDTF. However, IDTFs that are owned and/or operated by NPs and CNSs must meet IDTF physician supervision requirements; that is, the IDTFs must employ or contract with a physician (MD or DO) to provide the required levels of supervision of technicians and equipment.

Result of Evaluation of Comments

We are adopting our proposal to amend § 410.33(a) to change the effective date and to add NPs and CNSs to the list of entities that may be paid directly by the carrier for diagnostic tests under the physician fee schedule.

P. Other Issues

Orthopedic Physician Assistants

OPAs are not recognized as PAs under Medicare. We received many comments concerning the recognition of orthopedic physician assistants (OPAs) as PAs for Medicare coverage purposes. We proposed including OPAs as PAs as part of last year's proposed rule, but we chose not to include the proposal in the final rule. For the reasons stated in the 1998 final rule (63 FR 58876 through 58878) we have no current plans to address the issue again.

Image-Guided Biopsy

We received comments concerning the current image-guided biopsy code, CPT code 19101. The commenters stated that currently two different procedures, open incisional biopsy and image-guided breast biopsy with the equipment that integrates imaging and biopsy are assigned this code and it cannot be fairly valued as it does not adequately reflect the skills, work or practice expense for the image guided stereotaxic breast biopsy procedure. The commenters recommended that a new separate code for image-guided vacuum assisted breast biopsy be established. Since this issue is under consideration for a change in coverage criteria, we will consider coding changes needed to implement any change in coverage. No changes will be made at this time.

Portable X-ray Transportation

We received comments concerning the payment rate for portable x-ray transportation codes R0070 and R0075. The commenters suggested that new

regional rates, independent of the physician fee schedule, be proposed for portable x-ray transportation codes R0070 and R0075. Until such regional rates are finalized, the commenters believed it would be appropriate to continue carrier pricing based on current year rates plus an annual adjustment for inflation. We continue to believe that the physician fee schedule is the appropriate vehicle for portable x-ray transportation payments because these services are payable only by virtue of section 1861(s)(3) of the Act. Also, we did not propose new RVUs for these services in this year's proposed rule. We will continue to require that these codes be carrier priced at least through the end of 2000. It is within the carrier's discretion to raise or lower payment levels, after appropriate notification, for reasons of inflation or other considerations.

Supervision Requirements for Therapy Assistants

An association representing physical therapists and another association representing occupational therapists, commented that the level of supervision required for therapy assistants in the private practice setting should be direct supervision rather than the personal supervision stipulated in the November 1998 final rule. They indicated that the personal supervision requirement changed the long-standing direct supervision requirement that was applicable to therapy assistants in private practice prior to January 1, 1999 (then known as therapy assistants in independent practice). The commenters further stated that the personal supervision requirement imposed a level of supervision higher than that required for therapy assistants furnishing such services in other Medicare settings and that the requirement is contrary to state law.

While we acknowledge that we have been urged to revisit this issue, we did not include it in our proposed rule and we will not address the issue in this final rule. We believe that supervision issues raise concerns about quality of care, and we would prefer that any changes be the subject of public discussion. Therefore, before we would make changes in supervision requirements, we would include them in a future proposed rule.

III. Refinement of Relative Value Units for Calendar Year 2000 and Response to Public Comments on Interim Relative Value Units for 1999 (Including the Relative Value Units Contained in the July 22, 1999 Proposed Rule)

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section III. B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the RVUs for new and revised CPT codes. Changes to CPT codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 2000.

B. Process of Establishing Work Relative Value Units for 2000 Physician Fee Schedule

Our November 2, 1998 final rule (63 FR 58814) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised procedure codes. The RVUs contained in the rule applied to physician services furnished beginning January 1, 1999. We announced that we considered the RVUs for the interim procedure codes would be subject to public comment under the annual refinement process. We also included an additional 16 new and revised CPT codes in the July 22, 1999 proposed rule and requested comments on these CPT codes. We had received the RUC's recommendations for these CPT codes too late for them to be included in the November 1998 final rule.

In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the November 1998 final rule and our establishment of the work and practice expense, and malpractice RVUs for new and revised procedure codes for the 2000 physician fee schedule.

Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 1—Work RVU Refinement of 1999 Interim and Related Relative Value Units)

Although the work RVUs in the November 1998 final rule were used to calculate 1999 payment amounts, we considered the work RVUs for the new or revised procedure codes to be interim. We accepted comments for a period of 60 days. We also included additional RUC work RVU recommendations in the July 22, 1999 proposed rule. We accepted comments on these work RVU recommendations for a period of 60 days. We received comments from four specialty societies on four CPT codes with interim work RVUs. Only comments received on codes listed in Addendum C of the November 1998 final rule or codes listed in section P. of the July 1999 proposed rule were considered. Due to the limited number of comments received, we did not convene multispecialty refinement panels. Rather, determinations were made by our medical staff. In reaching their conclusions they analyzed written comments of the specialty societies that commented.

Table 1 lists the interim and related codes reviewed during the 1999 refinement process described in this section. This table includes the following information:

- *CPT Code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1999 Work RVU.* The work RVUs that appeared in the November 1998 or July 1999 rule are shown for each reviewed code.
- *Requested Work RVU.* This column identifies the work RVUs requested by the commenters.
- *2000 Work RVU.* This column contains the final RVUs for physician work.

The final work RVUs emerged from analysis of the specialty societies written comments on the 1999 interim valued CPT codes.

TABLE 1.—WORK RVU REFINEMENT OF 1999 INTERIM AND RELATED RVUS

CPT Code	MOD	Description	1999 Work RVU	Requested Work RVU	2000 Work RVU
33975 ..	.....	Ventricular access device	21.00	21.00	21.00
33976 ..	.....	Ventricular access device	23.00	23.00	23.00
69990 ..	.....	Microsurgery add-on	3.47	3.47	3.47
78020 ..	26 ...	Thyroid met uptake	0.60	0.67	0.60

*All CPT codes and descriptors copyright 1998 American Medical Association.

Implantation of ventricular assist device (CPT codes 33975 and 33976)

Comment: One speciality society commented that they concur with our proposed work RVUs for the intraoperative work associated with the implantation of a ventricular assist device. It should be noted that the concurrence was contingent upon the global period of ''XXX'' days that we assigned to CPT codes 33975 and 33976.

Response: We believe that the substitution of an ''XXX'' global period for the original global period of 90 days, and the resulting reduction in the work RVUs for the implantation of ventricular assist devices, has resulted in equitable work RVUs for the implantation of ventricular assist devices. We appreciate the opportunity to work with specialty societies to accomplish equitable work RVUs.

Microsurgery add-on (CPT code 69990)

Comment: Many surgical groups commented that we should always pay separately for the use of the operating microscope unless its use is explicitly stated in the definition of the procedure. They claim that increasing use of the operating microscope has led to increased work.

Response: We are sympathetic to the idea that increasing use of the operating microscope has led to increased work. However, the current evaluation of CPT code 69990 was not based on an evaluation of the increased work for the myriad of procedures for which an operating microscope may be used. We believe that it is unlikely that one add-on code can correctly reimburse for work done on procedures varying from cranial neurosurgery to foot surgery. Our 5-year review of work RVUs will be active in the coming year. We believe that the 5-year review process is the appropriate mechanism for reviewing appropriate payment for microsurgery.

Comment: Two specialty groups recommended that we increase the physician work RVU of CPT code 78020, Thyroid carcinoma metastases, from 0.60 work RVUs to the AMA RUC recommended value of 0.67 work RVUs.

Response: The specialty society reported that this procedure was previously reported with unlisted CPT code 78099. The specialty survey also estimated that this code will be billed approximately 15 percent of the time that CPT code 78018 is billed. According to Medicare frequency data, CPT code 78099 was only billed 61 times in 1997 while the projected utilization for CPT code 78020 for 1999 is approximately 575 claims annually. In order to keep budget neutrality within this family of codes we will retain its proposed recommendation of 0.60 work RVUs for CPT code 78020.

Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 2000 Methodology (Includes Table 2—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 2000 CPT Codes)

One aspect of establishing work RVUs for 2000 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B of our November 22, 1996 final rule (61 FR 59505 through 59506) we established a process, based on recommendations received from the AMA's RUC, for establishing interim work RVUs for new and revised codes.

This year we received work RVU recommendations for approximately 61 new and revised CPT codes from the RUC. Our staff and medical officers reviewed the RUC recommendations by comparing them to our reference set or to other comparable services for which work RVUs that had been established previously, or to both of these criteria. We also considered the relationships among the new and revised codes for which we received RUC recommendations. We agreed with the majority of those relationships reflected in the RUC values. In some cases, when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 69 percent of the RUC recommendations, proposed work RVUs were accepted, and for approximately 31 percent, the work RVUs were decreased.

There were also 7 CPT codes for which we did not receive a RUC recommendation. After review of these CPT codes by our staff and medical officers, we established interim work RVUs for all 7 CPT codes.

Table 2 lists the new or revised CPT codes, and their associated work RVUs, that will be interim in 2000. This table includes the following information:

- A ''#'' identifies a new code for 2000.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agree''); we established work RVUs that are higher than the RUC recommendation (''increase''); or we established work RVUs that were less than the RUC recommendation (''decrease''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 2. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table.
- *HCFA Work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations.
- *2000 Work RVUs.* This column establishes the 2000 RVUs for physician work.

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 2000 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA Work RVU	2000 Work RVU
11980#	.....	Hormone pellet implanation	.....	.....	(a)	1.48	1.48
13102#	.....	Repair wound/lesion add-on	1.24	.....	Agree	1.24	1.24
13122#	.....	Repair wound/lesion add-on	1.44	.....	Agree	1.44	1.44

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 2000 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA Work RVU	2000 Work RVU
13133#		Repair wound/lesion add-on	2.19		Agree	2.19	2.19
13153#		Repair wound/lesion add-on	2.38		Agree	2.38	2.38
20979#		US bone stimulation			[a]	0.17	0.17
22318#		Treat odontoid fx w/o graft	21.50		Agree	21.50	21.50
22319#		Treat odontoid fx w/ graft	24.00		Agree	24.00	24.00
27096#		Inject sacroiliac joint	1.40		Decrease	1.10	1.10
33140#		Heart Revascularize (TMR)	20.00		Agree	20.00	20.00
33244		Remove eltrd, Transven	13.76		Agree	13.76	13.76
33249		Eltrd/insert pace-defib	14.23		Agree	14.23	14.23
33282#		Implant pat-active ht record	4.17		Agree	4.17	4.17
33284#		Remove pat-active ht record	2.50		Agree	2.50	2.50
33405		Replacement of aortic valve	30.61		Agree	30.61	30.61
33410#		Replacement of aortic valve	32.46		Agree	32.46	32.46
33968#		Remove aortic assist device	2.00		Decrease	0.64	0.64
35879#		Revise graft w/ vein	16.00		Agree	16.00	16.00
35881#		Revise graft w/ vein	18.00		Agree	18.00	18.00
36521#		Apheresis w/ adsorp/reinfuse			[a]	1.74	1.74
36550#		Declot vascular device			[a]	0.00	0.00
36819#		AV fusion by basilic vein	14.00		Agree	14.00	14.00
39560#		Resect diaphragm, simple	12.00		Agree	12.00	12.00
39561#		Resect diaphragm, complex	17.50		Agree	17.50	17.50
50541#		Laparo ablate renal cyst	16.00		Agree	16.00	16.00
50544#		Laparoscopy, pyeloplasty	22.40		Agree	22.40	22.40
50546#		Laparoscopic nephrectomy	20.48		Agree	20.48	20.48
50547#		Laparo removal donor kidney	25.50		Agree	25.50	25.50
50548#		Laparo-asst remove k/ureter	24.40		Agree	24.40	24.40
50945#		Laparo ureterolithotomy	17.00		Agree	17.00	17.00
51990#		Laparo urethral suspension	12.50		Agree	12.50	12.50
51992#		Laparo sling operation	14.01		Agree	14.01	14.01
54692#		Laparoscopy, orchiopexy	12.88		Agree	12.88	12.88
61751		Brain biopsy w/ CT/MR guide	17.62		Agree	17.62	17.62
61862#		Implant neurostim, subcort	27.34		Decrease	19.34	19.34
61885		Implant neurostim one array	8.00		Decrease	5.85	5.85
61886#		Implant neurostim arrays	8.00		Agree	8.00	8.00
62263#		Lysis epidural adhesions	7.20		Decrease	6.02	6.02
62310#		Inject spine C/T	2.20		Decrease	1.91	1.91
62311#		Inject spine L/S (CD)	1.78		Decrease	1.54	1.54
62318#		Inject spine w/ cath, C/T	2.35		Decrease	2.04	2.04
62319#		Inject spine w/ cath L/S (CD)	2.15		Decrease	1.87	1.87
64470#		Inj paravertebral C/T	1.85		Agree	1.85	1.85
64472#		Inj paravertebral C/T Add-on	1.29		Agree	1.29	1.29
64479#		Inj foramen epidural C/T	2.20		Agree	2.20	2.20
64480#		Inj foramen epidural add-on	1.54		Agree	1.54	1.54
64483#		Inj foramen epidural L/S	1.90		Agree	1.90	1.90
64484#		Inj foramen epidural add-on	1.33		Agree	1.33	1.33
64573#		Implant neuroelectrodes	7.50		Agree	7.50	7.50
64626#		Destr paravertebri nerve C/T	3.28		Agree	3.28	3.28
64627#		Destr paravertebral N add-on	1.16		Agree	1.16	1.16
72275#	26	Epidurography	0.83		Decrease	0.54	0.54
72285	26	X-ray C/T spine disk	1.16		Agree	1.16	1.16
73542#	26	X-ray exam, sacroiliac joint	0.64		Decrease	0.54	0.54
76005#	26	Fluoroguide for spine inject	0.60		Decrease	0.54	0.54
76873#	26	Echograph trans R, pros study	1.92		Decrease	0.99	0.99
77427#		Radiation TX management, x5	3.31		Agree	3.31	3.31
78267		Breath test attain/anal, C–14	0.00		Agree	0.00	0.00
78268		Breath test analysis, C–14	0.19		Decrease	0.00	0.00
78456#	26	Acute venous thrombus image	1.00		Agree	1.00	1.00
92961#		Cardioversion, electric, int	4.60		Agree	4.60	4.60
93727#	26	Analyze ILR system	0.52		Agree	0.52	0.52
93741#	26	Analyze ht pace device sngl	0.90		Decrease	0.64	0.64
93742#	26	Analyze ht pace device sngl	1.03		Decrease	0.73	0.73
93743#	26	Analyze ht pace device doub	1.17		Decrease	0.83	0.83
93744#	26	Analyze ht pace device doub	1.33		Decrease	0.95	0.95
96570#		Photodynamic tx, 30 min			[a]	1.10	1.10
96571#		Photodynamic tx, addl 15 min			[a]	0.55	0.55
99170#		Anogenital exam, child	1.75		Agree	1.75	1.75
99173#		Visual screening test			[a]	0.00	0.00
99291		Critical care, first hour	4.00		Decrease	3.60	3.60
99292		Critical care, addl 30 min	2.00		Decrease	1.80	1.80

[a] No RUC recommendation provided.

New Codes.
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Discussion of Codes for Which There Were No RUC Recommendations or for Which the RUC Recommendations Were Not Accepted

The following is a summary of our rationale for not accepting particular RUC work RVU recommendations. It is arranged by type of service in CPT order. Additionally, we also discuss those CPT codes for which we received no RUC recommendations for physician work RVUs. This summary refers only to work RVUs.

Subcutaneous hormone pellet implantation (CPT code 11980)

We did not receive a work RVU recommendation from the RUC for CPT code 11980. Our clinical staff estimate that the work associated with CPT code 11980 is similar to that for insertion of implantable contraceptive capsules, CPT code 11975. For the 2000 fee schedule we will use the work RVUs from CPT code 11975 for CPT code 11980. The work RVU for CPT code 11980 will be considered interim for 2000.

Low intensity ultrasound stimulation to aid bone healing, noninvasive (CPT code 20979)

We did not receive a work RVU recommendation from the RUC for CPT code 20979. Our clinical staff estimate that the work associated with CPT code 20979 is comparable to a level 1 office visit for an established patient, CPT code 99211. The work RVU for CPT code 20979 will be considered interim for 2000.

Injection procedure for sacroiliac joint arthrography and/or anesthetic/steroid (CPT code 27096)

The RUC evaluated the work for this procedure based on a survey of radiologists and a clinical description of the service including the injection of both contrast and therapeutic substances. The RUC assigned a work RVU of 1.4, comparable to other contrast injection procedures. However, the RUC description also notes that this procedure is performed without contrast in which case it is reported as CPT code 20610 for a large joint injection. The work RVU for CPT code 20610 is 0.79. Our medical staff has confirmed that CPT 27096 is also commonly done without contrast. We estimate that CPT code 27096 will be performed half of the time without contrast. To maintain work neutrality, we assigned a work RVU of 1.10 based on the weighted average of procedures with contrast (CPT codes 27093 and 27095) valued at 1.40 work RVUs and a procedure without contrast (CPT code 20610) valued at 0.79 work RVUs.

Removal of a percutaneous intra-aortic balloon assist device or pump (IABP) (CPT code 33968)

The RUC evaluated the removal of a percutaneous IABP as equivalent to 30 minutes of critical care time and assigned a value of 2.00 work RVUs. Our medical staff wishes to emphasize that the time involved with weaning and observation of the patient prior to removal of the IABP should be billed under the appropriate E/M service. Furthermore, since weaning and observation prior to removal of the IABP ensures that the patient is hemodynamically able to tolerate removal of the IABP, we disagree with the RUC's conclusion that the work of removing an IABP is equivalent to the work of providing critical care services.

Our medical staff estimate that the physician work involved is considerably less than 30 minutes. While compression of the removal site may be required for up to 30 minutes, the compression and observation is frequently delegated to hospital staff after a shorter physician observation period immediately following removal. The work has also decreased recently due to the use of smaller, 8 French IABPs and the availability of special compression devices. We have estimated the typical work as comparable to a level 1 subsequent hospital visit, CPT code 99231, and have assigned work RVUs of 0.64 to this procedure.

We advise that this procedure must be performed personally by the billing physician in order to be considered a covered physician service. If the procedure is performed by nursing staff or a hospital catheterization lab technician, then the physician may not claim payment. When a claim is submitted for CPT code 33968, the time involved in removing the IABP may not be counted towards critical care time.

Therapeutic apheresis with extracorporeal column adsorption and plasma reinfusion (CPT code 36521)

We did not receive a recommendation from the RUC for CPT code 36521. Our clinical staff estimate that the work for this procedure is comparable to therapeutic apheresis involving plasma or cell exchange, CPT code 36520.

Declotting by thrombolytic agent of implanted reservoir vascular access device or catheter (CPT code 36550)

This is a new CPT code for which no work recommendation was made by the RUC. Our medical staff reviewed the submission to the AMA CPT panel and the RUC survey and determined that the skill level required for this procedure was that of a registered nurse with some specialized training. Furthermore, the procedure is generally performed by a registered nurse with physician assistance upon request. In the past, this procedure has been billed under CPT code 99211 (level 1 visit for an established patient), which is frequently used for services provided by ancillary staff under physician supervision. Therefore, we have assigned 0.00 physician work RVUs for this procedure. An E/M service may be billed separately if the physician participates in this procedure, or provides another, separately identifiable medically necessary E/M service. Therefore, inclusion of physician work RVUs for CPT code 36550 would lead to duplicate payments.

Subcortical neurostimulator array implantation (CPT code 61862)

The RUC evaluated this code with a building block approach that included the work of stereotactic localization, the device implantation, and 140 minutes of intraoperative testing contributing 8.00 work RVUs. The RUC recommendation for the entire procedure is 27.34 work RVUs. Because the time for intraoperative testing is variable, we are subtracting 8.00 work RVUs and assigning a value for the procedure of 19.34. We are advising using CPT codes 95961 (work RVUs of 2.97) and 95962 (work RVUs of 3.21), functional cortical and subcortical mapping, to report the work of intraoperative testing. We also note that since the work of stereotactic localization is included in 61862, we will deny payment for other stereotactic localization codes billed in conjunction with this code.

Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array (CPT code 61885) and Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays (CPT code 61886)

CPT code 61885 was revised to describe the placement of a cranial neurostimulator connected to a single electrode array while CPT code 61886 is a new code that describes the same procedure with connection to two or more electrode arrays.

Currently most cranial neurostimulator placement is reported under CPT code 61885, whether connected to one, two, or more electrode arrays. In the future 100 percent of old CPT code 61885 will be billed as either CPT code 61885 or CPT code 61886. The RUC recommended an increase in work RVUs from 5.85 to 8.00 for CPT code 61885 and recommended a work RVU of 8.00 for CPT code 61886. Our medical staff does not think an increase in work for CPT code 61885 is justified. The work RVU for CPT code 61885 was increased during the last 5-year review of physician work, and the review of the material submitted by the RUC did not include evidence that the physician work for CPT code 61885 has changed in the last two years. Therefore, we will continue to assign 5.85 work RVUs to CPT code 61885. Our medical staff agrees that the physician work for CPT code 61886 is greater than the work for CPT code 61885 and will assign 8.00 work RVUs, as recommended by the RUC, to CPT code 61886. Additionally, we will monitor the utilization pattern for these codes to determine if a work neutrality adjustment is required in the future.

Percutaneous lysis of epidural adhesions using solution injection (for example, hypertonic saline, enzyme) or mechanical means (for example, spring-wound catheter) including radiologic localization (includes contrast when administered) (CPT code 62263)

This is a new CPT code for which the RUC recommended a work value of 7.20 work RVUs using a building block approach. We found flaws in the RUC construction of the building blocks. One building block, CPT code 62279 (Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar, or caudal, continuous) was counted twice. This is incorrect since the catheter is only placed once. To correct this, we adopted the RUC's estimate that the injection portion of an injection code (which includes catheter placement) is ⅓ of the total work of the code, and we assumed a total of two injections. This resulted in counting CPT code 62270 1.33 times instead of twice.

Our medical staff also determined that the building block for fluoroscopic guidance was incorrectly crosswalked to new CPT code 76005 (see below) and that the appropriate crosswalk for fluoroscopic guidance was CPT code 76003 (Fluoroscopic localization for needle biopsy or fine needle aspiration) which requires comparable work. These corrections result in a work RVU of 6.02 for CPT code 62263.

Epidural or subarachnoid spine injection procedures (CPT codes 62310, 62311, 62318, and 62319)

New CPT codes 62310 through 62319 were developed to organize different routes (subarachnoid, epidural) at different levels (cervical, thoracic, lumber, caudal), for different substances (narcotic, anesthetic, steroid, antispasmodic). Nine CPT codes, previously used to report these services, were deleted and crosswalked into these four new CPT codes. Although we agree with the relativity established by the RUC, in order to retain budget neutrality within this family of codes the RUC recommendations had to be uniformly reduced. The work RVUs for these four new CPT codes will be: 62310 (work RVU=1.91), 62311 (work RVU=1.54), 62318 (work RVU=2.04), and 62319 (work RVU=1.87).

Epidurography (CPT code 72275)

The RUC compared this procedure to myelography, CPT code 72265, and assigned identical work RVUs of 0.83. While the RUC survey and discussion state that the work of epidurography is comparable, or even greater, than the work of myelography, the RUC notes also state that this service was previously reported as 72265–52, myelography with reduced service. The RUC discussion also notes that this procedure will be done as an adjunct procedure to epidural injections. Our medical staff has also determined that the work of epidurography is comparable to CPT codes 73525 (Hip Arthrography), 76003 (Fluoroscopic localization for needle biopsy and fine needle aspiration), and 73542 (Sacroiliac joint arthrography, see below). In view of the conflicting information received from the RUC, the comparability of work to the CPT codes above, and because use of epidurography as an adjunct procedure to epidural injections is very similar to the adjunctive use of sacroiliac joint arthrography for sacroiliac joint injections, we are assigning a work RVU of 0.54 to CPT code 72275.

Sacroiliac joint arthrography (CPT code 73542)

The RUC recommended a work RVU of 0.64 based on an evaluation that this procedure requires more work than the similar reference procedure, hip arthrography, CPT code 73525. However, the survey time estimates are virtually identical and the RUC description also notes that this procedure was previously reported as CPT code 73525. Our medical staff does not believe there is enough difference in the physician work components of CPT codes 73542 and 73525 to justify a higher work RVU for 73542. Therefore, we are assigning a work RVU of 0.54 to CPT code 73542.

Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint nerve or sacroiliac joint) including neurolytic agent destruction (CPT code 76005)

The RUC recommended a work RVU of 0.60 for CPT code 76005 based on its estimate that more work was required than the similar referenced procedure, Fluoroscopic localization for needle biopsy or fine needle aspiration, CPT 76003, that is valued at 0.54 work RVUs. However, survey time estimates were almost identical and this procedure was previously reported as CPT code 76003. Based on the RUC survey, our medical staff does not believe there is enough difference in the physician work components of 76005 and 76003 to justify a higher work RVU for 76005. Therefore, we are assigning a work RVU of 0.54 to CPT code 76005.

Prostate Volume Study (CPT code 76873)

This procedure takes place weeks before interstitial radioactive seed placement for prostate cancer. Our medical staff are aware of two approaches to map the prostate for this purpose. The first involves measuring prostate volume by transrectal sonography, making 5 mm cuts of the prostate, and mapping prostate anatomy to a grid that is then used to implant the radioactive seeds accurately several weeks later. This approach does not involve the use of general anesthesia. The second approach takes place after the patient has been placed under

general anesthesia for seed implantation and involves positioning the patient, performing the volume study (with 5mm cuts of the prostate), calculating the treatment dose (by the radiation physicist), and immediately implanting the seeds. Even though this new CPT code was developed to describe the first approach, the RUC recommendation of 1.92 work RVUs was based on the use of general anesthesia for performance of the prostate volume study. Our medical staff estimates that the average time to perform the procedure is 30 minutes and that the work is comparable to performance of CPT code 76805, Echography, pregnant uterus, B-scan and/or real time with image documentation; complete. Therefore, we have assigned it a work RVU of 0.99.

CPT code 76873 should not be used on the same day as seed implantation and, therefore, we will not allow payment for this service on the same day as seed implantation or other services that are part of seed implantation.

Urea breath test, C–14; acquisition for analysis (CPT code 78267), and Breath test analysis, C–14 (CPT code 78268)

The RUC recommended a work RVU of 0.00 for CPT code 78267 and 0.19 work RVUs for CPT code 78268. These CPT codes describe procedures currently paid under the lab fee schedule under CPT codes 83013 and 83014 respectively. Our medical staff have reviewed these codes and do not believe any physician work is required for the performance of either service. Moreover, the work required for performance of these services is practically identical to those services still described under CPT codes 83013 and 83014 which are urea breath tests using the C–13 isotope. Therefore, these codes will continue to be paid under the lab fee schedule with CPT code 78267 crosswalked to CPT code 83014 and CPT code 78268 crosswalked to CPT code 83013. Payment rates will be identical to the crosswalk codes.

Electronic Analysis of pacing cardioverter-defibrillator * * * without reprogramming (CPT code 93741)

The RUC recommended a work RVU of 0.90 for CPT code 93741. This recommendation was inconsistent with both the RUC survey data and with the building block approach that the RUC offered as an alternative. The reference procedure used in the RUC survey was CPT code 93737, Electronic analysis of cardioverter-defibrillator only * * * without reprogramming, that has a work RVU of 0.45. Our medical staff believes that the physician work for CPT code 93741 is greater than that of CPT code 93737, and notwithstanding the conflicting information received from the RUC, has assigned 0.64 work RVUs to CPT code 93741. This value is based on a building block approach combining 100 percent of CPT code 93737 and 50 percent of CPT code 93734, Electronic analysis of single chamber pacemaker system * * * without reprogramming which has a work RVU of 0.38.

Electronic analysis of pacing cardioverter-defibrillator * * * single chamber, with reprogramming (CPT code 93742)

The RUC recommended a work RVU of 1.03 based on their estimate that CPT code 93742 required 14 percent more work than CPT code 93741. This recommendation was inconsistent with both the results of the RUC survey and with their building block approach that combined 100 percent of CPT code 93738 (Electronic analysis of cardioverter/defibrillator only * * * with reprogramming, work RVU of 0.92) plus 50 percent of CPT code 93735 (Electronic analysis of single chamber pacemaker system * * * with reprogramming, work RVUs of 0.74). Our medical staff agrees that CPT code 93742 requires more physician work than CPT code 93741 because it includes reprogramming. After analysis of the conflicting information received from the RUC, we agree that CPT code 93742 requires 14 percent more work than CPT code 93741. Therefore, we have assigned 0.73 work RVUs to CPT code 93742.

Electronic analysis of pacing cardioverter-defibrillator * * * dual chamber, without reprogramming (CPT code 93743)

The RUC recommended 1.17 work RVUs for CPT code 93743 because of its estimate that CPT code 93743 required 30 percent more work than CPT code 93741. This recommendation was inconsistent with both the RUC survey data and its building block approach that combined 100 percent of CPT code 93738 with 50 percent of CPT code 93735. Our medical staff agrees that CPT code 93743 requires more work than CPT code 93741. After analysis of the conflicting information received from the RUC, we agree that CPT code 93743 requires 30 percent more work than CPT code 93741. Therefore, we have assigned 0.83 work RVUs to CPT code 93743.

Electronic analysis of pacing cardioverter-defibrillator * * * dual chamber, with reprogramming (CPT code 93744)

The RUC recommended 1.33 work RVUs for CPT code 93744 based on its estimate that CPT code 93744 required 14 percent more work than CPT code 93743. This recommendation was inconsistent with both the RUC survey data and its building block approach. After analysis of the information received from the RUC, our medical staff agrees that CPT code 93744 requires 14 percent more work than CPT code 93743. Therefore, we have assigned 0.95 work RVUs to CPT code 93744.

Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (CPT code 96570), and Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (CPT code 96571)

These CPT codes describe a procedure that is performed to ablate abnormal tissue during a bronchoscopy or upper gastrointestinal endoscopy. These procedures have been billed using CPT codes for ablation or destruction of tumors not amenable to other described methods of destruction during endoscopy. Our medical staff reviewed the work RVUs for the base endoscopic procedure codes and the procedure codes used for billing photodynamic therapy (CPT 31641, 43228, and 43258) and valued the work for the new CPT codes as the difference between the work RVU of the CPT code billed and the CPT value of the endo base. We also assumed a procedure time of 60 minutes and are valuing CPT code 96570 at 1.10 work RVUs and CPT 96571 at 0.55 work RVUs. We will not allow payment for other endoscopy procedures on the same date unless it is for a significant, separately identifiable service (for example, ablation of a separate lesion) and the claim contains the appropriate modifier.

Screening test of visual acuity (CPT code 99173)

We consider this procedure to be a screening procedure for which Medicare payment is not authorized. There are no work RVUs associated with CPT code 99173.

Critical Care, 1st hour (CPT code 99291), and Critical Care, each additional thirty minutes (CPT code 99292)

The definition of critical care in CPT 2000 has been revised and the RUC has forwarded a recommendation that the revised definition of critical care was editorial and did not warrant a change in work RVUs, which are 4.0 RVUs for code 99291 and 2.0 RVUs for CPT code 99292. Our medical staff disagrees. Therefore, in accordance with our policy of making work neutrality adjustments at the time a new or revised CPT code is published, we have made a work neutrality adjustment to these codes. We have assigned work values of 3.6 RVUs to CPT code 99291 and 1.8 RVUs to CPT code 99292 for the reasons set forth below.

We compared the work intensity (RVUs per hour) of critical care to other E/M services. The work intensity for each E/M service was calculated from the ''typical'' performance time in the CPT code descriptor. Initial and subsequent hospital visits have a work intensity of 2.56 RVUs per hour, initial inpatient consultations have a work intensity of 1.98 RVUs per hour, and initial/established office visits have a work intensity of 2.67 RVUs per hour. Similar E/M services have similar work intensities to ensure that the assigned RVU is not anomalous. This facilitates appropriate utilization, coding, and payment. The work intensity of critical care, 4.0 RVUs per hour, is considerably higher than the work intensity of other E/M services. This higher work intensity has been justified on the basis that critical care is significantly different from care described by other E/M services. These differences have been said to include the following:

- Critical care is provided to critically ill patients who, by definition, are more severely ill than other patients.
- The analysis of multiple and complex databases needed to care for critically ill patients is a highly work intensive process, clearly greater than that required to care for non-critically ill patients.
- The frequent application of advanced technology essential to the care of critically ill patients clearly requires more intense work than is needed for the care of other patients.
- CPT 2000 includes significant and substantive changes in the definition of critical care that directly affect the work intensity of critical care. Among these changes are:
- Deletion of the word ''unstable'' to describe critically ill or injured patients.
- Redefinition of a critical illness to say, ''A critical illness or injury acutely impairs one or more vital organ systems such that the patient's survival is jeopardized.''
- A change in the frequency for which the work of ''extensive interpretation of multiple databases and the application of advanced technology'' is required to meet the standards for critical care. CPT 1999 says that such work is ''often required'' while CPT 2000 says that such work ''may be required.''

As discussed below, the result of these new work requirements for critical care is to make it somewhat more comparable to the work requirements of E/M services with lower work intensities. In some situations this could allow E/M services with lower work intensities to be coded as critical care.

The new definition of critical illness or injury does not sufficiently distinguish critically ill patients from other patients whose care is appropriately described by other E/M services with less work intensity. For example, many patients with an acute exacerbation of congestive heart failure, regardless of severity, could meet the new definition of critical illness. The problem is compounded by the elimination of the requirement for ''extensive interpretation of multiple databases and the application of advanced technology'' as a typical component of critical care. This will make it more difficult to distinguish between the work of critical care and the work of care appropriately coded under other E/M services. For example, the physician work required to manage patients with congestive heart failure varies significantly depending on the severity of illness. The care provided to many of these patients would, appropriately, be coded as a non-critical care E/M service because of the lower intensity of physician work required.

In making the work neutrality adjustment we considered the work intensity of other E/M services as described above, and we modeled probable changes in the utilization pattern of critical care services. Our modeling included projections of the number of E/M services currently, and appropriately, coded as non-critical care that will be coded as critical care next year. Based upon this analysis, we estimate that the appropriate work neutrality adjustment for critical care services is 3.6 RVUs for code 99291 and 1.8 RVUs for code 99292.

We will analyze the utilization data for codes 99291 and 99292 and other appropriate E/M services starting in January 2000 to determine whether actual utilization patterns match our projections. Based on this analysis, we will consider making further work neutrality adjustments, either increasing or decreasing the work RVUs, as appropriate.

Note : Codes 99295 through 99298 were revised in CPT 2000. However, due to the different payment methodology for CPT codes 99295 through 99298, we are not proposing a work neutrality adjustment for these codes.

Establishment of Interim Practice Expense Relative Value Units for New and Revised Physicians' Current Procedural Terminology (CPT) Codes and New HCFA Common Procedure Coding System Codes for 2000 Methodology

We have developed a process for establishing interim practice expense RVUs (PERVUs) for new and revised codes that is similar to that used for work RVUs. Under this process, the RUC will recommend the practice expense direct inputs, that is, the staff time, supplies, and equipment associated with each new code. We will then review the recommendations in a manner similar to our evaluation of the recommended work RVUs. Because this is the first year that the RUC has been asked to develop the practice expense inputs for new CPT codes, and developing the practice expense inputs for new procedures is a complicated and time-consuming endeavor, the RUC recommended actual direct inputs for a minority of the new CPT codes. For the other procedures, the RUC either recommended a crosswalk to the inputs of an existing CPT code or made no recommendation at this time. For a few of the codes without a RUC recommendation, the interested specialty society sent us recommendations for possible crosswalks of the direct inputs. We will consider all direct cost input crosswalks to be a temporary proxy for the values for these crosswalked services until procedure-specific actual inputs can be developed.

The table below lists the new CPT codes for which we agree with the RUC recommended crosswalk to the practice expense inputs of an existing CPT code:

New CPT Code		Existing CPT Code	
22318	Treat odontoid FX w/o graft	63075	Neck spine disk surgery.
22319	Treat odontoid FX w/ graft	22548	Neck spine Fusion.
27096	Inject sacroiliac joint	27093	Injection for hip X-ray.
35879	Revise graft w/ vein	35301	Rechanneling of artery.
35881	Revise graft w/ vein	35301	Rechanneling of artery.
50547	Lapro removal donor kidney	36830	Artery-vein graft.
62310	Inject spine C/T	56349	Esophagogastric fundoplasty.
62311	Inject spine L/S (CD)	62298	Injection into spinal canal.
62318	Inject spine w/ cath, C/T	62289	Injection into spinal canal.
62319	Inject spine w/ cath, L/S (CD)	62277	Inject spinal anesthetic.
64470	Injection paravertebral C/T	64442	Injection for nerve block.
64479	Injection foramen epidural C/T	64442	Injection for nerve block.
64483	Injection foramen epidural L/S	64442	Injection for nerve block.
64626	Destroy paravertebral nerve C/T	64622	Destroy paravertebral nerve L/S.
72275	Epidurography	72265	Contrast X-ray, lower spine.
73542	X-ray exam, sacroiliac joint	73525	Contrast X-ray of hip.
76005	Fluoroguide for spine injection	76003	Needle localization by X-ray.
77427	Radiation TX management, X5	77430	Weekly radiation therapy.

The following table shows the CPT codes for which the RUC provided no practice expense recommendations. Therefore, we crosswalked these new CPT codes to what we believe to be the most appropriate existing CPT codes.

New CPT Code		Existing CPT Code	
11980	Implant hormone pellet(s)	11975	Insert contraceptive cap.
20979	US bone stimulation	20974	Electrical bone stimulation.
33140	Heart revascularize (TMR)	33020	Incision of heart sac.
33282	Implant pat-active HT record	33212	Insertion of pulse generator.
33284	Remove pat-active HT record	33233	Removal of pacemaker system.
33968	Remove aortic assist device	No direct costs.	
36521	Apheresis w/ adsorp/reinfuse	36520	Plasma and/or cell exchange.
36550	Declot vascular device	99211	Office/outpatient visit, est.
61862	Implant neurostimu, subcort	61855	Implant neuroreceiver.
61886	Implant neurostim arrays	61855	Implant neuroreceiver.
92961	Cardioversion, electric, int	93610	Intra-atrial pacing.
93727	Analyze IRL system	93272	ECG/review, interpret only.
93741	Analyze HT pace device single	93737	Analyze cardio/defibrillator.
93742	Analyze HT pace device single	93738	Analyze cardio/defibrillator.
93743	Analyze HT pace device dual	93738	Analyze cardio/defibrillator.
93744	Analyze HT pace device dual	93738	Analyze cardio/defibrillator.
99170	Anogenital exam, child	57452	Examination of vagina.

For the following CPT codes we received practice expense recommendations, from either the RUC or a specialty society, that require a short discussion. If we have made any modifications to the recommendations as a result of our review process, the specific changes are discussed.

CPT Code 13102, Repair, complex, trunk; each additional 5 cm or less

CPT Code 13122, Repair, complex, scalp, arms and/or legs; each additional 5 cm or less

CPT Code 13133, Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and or feet; each additional 5 cm or less

CPT Code 13153, Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less

The RUC made no practice expense recommendations for these above four CPT codes. However, the American Society of Plastic and Reconstructive Surgeons recommended to us that we reference these CPT codes to the practice expense inputs for the respective parent codes (CPT codes 13101, 13121, 13132 and 13152, respectively) and that we make the appropriate adjustments to account for the fact that these are add-on codes. We have accepted this recommendation.

CPT Code 33410, Replacement, aortic valve, with cardiopulmonary bypass, with stentless tissue valve

The RUC made no recommendation on this CPT code. However, the Society of Thoracic Surgeons recommended that we crosswalk the direct inputs for this procedure to the direct inputs of CPT code 33406, Repacement, aortic valve, with cardiopulmonary bypass, with homograft valve (freehand). We agree that this is an appropriate crosswalk.

CPT Code 36819, Arteriovenous anastomosis, open; by basilic vein transposition

The RUC approved a list of inputs that had been developed with reference to the inputs for existing CPT code 36830 and recommended their acceptance. We agree with the list of inputs, but have adjusted the supplies and staff times to reflect that there are only two post-visits assigned to CPT code 36819.

CPT 39560, Resection, diaphragm; with simple repair

CPT 39561, Resection, diaphragm; with complex repair

The RUC made no recommendations on these CPT codes. However, the Society of Thoracic Surgeons recommended that we crosswalk the direct inputs for these procedures to the direct inputs of CPT codes 39501, Repair diaphragmatic laceration and 39502, Repair paraesophageal hiatus hernia, transabdominal, with or without

fundoplasty, vagotomy, and/or phyloroplasty, except neonatal, respectively. We agree that these are appropriate crosswalks.

CPT Code 50541, Laparoscopy, surgical; ablation of renal cysts

CPT Code 50544, Laparoscopy, surgical; pyeloplasty

CPT Code 50546, Laparoscopy, surgical; nephrectomy

CPT Code 50548, Laparoscopically assisted nephroureterectomy

CPT Code 50945, Laparoscopy, surgical; ureterolithotomy

CPT Code 51990, Laparoscopy, surgical; urethral suspension for stress incontinence

CPT Code 51992, Laparoscopy, surgical; sling operation for stress incontinence

CPT Code 54692, Laparoscopy, surgical; ochiopexy for intra-abdominal testis

The RUC recommended direct practice expense inputs for each of the above CPT codes. We accepted these recommendations with only minor modification. We removed the autoclave from the overhead equipment because it is not needed for the post-procedure visits for these services and adjusted the supplies for CPT code 50544 to reflect that the service is assigned two rather than three office visits. We did not add the female catheter at this time to the list of supplies for CPT codes 51990 and 51992 because we had no information on this supply.

CPT Code 64472, Injection anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each addition level

CPT Code 64480, Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level

CPT Code 64484, Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level

CPT Code 64627, Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level

The RUC sent us only suggested clinical staff intra-service times for these four add-on codes. These clinical staff times were derived by comparison to the RUC physician intra-service times. Because the clinical staff times and physician times are not always the same for a given service, we are, in the interim, crosswalking the practice expense inputs for CPT codes 64472, 64480, and 64484 to the direct inputs for a similar add-on code, CPT code 64443, Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, each additional level. We are crosswalking the practice expense inputs for CPT code 64627 to another appropriate add-on code, CPT code 64623, Destruction by neurolytic agent; paravertebral facet joint nerve, lumbar, each additional level.

CPT Code 76873, Echography, transrectal; prostate volume study for brachytherapy treatment planning

The RUC recommended a list of direct cost inputs for this CPT code. However, because these practice expense recommendations differed greatly from the CPEP inputs for other CPT codes in the same family, we, as an interim measure, crosswalked the practice expense inputs for this code to CPT code 76872, Echography, transrectal, which was used by the RUC as the reference CPT code for this service and was also the CPT code used formerly to report this procedure.

CPT Code 78456, Acute venous thrombosis imaging, peptide

We accepted the RUC recommended direct practice expense inputs except that we deleted forms and labels (considered office supplies from the medical supply list) and the dictation machine (considered office equipment). We have not included the bar phantom at this time because the data provided with the recommendation was insufficient to develop a cost for this equipment.

CPT Code 90471, Immunization administration; one vaccine

We accepted the RUC's practice expense recommendations concerning clinical labor, supplies, and equipment inputs with the following adjustments: office supplies, which included the record sheet, school record form and Xerox copy, were deleted from the medical supply list; the APAP elixir was also removed since Medicare does not include coverage of self-administered drugs. We deleted the examination table from the overhead equipment, because it is not needed for the procedure and, in keeping with the CPEP definitions of the equipment categories, moved the refrigerator from the procedure-specific to the overhead medical equipment category.

CPT Code 90472, Immunization administration; each additional vaccine

We accepted the RUC recommendation for clinical staff time and made the same adjustments to the RUC recommendation for supplies as we did for CPT code 90471. In addition, we deleted all equipment because this is an add-on CPT code and all equipment costs are captured in the base CPT code.

For the following CPT codes we did not receive practice expense recommendations from either the RUC or a specialty society and we were unable to do a direct crosswalk to existing CPT codes.

CPT Code 62263, Percutaneous lysis of eipidural adhesions, with or without endoscopic guidance, using solution injection or mechanical means including x-ray localization with or without contrast

We are crosswalking this service to CPT code 62282, Injection of neurolytic substance; epidural, lumbar or caudal, which is a service assigned three post-procedure visits. We are adjusting the inputs of CPT code 62263 to reflect the two post-procedure visits assigned to this procedure.

CPT Code 96570, Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photsensitive drug(s); first 30 minutes, and CPT code 96571 Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photsensitive drug(s); each additional 15 minutes.

These codes are add-on codes. That is, they will always be billed along with another procedure. Most of the direct practice expense inputs will be assigned to the base procedure. The inputs for 96570 and 96571 only reflect the additional inputs that are required. We have included an argon laser under equipment and 30 minutes of clinical staff intra-service time for CPT code 96570. For CPT code 95671, we included 15 minutes of clinical staff intra-service time. This is consistent with the discussion for these codes contained in the evaluation of the work RVUs.

C. Other Changes to the 2000 Physician Fee Schedule and Clarification of CPT Definitions

For the 2000 physician fee schedule, we are establishing or revising several alpha-numeric HCPCS codes for the reporting of certain services that are not clearly described by existing CPT codes. We view these codes as temporary since we will be referring them to the CPT Editorial Panel for possible inclusion in future editions of the CPT. Additionally, included in this section are some clarifications of proper usages of some new or revised codes.

External Counterpulsation (G0166)

A new level 2 HCPCS code has been created to describe this technology. External counterpulsation (ECP) consists of sequential compression and decompression of a series of leg and lower trunk air-filled cuffs, coordinated with the cardiac cycle. ECP has been approved for patients with severe stable angina pectoris refractory to medical and/or surgical treatment. An average course of treatment consists of 35, one-hour treatments over seven weeks. We determined that the procedure is performed by non-physician personnel, but requires a physician to be available for emergencies and intermittent physician supervision. Because of the minimal physician involvement we have assigned .07 work RVU to HCPCS code G0166.

We will not allow payment for the following services on the same day as ECP unless they are medically necessary and delivered in a clinical setting not involving ECP treatment:

- CPT code 97016 (vasopneumatic devices).
- CPT codes 93720, 93721, 93722 (total body plethysmography).
- CPT codes 93000, 93005, 93010 (electrocardiogram).
- CPT code 92971 (external cardioassist).
- CPT code 93922 (noninvasive physiologic studies of extremity arteries). If patients undergoing ECP require significant E/M services in the same period, those services should be billed using the appropriate E/M code with modifier –25 to indicate a significant separately identifiable service.

Interim practice expense direct cost inputs were established based on the information available to us concerning the cost of the machine, hours per week of use, registered nurse/technical time per use, disposable supplies, and overhead. Because this is a new procedure, information on practice expense was limited. Therefore, we expect to refine these inputs as more information becomes available.

Hyperbaric oxygen treatment not requiring physician attendance, per treatment session (G0167)

This code was created because the only current code for hyperbaric oxygen treatment is CPT code 99183. Because many providers have stated that physician attendance may not be needed for hyperbaric oxygen treatment, the new HCPCS code G0167 was created to allow coding of these services. The creation of a code does not change current coverage policy.

The physician work of this code is zero. The practice expense inputs were crosswalked to CPT code 99183, though we will consider a lower value in the future if we find that the practice expenses are lower in situations in which there is no physician attendance.

Wound closure utilizing tissue adhesives only (G0168)

This new code should only be used when a wound is closed solely with the use of this new product. Wounds closed with a combination of wound closure adhesives and other traditional methods of wound closure (staples or sutures) should still be coded using the appropriate CPT code (12001–12007). FDA data shows that the time needed to close a wound with wound adhesive is, on average, one quarter of the time needed to close a wound with traditional methods (including use of wound closure tapes). We estimate that the work of HCPCS code G0168 is comparable to the work of a level two E/M service and have assigned a work RVU of .45.

We established interim practice expense inputs for this service by crosswalking inputs from CPT code 12001. We then adjusted the inputs by adding the cost of the wound adhesive and removing the supplies that would not be needed for this type of wound closure. We also reduced the clinical staff time to reflect that the wound size is less complex and treatment method less time consuming.

Removal of devitalized tissue, without use of anesthesia (G0169)

This code was created because the CPT codes 11040 through 11044 for debridement were created to describe complex surgical services requiring the use of general anesthesia. Many practitioners, including physical therapists, occupational therapists, and nurses, do active wound care under physicians' orders. Active care involves the use of high pressure water jets, scissors, or scalpels. Wound care involving use of dressings, gauze, or medications, but not active tissue removal, should not be coded using HCPCS code G0169. The service to be coded with HCPCS code G0169 typically involves regular removal of devitalized tissues in ulcers or non-healing wounds. We have created this code to eliminate the confusion involved in using debridement codes, some of which have 10 day global periods. This code will be recognized as a therapy service for purposes of the outpatient rehabilitation payment system and will replace the CPT codes 11040 and 11044 for use by physical and occupational therapists.

We estimate that the work of HCPCS code G0169 is comparable to the work of CPT code 11040; therefore, we have assigned 0.5 work RVUs to this new code. For the practice expense component, we crosswalked the inputs for this code to the inputs for CPT code 97022, whirlpool therapy.

Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, initial 25 sq cm; and G0171 Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, each additional 25 sq cm (G0170)

CPT 1999 recommended that CPT codes 15100 to 15121, for split-thickness skin grafting, be used for tissue cultured or bilaminate skin substitutes or neodermis. Instead, we have decided that effective January 1, 2000, these services should be reported with the new HCPCS codes G0170 and G0171 on Medicare claims. The CPT codes for split-thickness skin grafts may no longer be used to describe tissue cultured or bilaminate skin substitutes or neodermis. Because the tissue cultured and ''bioengineered'' products are available for use on small skin ulcers, and because there is no need to harvest a graft and care for the donor site, we estimate that the physician work in using these cultures and ''bioengineered'' products is considerably less than the work in performing split-thickness skin grafts. The work value for the new codes was calculated with a building block approach using CPT code 15000 (skin graft with work value of 4.00) and either CPT code 15350 (skin homograft with work value of 4.00) or CPT code 15400 (skin heterograft with work value of 4.00).

The work in preparing a graft site and placing a graft equals the work of CPT code 15000 plus 50 percent of the work of either CPT code 15350 or 15400, due to the multiple procedure reduction rule. Since the work values for CPT codes 15000, 15350, and 15400 are based upon graft site preparation and placement of a 100 sq. cm. graft or less, and HCPCS G0170 describes a graft size of 25 cm or less, the work value for HCPCS code G0170 is 25 percent of the work value of CPT code 15000 (4.00) plus 50 percent of CPT code 15350 or 15400 (2.00). This results in a work RVU of 1.5 (25 percent of 6.00). The work RVU for HCPCS code G0171 was calculated similarly using CPT codes 15001 (skin graft add-on with work

value of 1.00) and 15351 (skin homograft add-on with a work value of 1.00) resulting in a work RVU of .38 for HCPCS code G0171.

We calculated the practice expense inputs for HCPCS code G0170 by crosswalking the supply and overhead equipment inputs from CPT 15350. We added a power table and soft tissue tray as the procedure-specific equipment inputs and added 80 minutes of RN/MA clinical time in the intra service period. For HCPCS code G0171 we added 20 minutes of RN/MA clinical time in the intra service period.

IV. Five Year Refinement of Relative Value Units

A. Background

Section 1848(c)(2)(B)(i) of the Act requires that we review all RVUs no less often than every five years. As part of the final rule published December 8, 1994 (59 FR 63410), we solicited public comment on all work RVUs for approximately 7,000 CPT and HCPCS codes. The scope of the 5-year review was limited to work values, since at that time, the law required practice expense and malpractice RVUs be calculated based on 1991 allowed charges and practice expense and malpractice expense shares for the specialties performing the services. We applied the specialty practice cost shares from the AMA's Socioeconomic Survey to 1989 actual charges ''aged'' forward to approximate 1991 charges. In addition, we were aware of the move to replace the charge-based practice expense system by a resource-based methodology. The December 8, 1994 final rules also outlined the proposed process for refinement of the work RVUs and provided a suggested format for submission of comments.

As a result of the December 8, 1994 final rule, we received more than 500 comments on approximately 1,100 codes. Subsequent to review of the comments by our medical staff, comments on approximately 700 codes were forwarded to the RUC for review. An additional 300 codes identified by our staff as potentially misvalued were also forwarded to the RUC. A process similar to that used for the annual physician fee schedule update was used for evaluating the proposed changes to the work RVUs and a notice discussing these proposed changes was published in the **Federal Register** May 3, 1996 (61 FR 19992). As outlined in the notice, for 28 percent of the codes we proposed to increase the work RVUs; for 61 percent of the codes we proposed to maintain the work RVUs and for 11 percent of the codes we proposed to decrease the work RVUs. (Our proposed work RVUs agreed with the RUC recommendations for 93 percent of the codes.)

In response to the May 3, 1996 proposed notice, we received more than 2,900 comments on approximately 133 codes plus all anesthesia services. In order to address these comments, we convened multispecialty panels of physicians. A detailed discussion of this process, as well as the final results of the 5-year review, were included in the final rule with comment period published November 22, 1996 (61 FR 59490).

B. Scope of the Five Year Refinement

We have made several preliminary decisions about the scope of the 5-year refinement and issues for which we are requesting public comment. All work RVUs are subject to comment. Practice expense and malpractice expense RVUs will not be subject to comment and will not be recalculated as part of the 5-year refinement.

Section 4505(f) of the BBA requires us to implement malpractice resource-based RVUs for services furnished beginning in CY 2000. The BBA at section 4505 also provides for a gradual 4-year transition for resource-based practice expenses, with resource-based practice expenses becoming fully effective in CY 2002. Since resource-based malpractice RVUs will have only just been implemented in CY 2000, and resource-based practice expenses will be in the middle of transitioning to a fully resource-based system, it would be premature to include these components in this 5-year review. While these components of the fee schedule will also eventually be subject to review, we will be evaluating how to best approach this task.

C. Refinement of Work Relative Value Units

During the first 5-year review, we relied on public commenters to identify services that were misvalued. For the second 5-year refinement of work RVUs for services furnished beginning January 1, 2002, we are requesting public comments on potentially misvalued work RVUs for all services in the CY 2000 physician fee schedule. These comments will be an important source of information that we will consider in developing further plans for the 5-year review which we will propose in 2001. However, since this process generally elicits comments focusing on undervalued codes, we will supplement the information we receive through these comments with other data and analyses we are initiating, as described in section IV.E.

Comments will be considered if we receive them at the appropriate address as provided below, no later than 5 p.m., March 1, 2000. Mail written comments related to the 5-year refinement process (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1065–FC (5-Year Refinement), P.O. Box 8013, Baltimore, MD 21244–8013. Comments must include the appropriate CPT code (for example CPT code 90918) and the suggested RVUs (for example, 11.00 RVUs). Unless otherwise specified, we will assume that all suggested RVUs are on the 2000 scale. Failure to provide this information may result in our inability to evaluate the comments adequately. We will consider all comments on all work RVUs in the development of a proposed rule that we intend to publish in 2001. In that rule, we will propose the revisions to work RVUs that we believe need to be made. Finalization of that rule will be based on review and analysis of comments received in response to the proposed rule.

In addition to internal review and analysis, we propose to share comments we receive on all CY 2000 RVUs with the RUC, which currently makes recommendations to us on the assignment of RVUs to new and revised CPT codes. This process was used during the first 5-year review and we believe that it was beneficial. The RUC's perspective will be helpful because of its experience in recommending RVUs for the codes that have been added to, or revised by, the CPT panel since we implemented the physician fee schedule in 1992. Furthermore, the RUC, by virtue of its multispecialty membership and consultation with approximately 65 specialty societies, involves the medical community in the refinement process. We emphasize, however, as we reiterated for the first 5-year review, that we retain the responsibility for analyzing the comments in the 2000 physician fee schedule, developing the proposed rule for 2001, evaluating the comments on the proposed rule, and deciding whether to revise RVUs. We are not delegating this responsibility to the RUC or any other organization.

D. Nature and Format of Comments on Work Relative Value Units

While all written public comments are welcomed, based on our past experience we have found it particularly beneficial if the comments include information in a particular format. This includes the CPT code, a clinical description of the service, and a discussion of how the work of that

service is analogous to one or more reference services. The use of one or more reference services is of fundamental importance because the relative value of the work in a physicians' service exists only in comparison with the physician work in another service.

The reference services cited should be commonly performed services with established work RVUs and also fairly well understood outside of their specialty. We have included a list of suggested reference services in Addendum E. The RVUs assigned to these services represent benchmarks to serve as a basis for comparison with the work represented by other codes. However, the inclusion of these services in the reference set does not mean that they are exempted from public comment on the RVUs assigned to them. If none of the services in the reference set are suitable for reference, we recommend choosing another service from the physician fee schedule and explaining why it is a better reference procedure.

Physician work has two components; time and intensity. The clinical analogy for many services can be strengthened by dividing the service into the following three time segments and comparing them with the respective segments of the reference services:

- Preservice work—Work performed before the actual procedure such as review of records, solicitation of informed consent, and preparation of equipment. Time spent by the physician dressing, scrubbing, and waiting for the patient should be identified. Preservice work also includes the time spent scrubbing, positioning, or otherwise preparing the patient. For surgical procedures with global periods, commenters should include estimates of the number, time, and type of visits from the day before surgery until the patient enters the operating room. The visit when the physician decides to operate and the visits preceding it should not be included in the estimate of preservice work since these services are not included in the Medicare definition of global period.
- Intraservice work—The actual performance of the procedure. For evaluation and management services, this would be described as ''face to face'' time in the inpatient setting. For surgical procedures, the customary term would be ''skin-to-skin'' or its equivalent for those procedures not beginning with incisions.
- Postservice work—Analysis of data collected from the encounter, preparation of a report, and communication of the results. For procedures with global periods, commenters should identify the time spent by the physician with the patient after the procedure on the same day and whether the patient typically goes home to an ordinary hospital bed or to the intensive care unit. Commenters should describe the number, time, and type of physician visits from the day after the procedure until the end of the global period. They should also distinguish inpatient from outpatient visits.

In making these estimations, we encourage detailed clinical information such as data derived from operating logs, operative reports, medical charts concerning the length of service, the amount of work performed before and after the service, and the length of stay in the hospital. The usefulness of these data is greatly increased if the data are presented with comparable data for reference services and evidence that justifies that the data presented are nationally representative of the average work involved in furnishing the service. One common mistake commenters make is to provide data that are not representative of national practices. Another common mistake is to present a lengthy and elaborate description of the work in the service, but to omit, or to provide an incomplete description of, the comparability of the work in the service to the work in the reference procedure or procedures identified.

Intensity of the work in the service is best compared by breaking the intensity into the following elements:

- Mental effort and judgment—Commenters should compare the service in question with a reference service as to the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision, and the degree of complexity of the interaction of these factors.
- Technical skill and physical effort—One useful measure of skill is the point in training when a resident is expected to be able to perform the procedure. Physical effort can be compared by dividing services into tasks and making the direct comparisons of tasks. In making the comparison, it is necessary to show that the differences in physician effort are not reflected accurately by differences in the time involved; if they are, considerations of physician effort amount to double counting of physician work in the service.
- Psychological stress—Two kinds of psychological stress are usually associated with physician work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and a mistake has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician's skill or judgment, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work; many consider the latter to be a highly variable function of physician personality.

Intensity often varies significantly in the course of furnishing a service. One common mistake commenters make is to ''anchor'' the value of the service to a point of maximum intensity during the service as the basis for comparing services. It is unlikely that the maximum intensity is an accurate reflection of the average intensity of a service; a lengthy procedure that is simple except for a few moments of extreme intensity is probably less work than one of equal length during which a fairly high level of intensity is maintained throughout.

E. New Initiatives

While we intend to continue the process used during the first 5-year review, we realize there were limitations to that process, particularly with respect to identifying overvalued codes.

In preparation for the second 5-year review of work RVUs, we awarded a contract to Health Economic Research (HER) to obtain technical assistance to establish a framework for the second 5-year review. We were interested in identifying methods by which we could identify CPT codes in the physician fee schedule that may have been assigned inappropriate work RVUs and also identify services whose work RVUs may have changed since they were originally developed or last revised.

HER identified seven methods that we could potentially use to identify misvalued services. These methods focus upon different components of the work RVU: Total work; time components of total work; that is, total service time, pre- and intra-service time, and post-operative visits; and work per unit of time. They include:

1. *Clinical Panels.* The use of clinical panels to evaluate total physician work. The panels could identify within clinical family rank order anomalies and cross-specialty anomalies in similar services and recalibrate reference set procedures.

2. *Rasch Paired Comparison Method.* This method identifies misvalued CPT codes in terms of either total or intra-

service work based on a small-group panel comparison of codes within clinical families. This method could be used to identify statistical outliers that appear to be either misaligned or compressed in terms of overall physician work effort employing a simpler approach than magnitude estimation.

3. *Clinical Profile.* Use a physician-level-clinical profile database that includes estimates of total available clinical time, as well as estimates of total volume of services provided during that time period at the CPT code level. This method would use objectively collected volume of service estimates and current work RVU time estimates to evaluate the reasonableness of total service time estimates relative to estimates of available service time.

4. *Alternative Data Sources.* Four alternative objective data sources could be used in the direct identification of services whose intra-service times may be misvalued: Anesthesia time estimates from Medicare claims data, operative times obtained from a data vendor, operative times collected from a panel of hospitals, and intra-service times collected through direct observation.

5. *Claims Data: Focused Review.* Use Medicare claims data to identify services whose number of pre- and post-operative hospital visits provided during the global surgical period may be misvalued given current lengths of stay and proportion of same day surgery cases.

6. *Claims Data: Over Time.* Use Medicare claims data to identify services with potentially misvalued work RVUs by analyzing changes over time in site of service, frequency, and specialty mix.

7. *Direct Comparison.* Identify services with potentially misvalued work RVUs through a direct comparison of work per unit of time (WPUT). This method would use statistical analysis to identify those services with a WPUT estimate that differs significantly from the typical value for a group of services expected to have similar levels of WPUT.

In their report, HER also suggested that we: establish a set of standard data collection methods and review procedures and review and correct flaws in the annual review process.

(**Note:** The contents of this report can be accessed through our homepage, as discussed earlier.)

We are incorporating some of the approaches identified by our contractor, and are also considering other means of identifying misvalued services.

We recently awarded a contract to HER to examine in more detail secondary databases that will enable us to validate RUC and Harvard physician time data. Three databases will be examined: D.J. Sullivan intraoperative time data, outpatient and ambulatory care survey data obtained by the National Center for Health Statistics, and MGMA group practice data on total clinical time and services.

We are also attempting to identify other primary and secondary databases that have the potential for identifying misvalued services. We would welcome any comments on the existence and usefulness of such databases, as well as comments on other methodologies that might assist us in determining how to identify misvalued services.

V. Physician Fee Schedule Update and Conversion Factor for Calendar Year 2000

The 2000 physician fee schedule conversion factor is $36.6137. The 2000 anesthesia conversion factor is $17.77.

The specific calculations to determine the conversion factor for physicians' services for calendar year 2000 are explained below.

Detail on Calculation of the Calendar Year 2000 Physician Fee Schedule Update and the 2000 Conversion Factor

Physician Fee Schedule Update and Conversion Factor

The conversion factor is affected by section 1848(c)(2)(B)(ii)(II) of the Act, which requires that changes to the relative value units of the Medicare physician fee schedule not cause expenditures to increase or decrease by more than $20 million from the amount of expenditures that would have been made if such adjustments had not been made. We implement this requirement through a uniform budget-neutrality adjustment to the conversion factor.

Taking this factor into account, as well as the percent change in the MEI and Sustainable Growth Rate (SGR) adjustments described below, the 2000 conversion factor is calculated as follows:

1999 Conversion Factor	34.7315
2000 Update	1.05472
Volume and Intensity Adjustment	0.9988
Other Factors	1.0007
2000 Conversion Factor	36.6137

The 5.5 (1.05472) percent 2000 update is calculated as follows:

MEI	2.4%
SGR adjustment	3.0%
2000 Update	5.5%

Under section 1848(d)(3) of the Act, the update is equal to the product of the MEI and the performance adjustment factor (or SGR adjustment). Thus, the MEI of 2.4 percent (or 1.024) and the SGR adjustment of 3.0 percent (1.03) are multiplied together to produce the 2000 update of 5.5 percent (1.05472).

There is another adjustment of 1.0007 to the conversion factor to reflect that Medicare will no longer provide separate payment for pulse oximetry, temperature gradient studies and venous pressure determinations. Payment for these codes is bundled into payment for other services. Consistent with our proposed rule (64 FR 39638), savings from this provision are recognized in the budget neutrality calculation on the physician fee schedule conversion factor.

The MEI and the SGR adjustments are described below.

The Percentage Change in the Medicare Economic Index

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1996 base weights, is comprised of two broad categories: physician's own time and physician's practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents: wages and salaries and fringe benefits. These components are adjusted by the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector to eliminate double counting for productivity growth in physicians' offices and the general economy.

The physician's practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector. The physician's practice expense component also includes the following categories of nonlabor inputs: office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. The table below presents a listing of the MEI

cost categories with associated weights and percent changes for price proxies for the 2000 update. The calendar year 2000 MEI is 2.4 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 2000 [1]

Cost Categories and Price Measures	1996 Weights [2]	CY 2000 Percent Changes
Medicare Economic Index Total	100.0	2.4
1. Physician's Own Time [3 4]	54.5	2.3
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	44.2	2.5
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	10.3	1.2
2. Physician's Practice Expense [3]	45.5	2.5
a. Nonphysician Employee Compensation	16.8	2.2
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	12.4	2.5
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	4.4	1.5
b. Office Expense: Consumer Price Index for Urban Consumers (CPI–U), housing	11.6	2.3
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	4.5	5.5
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	3.2	3.9
e. Medical Equipment: PPI, medical instruments and equipment	1.9	−0.5
f. Other Professional Expense	7.6	1.7
1. Professional Car: CPI–U, private transportation	1.3	−1.1
2. Other: CPI–U, all items less food and energy	6.3	2.3
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector	n/a	1.2
Physician's Own Time, not productivity adjusted	54.5	3.5
Wages and salaries, not productivity adjusted	44.2	3.8
Fringe benefits, not productivity adjusted	10.3	2.4
Nonphysician Employee Compensation, not productivity adjusted	16.8	3.5
Wages and salaries, not productivity adjusted	12.4	3.7
Fringe benefits, not productivity adjusted	4.4	2.7

[1] The rates of historical change are for the 12-month period ending June 30, 1999, which is the period used for computing the calendar year 2000 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 21, 1999.

[2] The weights shown for the MEI components are the 1996 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for calendar year 1996. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1996 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

[3] The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per man-hour in the nonfarm business sector. For example, the fringe benefit component of Physician's Own Time is calculated by dividing the rate of growth in the employment cost index for benefits of private nonfarm workers by the 10-year moving average rate of growth of output per man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.024=1.024) by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.012=1.012) equals one plus the change in average hourly earnings net of the change in output per man hour (1.024/1.012=1.012). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision the computer calculated quotient may differ from the quotient calculated from rounded individual percent changes.

[4] The average hourly earnings proxy, the Employment Cost Index proxies, as well as the CPI–U, housing and CPI–U, private transportation are published in the Current Labor Statistics Section of the Bureau of Labor Statistics' Monthly Labor Review. The remaining CPIs and PPIs in the revised index can be obtained from the Bureau of Labor Statistics' CPI Detailed Report or Producer Price Indexes.

[5] Derived from a HCFA survey of several major insurers (the latest available historical percent change data are for the period ending second quarter of 1999).

n/a Productivity is factored into the MEI compensation categories as an adjustment to the price variables; therefore, no explicit weight exists for productivity in the MEI.

Medicare Performance Relative to the SGR

Medicare Sustainable Growth Rate

Section 1848(f) of the Act, as amended by section 4503 of the BBA, replaces the volume performance standard with a sustainable growth rate (SGR) standard. It specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in Medicare expenditures for physicians' services.

The SGR targets are not limits on expenditures. Payments for services are not withheld if the SGR target is exceeded. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3)(A) of the Act, is adjusted to reflect the success or failure in meeting the SGR target.

As provided in section 4502 of the BBA, the update to the conversion factor is adjusted based on a comparison of actual expenditure to the SGR. The law refers to this update as the update adjustment factor. The amended section 1848(d)(3) of the Act now states that ''the 'update adjustment factor' for a year is equal (as estimated by the Secretary) to—

(i) the difference between (I) the sum of the allowed expenditures for physicians' services (as determined under subparagraph (C)) for the period beginning April 1, 1997, and ending on March 31 of the year involved, and (II) the amount of actual expenditures for physicians' services furnished during the period beginning April 1, 1997, and ending on March 31 of the preceding year; divided by

(ii) the actual expenditures for physicians' services for the 12-month period ending on March 31 of the preceding year, increased by the sustainable growth rate under

subsection (f) for the fiscal year which begins during such 12-month period.''

The result is a 3.0 percent adjustment for 2000.

VI. Provisions of the Final Rule

The provisions of this final rule restate the provisions of the July 22, 1999, proposed rule except as noted elsewhere in this preamble. Following is a highlight of the changes made:

For our proposal relating to physician pathology services and independent laboratories (§ 415.130(c)), we have decided to adopt our proposal to pay only hospitals for the TC services furnished to its inpatients, but delay implementation until January 1, 2001, to allow independent laboratories and hospitals sufficient time to negotiate arrangements.

For our proposal relating to optometrist services, we are revising the regulations at § 410.23 (Limitations on services of an optometrist) to specify that Medicare Part B pays for services of a doctor of optometry, acting within the scope of his or her license, with respect to the provision of items or services described in section 1861(s) of the Act.

For our proposal relating to CPT modifier –25, we are making the following changes:

- We are proceeding to include procedures with a global period indicator of ''XXX'' in the application of the global surgery payment policy relating to the use of modifier –25.
- We will not, however, require the routine use of modifier –25 with all procedures having a global indicator of ''XXX''. Instead, we will identify specific codes if an E/M service is furnished with a specified code. To be billed for, it would need to be documented as being significant and separately identifiable and be reported with modifier –25.
- We will seek review of these codes from physician specialty societies, as well as those nonphysician practitioners who are authorized to bill Medicare on their own.
- Specific procedure codes for which the use of modifier –25 is required when a significant, separately identifiable E/M service is furnished and reported by the same physician or nonphysician practitioner will be included as edits in the Correct Coding Initiative edits.
- These edits will be implemented no earlier than October 1, 2000, and will continue to be added as appropriate on an ongoing basis.
- In the meantime, however, since modifiers are an inherent part of HCPCS, we urge all practitioners to familiarize themselves with them and to make it a practice to use them when applicable.

For our proposal relating to coverage of prostate cancer screening tests (§ 410.39) we are implementing the requirements as stated in the proposed rule. However, we are revising § 410.39(e)(1) to provide that payment ''may not be made for a screening PSA blood test performed for a man age 50 or younger''.

For our proposal to discontinue separate payment for pulse oximetry, temperature gradient studies, venous pressure determinations, and to list them in the physician fee schedule with a status code of ''B'' for ''payment always bundled into payment for other services,'' we will bundle payment for these services starting in 2000 with the exception of 94762, which we will continue to pay separately when continuous overnight monitoring is medically necessary as a separate procedure.

VII. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*).

VIII. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

IX. Regulatory Impact Analysis

We have examined the impacts of this final rule as required by Executive Order (EO) 12866, the Unfunded Mandates Reform Act (UMRA) (Public Law 104–4), the Regulatory Flexibility Act (RFA) (Public Law 96–354), and the Federalism Executive Order (EO) 13132.

Executive Order 12866 directs agencies to assess costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). The changes in the Medicare physician fee schedule are, for the most part, budget neutral. This final rule conforms the regulations to new statutory benefits that exceed $100 million in Medicare spending. (See the estimated costs tables in sections IX. M. and IX. N.) Therefore, this final rule is considered to be a major rule as defined in Title 5, United States Code, Section 804(2).

The UMRA also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in an expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million or more in any given year. This final rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below these thresholds as well.

The RFA requires that we analyze regulatory options for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification of why action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives and lessen significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. We have prepared the following analysis which, together with the rest of this preamble, meets all four assessment requirements. It explains the rationale for and purpose of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we considered to minimize the burden on small entities.

A. Resource-Based Malpractice Relative Value Units

As explained earlier in this preamble, the resource-based malpractice RVUs must be implemented in a budget-neutral manner. That is, the total fee schedule malpractice RVUs must be the same under the resource-based method as would have existed had the prior charge-based malpractice RVUs been retained. This means that increases in RVUs for some services will necessarily be offset by corresponding decreases in values for other services. Table 3 shows, by specialty, the estimated percentage changes in allowed charges for our proposed resource-based malpractice RVUs.

As Table 3 shows, the effects on payments are very modest and, in most cases, negligible. Of the 35 major payment specialties, 15 are estimated to experience payment increases, 19 are estimated to experience payment decreases, and 1 experiences no change. Only two specialties are estimated to experience increases of more than 1 percent, emergency medicine (2.6 percent) and nephrology (1.1 percent), with an estimated median payment increase of 0.3 percent among the specialties that receive an increase. Only three specialties are estimated to experience payment decreases of 1 percent or more cardiac surgery (–1.2 percent), orthopedic surgery (–1.1 percent), and thoracic surgery (–1.0 percent) with an estimated median payment decrease of –0.5 percent among the specialties which receive a decrease. These impacts are slightly different than those shown in the July 22 proposed rule because they reflect different case mix using 1998 rather than 1997 service frequencies; incorporate RVU changes made as a result of comments received on the NPRM; and reflect the final budget-neutrality adjustment calculated by our actuaries.

The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in Table 3 since physicians furnish services to both Medicare and non-Medicare patients. The magnitude of the impact on Medicare payment for a specialty depends generally on the mix of services a physician in the specialty furnishes.

TABLE 3.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE BASED MALPRACTICE EXPENSE RELATIVE VALUE UNITS

[Percent change]

Specialty	Allowed charges (in billions)	Impact by specialty (percent)
ANESTHESIOLOGY	0.2	−0.6
CARDIAC SURGERY	0.3	−1.2
CARDIOLOGY	3.7	−0.1
CLINICS	1.4	0.2
DERMATOLOGY	1.2	0.0
EMERGENCY MEDICINE	0.8	2.6
FAMILY PRACTICE	3.0	0.3
GASTROENTEROLOGY	1.1	−0.4
GENERAL PRACTICE	1.0	0.4
GENERAL SURGERY	1.7	−0.2
HEMATOLOGY ONCOLOGY	0.6	0.2
INTERNAL MEDICINE	6.3	0.3
NEPHROLOGY	0.9	1.1
NEUROLOGY	0.8	0.3
NEUROSURGERY	0.3	0.5
OBSTETRICS/GYNECOLOGY	0.4	−0.6
OPHTHALMOLOGY	3.5	−0.5
ORTHOPEDIC SURGERY	2.0	−1.1
OTOLARYNGOLOGY	0.6	−0.3
PATHOLOGY	0.5	−0.6
PLASTIC SURGERY	0.2	−0.3
PSYCHIATRY	1.1	−0.2
PULMONARY	1.0	0.2
RADIATION ONCOLOGY	0.4	−0.5
RADIOLOGY	2.7	−0.6
RHEUMATOLOGY	0.3	0.3
THORACIC SURGERY	0.5	−1.0
UROLOGY	1.2	−0.1
VASCULAR SURGERY	0.3	−0.5
ALL OTHER PHYSICIAN	1.2	0.1
OTHERS:		
CHIROPRACTOR	0.4	0.6
NONPHYSICIAN PRACTITIONER	0.9	−0.4
OPTOMETRIST	0.4	0.4
PODIATRY	1.0	0.4
SUPPLIERS	0.4	−0.4

B. Resource-Based Practice Expense Relative Value Units

Revisions in resource-based practice expense RVUs for physicians' services are calculated to be budget neutral, that is, the total practice expense RVUs for calendar year 2000 are calculated to be the same as the total practice expense RVUs that we estimate would have occurred without the changes proposed in this regulation. This means that increases in practice expense RVUs for

some services will necessarily be offset by corresponding decreases in values for other services.

Table 4, ''Impact on Total Allowed Charges by Specialty of the Final Rule Practice Expense Changes'' shows, by specialty, the estimated percent changes in allowed charges resulting from the practice expense proposals discussed earlier in this rule. This table shows the impact of changes in the year 2000, as well as 3-year impact from 2000 to 2002 on the fully implemented practice expense RVUs. In the year 2000, the practice expense RVUs are a blend of 50 percent of the charged-based RVU and 50 percent of the resource-based RVU. The year 2000 impact column shows the impact of changes in this rule relative to what payments would have been in 2000 had there been no changes from this rule. The column labeled 2000–2002 impact compares payments using the fully implemented RVUs published in the November 2, 1998 final rule (63 FR 58816) to the fully implemented RVUs reflecting changes included in this rule.

TABLE 4.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF FINAL RULE PRACTICE EXPENSE CHANGES

[Percent change]

Specialty	Allowed charges (in billions)	Year 2000 impact (percent)	2000–2002 impact (percent)
ANESTHESIOLOGY	1.6	−3	−9
CARDIAC SURGERY	0.3	−2	−6
CARDIOLOGY	3.7	−1	−3
CLINICS	1.4	0	−1
DERMATOLOGY	1.2	0	0
EMERGENCY MEDICINE	0.8	−1	−2
FAMILY PRACTICE	3.0	0	1
GASTROENTEROLOGY	1.1	−1	−4
GENERAL PRACTICE	1.0	0	1
GENERAL SURGERY	1.8	0	−1
HEMATOLOGY ONCOLOGY	0.6	0	0
INTERNAL MEDICINE	6.3	0	0
NEPHROLOGY	0.9	0	1
NEUROLOGY	0.8	0	0
NEUROSURGERY	0.3	0	−1
OBSTETRICS/GYNECOLOGY	0.4	1	2
OPHTHALMOLOGY	3.5	1	2
ORTHOPEDIC SURGERY	2.0	0	1
OTHER PHYSICIAN	1.2	−1	−2
OTOLARYNGOLOGY	0.6	1	2
PATHOLOGY	0.5	3	9
PLASTIC SURGERY	0.2	1	2
PSYCHIATRY	1.1	0	−1
PULMONARY	1.0	−1	−2
RADIATION ONCOLOGY	0.6	0	0
RADIOLOGY	2.8	−1	−2
RHEUMATOLOGY	0.3	1	4
THORACIC SURGERY	0.5	−2	−5
UROLOGY	1.2	0	1
VASCULAR SURGERY	0.3	0	−1
OTHERS:		0	0
CHIROPRACTOR	0.4	0	0
NONPHYSICIAN PRACTITIONER	0.9	0	0
OPTOMETRIST	0.4	2	5
PODIATRY	1.0	1	2
SUPPLIERS	0.4	6	18

Table 5 shows the impacts we displayed in the proposed rule published on July 22, 1999 for practice expense only and the corresponding impacts which result from this final rule. This table shows only the fully implemented fee schedule impact, not the year 2000 impact incorporating the transition. There are two factors that explain the difference between the proposed rule and final rule impact statements. In the proposed rule, we indicated that we were considering removing some services from the zero physician work RVU pool. We did not include the effect of that policy change in the proposed rule impact statement. That change is now included in the ''Final Rule'' column. The zero work RVU change affects specialties which perform the technical portion of diagnostic tests. We are also using a higher practice expense per hour for thoracic and cardiac surgery in order to establish the SMS specialty practice expense pools. This change affects only these two specialties. Both of these changes are discussed in more detail earlier in the preamble to this final rule.

TABLE 5.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF PRACTICE EXPENSE CHANGES ONLY 7/22/1999 PROPOSED RULE AND THIS FINAL RULE

Specialty	Allowed charges (billions)	Proposed rule impact (percent)	Final rule impact (percent)
ANESTHESIOLOGY	1.6	−8	−9
CARDIAC SURGERY	0.3	−8	−6
CARDIOLOGY	3.7	−2	−3
CLINICS	1.4	−1	−1
DERMATOLOGY	1.2	2	0
EMERGENCY MEDICINE	0.8	−1	−2
FAMILY PRACTICE	3.0	2	1
GASTROENTEROLOGY	1.1	−2	−4
GENERAL PRACTICE	1.0	2	1
GENERAL SURGERY	1.8	0	−1
HEMATOLOGY ONCOLOGY	0.6	1	0
INTERNAL MEDICINE	6.3	0	0
NEPHROLOGY	0.9	0	1
NEUROLOGY	0.8	1	0
NEUROSURGERY	0.3	1	−1
OBSTETRICS/GYNECOLOGY	0.4	3	2
OPHTHALMOLOGY	3.5	1	2
ORTHOPEDIC SURGERY	2.0	3	1
OTHER PHYSICIAN	1.2	0	−2
OTOLARYNGOLOGY	0.6	2	2
PATHOLOGY	0.5	2	9
PLASTIC SURGERY	0.2	1	2
PSYCHIATRY	1.1	−1	−1
PULMONARY	1.0	−2	−2
RADIATION ONCOLOGY	0.6	0	0
RADIOLOGY	2.8	0	−2
RHEUMATOLOGY	0.3	5	4
THORACIC SURGERY	0.5	−6	−5
UROLOGY	1.2	2	1
VASCULAR SURGERY	0.3	0	−1
OTHERS:			
CHIROPRACTOR	0.4	0	0
NONPHYSICIAN PRACTITIONER	0.9	2	0
OPTOMETRIST	0.4	2	5
PODIATRY	1.0	2	2
SUPPLIERS	0.4	1	18

Table 6 shows the percentage change in total payment (in 2000 physician fee schedule dollars) for selected high-volume procedures that result from the change in payment related to the changes in practice expense and malpractice RVUs contained in this final rule. These tables reflect the impact of *this final rule only* on the fully implemented fee schedule amount. The payments in these columns are determined using a conversion factor of $36.6137. The RVUs used for calculating payments in the ''old'' columns are from the **Federal Register** published on November 2, 1998. The RVUs used in calculating payments in the ''new'' columns are from this final rule. By using the conversion factor of $36.6137 to calculate payments in both the ''old'' and ''new'' columns, the impact of changes in practice expense and malpractice expense RVU are illustrated. These tables do not show the actual impact on payment from 1999 to 2000 because they do not incorporate the effect of the transition or physician fee schedule update. In general, payments for services in the facility setting, including evaluation and management services, are declining due to our policy to exclude costs associated with bringing clinical staff to the facility setting. Payment for a tissue exam by a pathologist (CPT 88305) is increasing due to our proposal to remove the service from the zero work pool. The increase in value for the technical portion of the services causes a corresponding increase in the global service.

TABLE 6.—TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Old non-facility	New non-facility	Percent change	Old facility	New facility	Percent change
11721	.....	Debride nail, 6 or more	$ 39.18	$ 39.18	0%	34.43	$ 28.56	−17
17000	.....	Destroy benign/premal lesion	49.43	60.41	22	32.24	32.95	2
27130	.....	Total hip replacement	NA	NA	NA	1,435.23	1,395.71	−3
27236	.....	Treat thigh fracture	NA	NA	NA	1,118.73	1,065.82	−5
27244	.....	Treat thigh fracture	NA	NA	NA	1,133.38	1,085.96	−4
27447	.....	Total knee replacement	NA	NA	NA	1,500.43	1,460.52	−3
33533	.....	CABG, arterial, single	NA	NA	NA	1,940.01	1,829.59	−6
35301	.....	Rechanneling of artery	NA	NA	NA	1,124.23	1,133.93	1
43239	.....	Upper GI endoscopy, biopsy	272.41	247.14	−9	147.63	139.13	−6
45385	.....	Lesion removal colonoscopy	413.00	462.80	12	292.69	275.70	−6

TABLE 6.—TOTAL PAYMENT FOR SELECTED PROCEDURES—Continued

Code	Mod	Description	Old non-facility	New non-facility	Percent change	Old facility	New facility	Percent change
66821	.....	After cataract laser surgery	201.74	196.98	−2	191.58	170.99	−11
66984	.....	Remove cataract/insert lens	NA	NA	NA	700.03	654.65	−6
67210	.....	Treatment of retinal lesion	593.87	602.66	1	545.08	550.67	1
71010	26	Chest x-ray	8.79	8.79	0	8.79	8.79	0
71020	.....	Chest x-ray	35.15	34.42	−2	35.17	34.42	−2
71020	26	Chest x-ray	10.62	10.62	0	10.62	10.62	0
77430	.....	Weekly radiation therapy	180.14	187.83	4	180.23	187.83	4
78465	.....	Heart image (3d), multiple	542.25	527.24	−3	542.52	527.24	−3
88305	.....	Tissue exam by pathologist	61.51	82.01	33	61.54	82.01	33
88305	26	Tissue exam by pathologist	40.28	40.64	1	40.29	40.64	1
90801	.....	Psy dx interview	143.53	146.09	2	142.86	138.77	−3
90806	.....	Psytx, off, 45–50 min	97.76	97.76	0	95.98	93.73	−2
90807	.....	Psytx, off, 45–50 min w/e&m	101.79	103.62	2	102.94	99.22	−4
90862	.....	Medication management	49.79	50.89	2	49.09	46.50	−5
90921	.....	ESRD related services, month	245.31	263.25	7	245.43	237.26	−3
90935	.....	Hemodialysis, one evaluation	NA	NA	NA	69.97	61.51	−12
92004	.....	Eye exam, new patient	120.83	124.49	3	86.82	88.61	2
92012	.....	Eye exam established pat	75.79	63.71	−16	36.27	36.61	1
92014	.....	Eye exam & treatment	87.87	91.53	4	58.98	59.68	1
92980	.....	Insert intracoronary stent	NA	NA	NA	949.13	851.63	−10
92982	.....	Coronary artery dilation	NA	NA	NA	716.15	630.12	−12
93000	.....	Electrocardiogram, complete	26.36	26.36	0	26.37	26.36	0
93010	.....	Electrocardiogram report	8.79	8.79	0	8.79	8.79	0
93015	.....	Cardiovascular stress test	106.55	104.35	−2	106.60	104.35	−2
93307	.....	Echo exam of heart	204.30	198.08	−3	204.40	198.08	−3
93307	26	Echo exam of heart	49.79	48.70	−2	49.82	48.70	−2
93510	26	Left heart catheterization	231.03	247.87	7	231.15	247.87	7
98941	.....	Chiropractic manipulation	34.78	35.15	1	30.40	30.76	1
99202	.....	Office/outpatient visit, new	68.47	72.50	6	53.48	45.40	−15
99203	.....	Office/outpatient visit, new	97.03	102.52	6	78.03	69.57	−11
99204	.....	Office/outpatient visit, new	136.94	145.36	6	112.09	102.88	−8
99205	.....	Office/outpatient visit, new	169.89	179.41	6	145.43	135.84	−7
99211	.....	Office/outpatient visit, est	23.07	25.63	11	14.29	8.79	−38
99212	.....	Office/outpatient visit, est	36.61	39.18	7	28.21	23.07	−18
99213	.....	Office/outpatient visit, est	48.33	51.63	7	38.46	33.68	−12
99214	.....	Office/outpatient visit, est	76.16	80.92	6	62.27	56.02	−10
99215	.....	Office/outpatient visit, est	110.94	116.07	5	96.71	90.44	−6
99221	.....	Initial hospital care	NA	NA	NA	72.53	65.17	−10
99222	.....	Initial hospital care	NA	NA	NA	115.02	108.38	−6
99223	.....	Initial hospital care	NA	NA	NA	157.52	151.21	−4
99231	.....	Subsequent hospital care	NA	NA	NA	34.07	32.59	−4
99232	.....	Subsequent hospital care	NA	NA	NA	54.95	53.82	−2
99233	.....	Subsequent hospital care	NA	NA	NA	78.39	76.16	−3
99236	.....	Observ/hosp same date	NA	NA	NA	220.52	215.29	−2
99238	.....	Hospital discharge day	NA	NA	NA	68.87	64.44	−6
99239	.....	Hospital discharge day	NA	NA	NA	91.58	88.24	−4
99241	.....	Office consultation	57.12	61.14	7	40.66	32.95	−19
99242	.....	Office consultation	95.93	101.79	6	74.36	67.37	−9
99243	.....	Office consultation	121.92	128.51	5	98.54	89.70	−9
99244	.....	Office consultation	168.06	176.48	5	142.13	132.54	−7
99245	.....	Office consultation	213.09	222.25	4	186.09	176.11	−5
99251	.....	Initial inpatient consult	NA	NA	NA	42.13	36.61	−13
99252	.....	Initial inpatient consult	NA	NA	NA	77.29	71.76	−7
99253	.....	Initial inpatient consult	NA	NA	NA	104.40	97.39	−7
99254	.....	Initial inpatient consult	NA	NA	NA	146.16	138.77	−5
99255	.....	Initial inpatient consult	NA	NA	NA	198.18	191.12	−4
99261	.....	Follow-up inpatient consult	NA	NA	NA	28.21	23.80	−16
99262	.....	Follow-up inpatient consult	NA	NA	NA	50.92	45.77	−10
99263	.....	Follow-up inpatient consult	NA	NA	NA	72.16	67.37	−7
99282	.....	Emergency dept visit	NA	NA	NA	27.84	26.73	−4
99283	.....	Emergency dept visit	NA	NA	NA	59.34	60.05	1
99284	.....	Emergency dept visit	NA	NA	NA	92.31	94.10	2
99285	.....	Emergency dept visit	NA	NA	NA	142.50	146.09	3
99291	.....	Critical care, first hour	187.10	187.83	0	185.72	179.41	−3
99292	.....	Critical care, addl 30 min	94.46	96.66	2	93.41	89.70	−4
99301	.....	Nursing facility care	NA	NA	NA	65.57	60.41	−8
99302	.....	Nursing facility care	NA	NA	NA	86.82	80.92	−7
99303	.....	Nursing facility care	NA	NA	NA	107.70	100.32	−7
99311	.....	Nursing fac care, subseq	NA	NA	NA	33.70	30.02	−11
99312	.....	Nursing fac care, subseq	NA	NA	NA	53.12	49.79	−6
99313	.....	Nursing fac care, subseq	NA	NA	NA	74.73	71.03	−5
99348	.....	Home visit, est patient	70.30	72.50	3	70.70	66.64	−6
99350	.....	Home visit, est patient	158.17	164.40	4	154.95	154.88	0

Table 7 shows the combined impact of the proposed changes in the malpractice RVUs and the fully implemented practice expense RVUs.

Comment: One commenter indicated that specialty level impacts displayed in the proposed rule were misleading and

caused a great deal of confusion in the physician community. Although the commenter indicated that it is appropriate for us to display specialty level impacts that result from the new rule relative to prior policy, the commenter also requested that we show the total impact of adopting resource-based methodologies.

Response: In general, we show the impact of changes that result from a new rule, not the cumulative impact of changes in policy contained in prior rules as well as the new one. However, we acknowledge that it can be difficult to understand changes that result from adoption of the resource-based practice expense methodology because those changes may result from policy changes contained in the final rule published on November 2, 1998 (63 FR 58814), from changes due to this final rule, and because all of these changes are occurring over the 4-year transition period. Impacts of the final rule published on November 2, 1998 are shown on page 58895 of the physician fee schedule final rule published on November 2, 1998. The percentage increase for a particular specialty can be combined with the impacts shown in table 7 (which shows the impacts in addition to those presented in the November 2, 1998 final rule) to determine the impact of moving to resource based methodologies for practice expense and malpractice expense.

The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in these tables since physicians furnish services to both Medicare and non-Medicare patients. The magnitude of the impact that Medicare payment has on a specialty depends generally on the mix of services a physician in the specialty provides and the sites in which the services are performed. As we indicated in the proposed rule, each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet the requirements of budget neutrality. A key component of the actuarial determination of budget neutrality involves estimating any impact of changes in the volume and intensity of physicians' services furnished to Medicare beneficiaries as a result of the proposed changes.

In estimating the impacts of proposed changes under the physician fee schedule on the volume and intensity of services, the actuaries have historically used a model that assumes that 50 percent of the change in net revenue for a procedure would be recouped. This does not mean that the payments are reduced by 50 percent. In fact, payments have typically been reduced only by a few percent or less. In 1999, the actuary revised the assumption about response to payment changes and will use a model that assumes a 30 percent volume-and-intensity response to price reductions. The actuary is continuing to assume no reduction in volume and intensity response to a price increase. Our actuary's analysis of the volume-and-intensity response is available on our homepage (www.hcfa.gov).

Comment: We again received comments in response to our assumption that physicians respond to payment reductions so as to offset revenue reductions. One commenter indicated that a 30 percent volume-and-intensity response seems extreme.

Response: We provide a response to this and similar comments in the final rule published November 2, 1998 (63 FR 588894). We reiterate that our assumption that physicians respond to payment reductions so as to offset 30 percent of revenue reduction in physician fees. Most physicians, even those in specialties with a negative payment impact shown in table 7, will experience an increase in physician fees in 2000. This is largely due to an update of 5.4 percent. Since there are few specialties that will actually experience a decline in payment in 2000, the adjustment to the conversion factor for behavioral responses to fee reductions will be only 0.12 percent (or approximately $0.04). To the extent that the volume-and-intensity response does not occur, the SGR system enacted as part of the BBA will return the volume-and-intensity adjustment in the form of higher future updates to the Medicare physician fee schedule CF. The volume-and-intensity adjustment should not affect aggregate payments because our actuaries assume an offsetting increase in the volume and intensity of services provided in 2000.

TABLE 7.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF FULLY IMPLEMENTED PRACTICE EXPENSE AND MALPRACTICE EXPENSE RELATIVE VALUE UNITS

Specialty	Allowed Charges (in billions)	Changes Resulting from this Final Rule (percent)
ANESTHESIOLOGY	1.6	−9
CARDIAC SURGERY	0.3	−8
CARDIOLOGY	3.7	−3
CLINICS	1.4	−1
DERMATOLOGY	1.2	0
EMERGENCY MEDICINE	0.8	1
FAMILY PRACTICE	3.0	1
GASTROENTEROLOGY	1.1	−4
GENERAL PRACTICE	1.0	2
GENERAL SURGERY	1.8	−1
HEMATOLOGY ONCOLOGY	0.6	0
INTERNAL MEDICINE	6.3	0
NEPHROLOGY	0.9	2
NEUROLOGY	0.8	0
NEUROSURGERY	0.3	−1
OBSTETRICS/GYNECOLOGY	0.4	1
OPHTHALMOLOGY	3.5	2
ORTHOPEDIC SURGERY	2.0	0
OTHER PHYSICIAN	1.2	−2
OTOLARYNGOLOGY	0.6	1
PATHOLOGY	0.5	8
PLASTIC SURGERY	0.2	1

TABLE 7.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF FULLY IMPLEMENTED PRACTICE EXPENSE AND MALPRACTICE EXPENSE RELATIVE VALUE UNITS—Continued

Specialty	Allowed Charges (in billions)	Changes Resulting from this Final Rule (percent)
PSYCHIATRY	1.1	−1
PULMONARY	1.0	−2
RADIATION ONCOLOGY	0.6	0
RADIOLOGY	2.8	−3
RHEUMATOLOGY	0.3	4
THORACIC SURGERY	0.5	−6
UROLOGY	1.2	1
VASCULAR SURGERY	0.3	−1
OTHERS:		
CHIROPRACTOR	0.4	1
NONPHYSICIAN PRACTITIONER	0.9	0
OPTOMETRIST	0.4	5
PODIATRY	1.0	2
SUPPLIERS	0.4	17

Comment: A few commenters indicated that HCFA has not fulfilled its statutory obligation to provide impacts on the practice expense RVUs in different geographical areas or compare Medicare payments under the new practice expense RVUS with actual practice costs for physicians in each specialty.

Response: Section 4505(d)(3) of the BBA required the Secretary to provide the impacts suggested by this commenter as part of a notice of proposed rule making in the Spring of 1998. We provided impacts of the newly adopted resource-based practice expense by specialty and geographic area in the proposed rule published June 5, 1998 (63 FR 58895). Unlike adoption of the physician fee schedule published on January 1, 1992, the adoption of the practice expense methodology has a negligible impact on payments by geographical area. For this reason we are not continuing to display those impacts. With respect to comparing the new practice expense RVUs to actual practice expenses for physicians in each specialty, we do not believe that the data are available to make reliable comparisons. Although we do have aggregate, specialty level data on practice expense from the SMS, these data are used to establish relative payment amounts for the more than 7,000 physician services paid for by Medicare and are intended to represent the relative resources used by physicians in providing services to Medicare patients. The SMS data do not allow us to directly compare these practice expense relative values to ''actual'' practice expenses.

Table 7 shows the combined impact of the changes in the malpractice RVUs and the fully implemented practice expense RVUs. The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in these tables since physicians furnish services to both Medicare and non-Medicare patients. The magnitude of the impact that Medicare payment has on a specialty depends generally on the mix of services a physician in the specialty provides and the sites in which the services are performed.

C. Adjustment to the Practice Expense Relative Value Units for a Physician's Interpretation of Abnormal Papanicolaou Smears

Currently, there are several codes for a physician's interpretation of an abnormal pap smear (three HCPCS codes and one CPT code). We evaluated the practice expense RVUs for each of these codes in a slightly different manner, and the practice expense RVUs assigned to HCPCS code G0141 were much lower than those for the other codes. We believe it is more appropriate to have the RVUs for all of these codes identical to those for CPT code 88141. The impact of this provision has been incorporated into the physician fee schedule budget-neutrality calculation.

D. Physician Pathology Services and Independent Laboratories

Independent laboratories usually bill for a combined service that is the sum of the PC and TC services. These services can be furnished to both hospital and nonhospital patients.

The claims processing instructions require the independent laboratory to use the hospital as the place of service (POS) for TC billing of hospital patients. However, our analysis of national claims data indicates that independent laboratories are likely to use the independent laboratory as the POS. Thus, we cannot directly calculate the independent laboratory's billings for the combined service to hospital inpatients.

Based on our knowledge of laboratory practice arrangements, we have assumed that 20 percent of the allowed charges for independent laboratories represent billings for hospital inpatients. We adjusted this amount to remove PC billings because they are billable notwithstanding the provisions of this final rule. We estimated the PC amount by multiplying the total allowed charges for each code by the ratio of the PC RVUs to total RVUs for that code. The remaining amount represents the total allowed charges for TC services for hospital inpatients.

We estimated that payment under the physician fee schedule for TC billings by independent laboratories will decrease by $6 million. However, we are delaying implementation for 1 year so hospitals can make the necessary arrangements

The hospital is paid under the prospective payment system for the TC of a physician pathology service to hospital inpatients. If the independent laboratory furnishes the TC, it must enter into an arrangement with a hospital to be paid appropriately for this service.

E. Discontinuous Anesthesia Time

This final rule clarifies that if an anesthesia practitioner has not been billing for a block of time before an interruption in services, he or she would be able to bill for that block of time and receive payment. It is our understanding that, in most instances, a block of time before an interruption is generally about 15 minutes, or one time

unit. However, some anesthesia practitioners may have interpreted our regulations as allowing them to bill for the block of time before an interruption. If an anesthesia practitioner has billed in this manner, then our revision to the regulations will not have any economic effect. We estimate that overall there are no costs or savings to the Medicare program.

F. Optometrist Services

The provisions of the OBRA 1986 expanded coverage of optometrist services. While this statutory provision had been implemented through manual provisions, we had not revised the regulations to reflect this change. We proposed to revise the regulations at § 410.23 to specify that Medicare Part B pays for the services of a doctor of optometry, acting within the scope of his or her license, if the services are those described in section 1861(s) of the Act and 42 CFR 410.10.

We received comments from the American Optometric Association supporting the proposed revision to the regulations. We are revising the regulations at § 410.23 to specify that Medicare Part B pays for services of a doctor of optometry, acting within the scope of his or her license, if the services are those described in section 1861(s) of the Act and 42 CFR 410.10.

G. Assisted Suicide

This final rule conforms the regulations to a provision in the Assisted Suicide Funding Act of 1997. This statute prohibits the use of Federal funds to furnish or pay for any health care service or health benefit coverage for the purpose of causing, or assisting to cause, the death of any individual. We believe that this change will have no program costs or savings given the exclusion from Medicare payment of expenses for these services under section 1862(a)(1)(A) of the Act. This section states that no payment may be made under Part A or Part B for any expenses incurred for items or services that are not reasonable or necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

H. CPT Modifier −25

For selected procedures for which current global surgery rules do not apply (for example, those for which the global indicator is ''XXX'' in the database), this rule provides that a practitioner may bill for an E/M service only if it is a significant separately identifiable service. This situation will be reported by appending modifier −25 to the E/M service code. This policy will assist carriers in claims adjudication and eliminate unnecessary denials when practitioners append modifier −25 to the E/M service to signify that the E/M service reported is appropriate because it was a significant and separately identifiable service from the procedure performed. We expect the savings to be minimal because the specific procedures to which this policy is to be applied have still to be identified and edits for these procedures will not begin to be implemented until October 2000 at the earliest.

I. Nurse Practitioner Qualifications

The NP qualifications stated in this final rule provide a mechanism that permits those individuals who have a Medicare NP billing number before January 1, 2001, to continue to bill as NPs. Therefore, an individual who may not have been nationally certified as an NP, or who does not have a master's degree in nursing, is permitted to continue to bill under the Medicare program. However, after January 1, 2003, to obtain a Medicare NP billing number, a new applicant is required to possess a master's degree in nursing, State authorization to practice as an NP, and national certification as an NP. By this time, nursing professionals will have had ample notification and time to acquire these credentials. There are no Medicare program costs or savings associated with this provision. Furthermore, these requirements are consistent with our understanding of certification and training requirements being implemented by NP professional groups.

J. Relative Value Units for Pediatric Services

This final rule corrects our use of the wrong data in establishing the work RVUs for certain pediatric surgical services. Since pediatric services are a small portion of services under Medicare, this change has a negligible cost or saving impact on the Medicare program

K. Percutaneous Thrombectomy of an Arteriovenous Fistula

We have established payment for a new HCPCS code that more accurately describes the activities regarding percutaneous thrombectomy of a dialysis graft or fistula. Since this is basically a coding change we do not anticipate any costs or savings to the Medicare program.

L. Pulse Oximetry, Temperature Gradient Studies, and Venous Pressure Determinations

We discontinued separate payment for CPT codes 94760 (noninvasive ear or pulse oximetry for oxygen saturation; single determination); 94761 (non-invasive ear or pulse oximetry for oxygen saturation; multiple determinations); 93740 (temperature gradient studies); and 93770 (determination of venous pressure). Payment for these codes is bundled into payment for other services. Any savings from this provision are incorporated into the physician fee schedule budget-neutrality calculation.

M. Removal of Requirement for X-ray Before Chiropractic Manipulation

This final rule conforms the regulations to section 4513(a) of the BBA. We expect that removal of the requirement will encourage increased billing for chiropractic manipulation. The impact of this BBA provision is shown in the table below.

ESTIMATED COSTS

[$ millions]

FY 2000	20
FY 2001	40
FY 2002	50
FY 2003	70
FY 2004	80
Total	260

N. Coverage of Prostate Cancer Screening Tests

Section 4103 of the BBA authorizes coverage of certain prostate cancer screening tests, effective January 1, 2000, subject to certain frequency and payment limitations. The new tests include: (1) screening DREs and (2) screening prostate-specific antigen tests. Based on the projected utilization of these screening services and related medically necessary follow-up tests and treatment that may be required for the beneficiaries screened, we estimate that this BBA provision will result in an increase in Medicare payments as described in the table below for FYs 2000 through 2002. These payments will be made to many urologists, primary care physicians, and other practitioners (involved in screening DREs), and to clinical laboratories (involved in screening prostate-specific antigen tests) nationally.

ESTIMATED MEDICARE COSTS

[$ million]

	Part A	Part B	Total
FY 2000	170	590	760
FY 2001	300	1,100	1,400
FY 2002	400	1,270	1,670
FY 2003	500	1,470	1,970
FY 2004	620	1,710	2,330
Total	1,990	6,140	8,130

We believe that the effect of the rule will be positive. Prostate cancer is the most commonly diagnosed cancer in men and the second leading cause of cancer death for American men. The American Cancer Society estimates that in 1999 about 179,000 new cases of prostate cancer will be diagnosed in the United States, and about 37,000 people will die directly from the disease. According to the American Urological Association, the use of a screening prostate-specific antigen blood test, in combination with a screening DRE, is the best method for detecting prostate cancer when the disease is localized and potentially curable. Although coverage of prostate cancer screening should improve access to this service for Medicare beneficiaries, the benefits of such screening, based on the available medical literature, are not entirely clear. The literature on the benefits of cancer detection, especially among men over 70, indicates that screening for prostate cancer does not necessarily lead to the prolongation of life or improvement in the quality of life. However, when prostate cancer is found early, there is evidence that it can often be treated successfully. Through early detection of prostate cancer made possible under the new benefit and the use of appropriate treatment measures, our expectation is that the harmful effects of this serious disease among the Medicare population will be reduced in the future.

O. Diagnostic Tests

1. Supervision of Diagnostic Test

The requirements of the physician supervision policy in § 410.32(b) conform to the BBA provisions relating to PAs, NPs, and CNSs. We clarified that the level of physician supervision for diagnostic tests performed by PAs, when they are authorized by the State to perform these tests, is general. This means that we will not require that the supervising physician for the diagnostic test be on the premises when the test is performed. No level of physician supervision is required for diagnostic tests performed by NPs and CNSs when they are authorized by the State to perform these tests. The scope of services for which PAs, NPs, or CNSs can bill will not be affected; therefore, we do not expect any significant costs or savings.

2. Independent Diagnostic Testing Facilities (IDTF)

The IDTF provision at § 410.33 states that NPs and CNSs are included among the entities that may bill carriers directly for diagnostic tests. This final rule is a technical one and will not have a significant effect on costs or savings.

P. Budget-Neutrality

Each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet the budget-neutrality requirement of the statute. A component of the actuarial determination of budget-neutrality involves estimating the impact of changes in the volume-and-intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes. Consistent with the provision in the November 2, 1998 final rule, the actuaries used a model that assumes a 30 percent volume-and-intensity response to price reductions.

Q. Impact on Beneficiaries

Although changes in payments to physicians when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Furthermore, because there is a 4-year transition to the resource-based practice expense system, we expect minimal impact on beneficiary access to care.

We are currently conducting substantial research to evaluate beneficiary access to physicians. This research includes, but is not limited to, augmenting the beneficiary survey questionnaire to further clarify access problems, conducting a survey of Medicare physicians to identify physician specialties and procedures by geographic areas, and tracking claims data in ''vulnerable populations.''

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

Federalism

We have examined this rule in accordance with Executive Order 13132 and have determined that this final rule will not have any negative impact on the rights, roles, or responsibilities of State, local, or Tribal governments.

List of Subjects

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare and Reporting and recordkeeping requirements.

42 CFR Part 485

Grant programs—health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 42 CFR chapter IV is amended as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

A. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 410.22, paragraph (b)(1) is revised to read as follows:

§ 410.22. Limitations on services of a chiropractor.

* * * * *

(b) *Limitations on services.* (1) Medicare Part B pays only for a chiropractor's manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuromusculoskeletal condition for which manual manipulation is appropriate treatment.

* * * * *

3. Section 410.23 is revised to read as follows:

§ 410.23 Limitations on services of an optometrist.

Medicare Part B pays for the services of a doctor of optometry, which he or she is legally authorized to perform in the State in which he or she performs them, if the services are among those described in section 1861(s) of the Act and § 410.10 of this part.

4. In § 410.32, the introductory text to paragraph (b)(2) is republished for the convenience of the reader, paragraph (b)(2) is amended by adding new paragraphs (b)(2)(v) and (b)(2)(vi), and the introductory text to paragraph (b)(3) is revised to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

* * * * *

(b) *Diagnostic x-ray and other diagnostic tests.* * * *

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

* * * * *

(v) Diagnostic tests performed by a nurse practitioner or clinical nurse specialist authorized to perform the tests under applicable State laws.

(vi) Pathology and laboratory procedures listed in the 80000 series of the Current Procedural Terminology published by the American Medical Association.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. (However, diagnostic tests performed by a physician assistant (PA) that the PA is legally authorized to perform under State law require only a general level of physician supervision.) When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

* * * * *

5. In § 410.33, paragraph (a)(1) is revised to read as follows:

§ 410.33 Independent diagnostic testing facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after March 15, 1999, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, a nurse practitioner, or a clinical nurse specialist when he or she performs a test he or she is authorized by the State to perform, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

* * * * *

6. A new section 410.39 is added to read as follows:

§ 410.39 Prostate cancer screening tests: Conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

(1) *Prostate cancer screening tests* means any of the following procedures furnished to an individual for the purpose of early detection of prostate cancer:

(i) A screening digital rectal examination.

(ii) A screening prostate-specific antigen blood test.

(iii) For years beginning after 2002, other procedures HCFA finds appropriate for the purpose of early detection of prostate cancer, taking into account changes in technology and standards of medical practice, availability, effectiveness, costs, and other factors HCFA considers appropriate.

(2) *A screening digital rectal examination* means a clinical examination of an individual's prostate for nodules or other abnormalities of the prostate.

(3) *A screening prostate-specific antigen blood test* means a test that measures the level of prostate-specific antigen in an individual's blood.

(b) *Condition for coverage of screening digital rectal examinations.* Medicare Part B pays for a screening digital rectal examination if it is performed by the beneficiary's physician, or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is authorized to perform this service under State law.

(c) *Limitation on coverage of screening digital rectal examinations.* (1) Payment may not be made for a screening digital rectal examination performed for a man age 50 or younger.

(2) For an individual over 50 years of age, payment may be made for a screening digital rectal examination only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening digital rectal examination was performed.

(d) *Condition for coverage of screening prostate-specific antigen blood tests.* Medicare Part B pays for a screening prostate-specific antigen blood test if it is ordered by the beneficiary's physician, or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is authorized to order this test under State law.

(e) *Limitation on coverage of screening prostate-specific antigen blood test.* (1) Payment may not be made for a screening prostate-specific antigen blood test performed for a man age 50 or younger.

(2) For an individual over 50 years of age, payment may be made for a screening prostate-specific antigen blood test only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening prostate-specific antigen blood test was performed.

7. In § 410.75, paragraph (b) is revised to read as follows:

§ 410.75 Nurse practitioner's services.

* * * * *

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a nurse practitioner must—(1)(i) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; *and*

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; *or*

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000; or

(3) Be a nurse practitioner who on or after January 1, 2001, applies for a Medicare billing number for the first time and meets the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section; or

(4) Be a nurse practitioner who on or after January 1, 2003, applies for a Medicare billing number for the first time and possesses a master's degree in nursing and meets the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

B. Part 411 is amended as set forth below:

1. The authority citation for Part 411 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 411.15, the introductory text in the section is revised, the introductory text to paragraph (a) is republished, paragraph (a)(1) is revised, the introductory text to paragraph (k) is republished, and new paragraphs (k)(9) and (q) are added to read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

(a) Routine physical checkups such as:

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic examinations, or prostate cancer screening tests that meet the criteria specified in paragraphs (k)(6) through (k)(9) of this section.

* * * * *

(k) Any services that are not reasonable and necessary for one of the following purposes:

* * * * *

(9) In the case of prostate cancer screening tests, for the purpose of early detection of prostate cancer, subject to the conditions and limitations specified in § 410.39 of this chapter.

* * * * *

(q) *Assisted suicide.* Any health care service used for the purpose of causing, or assisting to cause, the death of any individual. This does not pertain to the withholding or withdrawing of medical treatment or care, nutrition or hydration or to the provision of a service for the purpose of alleviating pain or discomfort, even if the use may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

C. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395(hh), and 1395rr(b)(1)).

2. In § 414.22, the introductory text is republished, paragraph (b)(5)(i) is revised, and a new paragraph (c)(3) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physicians' work, practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(5) * * *

(i) Usually one of two levels of practice expense RVUs can be applied to each code. The lower facility practice expense RVUs apply to services furnished to patients in the hospital, skilled nursing facility, or ambulatory surgical center when the physician performs procedures on the ASC approved procedures list. The higher non-facility practice expense RVUs apply to services performed in a physician's office or in an ASC if the physician is performing a procedure not on the ASC approved procedures list, services furnished to patients in a nursing facility, in a facility or institution other than a hospital, skilled nursing facility, or in the home. The facility practice expense RVUs for a particular code may not be greater than the non-facility RVUs for that code.

* * * * *

(c) *Malpractice insurance RVUs.* * * *

(3) For services furnished in the year 2000 and subsequent years, the malpractice RVUs are based on the relative malpractice insurance resources.

3. In § 414.46, the introductory texts to paragraphs (a) and (b) are republished, paragraphs (a)(1) and (a)(2) are revised, paragraph (a)(3) is added, and paragraphs (b)(1) and (b)(2) are revised to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

(a) *Definitions.* For purposes of this section, the following definitions apply:

(1) *Base unit* means the value for each anesthesia code that reflects all activities other than anesthesia time. These activities include usual preoperative and postoperative visits, the administration of fluids and blood incident to anesthesia care, and monitoring services.

(2) *Anesthesia practitioner,* for the purpose of anesthesia time, means a physician who performs the anesthesia service alone, a CRNA who is not medically directed who performs the anesthesia service alone, or a medically directed CRNA.

(3) *Anesthesia time* means the time during which an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services and ends when the anesthesia practitioner is no longer furnishing anesthesia services to the beneficiary, that is, when the beneficiary may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time, the anesthesia practitioner can add blocks of anesthesia time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption.

(b) *Determinations of payment amount—Basic rule.* For anesthesia services performed, medically directed, or medically supervised by a physician, the carrier pays the lesser of the actual charge or the anesthesia fee schedule amount.

(1) The carrier bases the fee schedule amount for an anesthesia service on the product of the sum of allowable base and time units and an anesthesia-specific CF. The carrier calculates the time units from the anesthesia time reported by the anesthesia practitioner for the anesthesia procedure. The physician who fulfills the conditions for medical direction in § 415.110 (Conditions for payment: Anesthesiology services) reports the same anesthesia time as the medically-directed CRNA.

(2) HCFA furnishes the carrier with the base units for each anesthesia procedure code. The base units are derived from the 1988 American Society of Anesthesiologists' Relative Value Guide except that the number of base units recognized for anesthesia services furnished during cataract or iridectomy surgery is four units.

* * * * *

4. In § 414.60, the introductory text of paragraph (a) is revised to read as follows:

§ 414.60 Payment for the services of CRNAs.

(a) *Basis for payment.* The allowance for the anesthesia service furnished by a CRNA, medically directed or not medically directed, is based on allowable base and time units as defined in § 414.46(a). Beginning with CY 1994—

* * * * *

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

D. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 415.130(c) is revised to read as follows:

§ 415.130 Conditions for payment; Physician pathology services.

* * * * *

(c) *Physician pathology services furnished by an independent laboratory.* The technical component of physician pathology services furnished by an independent laboratory to a hospital inpatient before January 1, 2001, or to an outpatient are paid on a fee schedule basis under this subpart. On or after January 1, 2001, payment is made only to the hospital for the technical component of physician pathology services furnished to a hospital inpatient.

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

E. Part 485 is amended as set forth below:

1. The authority citation for part 485 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)

2. In § 485.705, paragraph(c)(8) is revised to read as follows:

§ 485.705 Personnel qualifications.

* * * * *

(8) A nurse practitioner is a person who must:

(i) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; *and*

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; *or*

(iii) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000; or

(iv) Be a nurse practitioner who on or after January 1, 2001, applies for a Medicare billing number for the first time and meets the standards for nurse practitioners in paragraphs (c)(8)(i) and (c)(8)(ii) of this section; or

(v) Be a nurse practitioner who on or after January 1, 2003, applies for a Medicare billing number for the first time and possesses a master's degree in nursing and meets the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 21, 1999.

Michael M. Hash,

Deputy Administrator, Health Care Financing Administration.

Dated: October 22, 1999.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addendum B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2000. Addendum B contains the RVUs for work, non-facility practice expense, facility practice expense, and malpractice expense, and other information for all services included in the physician fee schedule.

Addendum B—2000 Relative Value Units and Related Information Used in Determining Medicare Payments for 2000

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: One for the global values (both professional and technical); one for modifier -26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier -53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C = Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D = Deleted code. These codes are deleted effective with the beginning of the calendar year.

E = Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N = Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P = Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.

—If the item or service is covered as incident to a physician's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician's service).

—If the item or service is covered as other than incident to a physician's service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = Injections. There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Exclusion by law. These codes represent an item or service that is not within the definition of ''physicians' services'' for physician fee schedule payment purposes. No RVUs are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2000. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Fully implemented non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Year 2000 Transition non-facility practice expense RVUs.* Blended non-facility practice expense RVUs for use in 2000.

8. *Fully implemented facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

9. *Year 2000 transition facility practice expense RVUs.* Blended facility practice expense RVUs for use in 2000.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2000.

11. *Fully implemented non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

12. *Year 2000 transition non-facility total.* This is the sum of the work, transition non-facility practice expense, and malpractice expense RVUs for use in 2000.

13. *Fully implemented facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

14. *Year 2000 transition facility total.* This is the sum of the work, transition facility practice expense, and malpractice expense RVUs for use in 2000.

15. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1999 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
10040		A	Acne surgery of skin abscess	1.18	1.57	0.96	0.52	0.35	0.05	2.80	2.19	1.75	1.58	010
10060		A	Drainage of skin abscess	1.17	1.26	0.87	0.62	0.43	0.08	2.51	2.12	1.87	1.68	010
10061		A	Drainage of skin abscess	2.40	1.95	1.32	1.12	0.74	0.15	4.50	3.87	3.67	3.29	010
10080		A	Drainage of pilonidal cyst	1.17	1.95	1.25	0.68	0.48	0.09	3.21	2.51	1.94	1.74	010
10081		A	Drainage of pilonidal cyst	2.45	2.71	1.96	1.57	1.09	0.20	5.36	4.61	4.22	3.74	010
10120		A	Remove foreign body	1.22	1.72	1.11	0.69	0.47	0.10	3.04	2.43	2.01	1.79	010
10121		A	Remove foreign body	2.69	2.64	1.87	1.74	1.15	0.24	5.57	4.80	4.67	4.08	010
10140		A	Drainage of hematoma/fluid	1.53	1.32	0.92	0.82	0.54	0.11	2.96	2.56	2.46	2.18	010
10160		A	Puncture drainage of lesion	1.20	1.46	0.94	0.72	0.47	0.09	2.75	2.23	2.01	1.76	010
10180		A	Complex drainage, wound	2.25	1.33	1.24	1.24	1.19	0.23	3.81	3.72	3.72	3.67	010
11000		A	Debride infected skin	0.60	0.52	0.48	0.23	0.23	0.04	1.16	1.12	0.87	0.87	000
11001		A	Debride infected skin add-on	0.30	0.29	0.29	0.12	0.13	0.02	0.61	0.61	0.44	0.45	ZZZ
11010		A	Debride skin, fx	4.20	2.42	3.36	2.08	3.19	0.36	6.98	7.92	6.64	7.75	010
11011		A	Debride skin/muscle, fx	4.95	3.66	4.39	2.58	3.85	0.48	9.09	9.82	8.01	9.28	000
11012		A	Debride skin/muscle/bone, fx	6.88	4.83	5.98	4.06	5.59	0.71	12.42	13.57	11.65	13.18	000
11040		A	Debride skin, partial	0.50	0.45	0.44	0.19	0.21	0.03	0.98	0.97	0.72	0.74	000
11041		A	Debride skin, full	0.82	0.61	0.61	0.32	0.32	0.06	1.49	1.49	1.20	1.20	000
11042		A	Debride skin/tissue	1.12	0.85	0.78	0.44	0.40	0.09	2.06	1.99	1.65	1.61	000
11043		A	Debride tissue/muscle	2.38	2.40	2.18	1.37	1.67	0.22	5.00	4.78	3.97	4.27	010
11044		A	Debride tissue/muscle/bone	3.06	3.10	3.08	1.79	2.43	0.30	6.46	6.44	5.15	5.79	010
11055		R	Trim skin lesion	0.27	0.34	0.31	0.11	0.13	0.02	0.63	0.60	0.40	0.42	000
11056		R	Trim skin lesions, 2 to 4	0.39	0.38	0.38	0.15	0.17	0.03	0.80	0.80	0.57	0.59	000
11057		R	Trim skin lesions, over 4	0.50	0.42	0.36	0.20	0.18	0.03	0.95	0.89	0.73	0.71	000
11100		A	Biopsy of skin lesion	0.81	1.53	1.04	0.37	0.33	0.04	2.38	1.89	1.22	1.18	000
11101		A	Biopsy, skin add-on	0.41	0.68	0.50	0.19	0.18	0.02	1.11	0.93	0.62	0.61	ZZZ
11200		A	Removal of skin tags	0.77	1.05	0.76	0.31	0.28	0.04	1.86	1.57	1.12	1.09	010
11201		A	Remove skin tags add-on	0.29	0.42	0.30	0.12	0.11	0.02	0.73	0.61	0.43	0.42	ZZZ
11300		A	Shave skin lesion	0.51	1.00	0.79	0.22	0.26	0.03	1.54	1.33	0.76	0.80	000
11301		A	Shave skin lesion	0.85	1.10	0.92	0.40	0.39	0.04	1.99	1.81	1.29	1.28	000
11302		A	Shave skin lesion	1.05	1.20	1.09	0.48	0.49	0.05	2.30	2.19	1.58	1.59	000
11303		A	Shave skin lesion	1.24	1.31	1.40	0.56	0.65	0.06	2.61	2.70	1.86	1.95	000
11305		A	Shave skin lesion	0.67	0.79	0.68	0.28	0.28	0.04	1.50	1.39	0.99	0.99	000
11306		A	Shave skin lesion	0.99	1.05	0.91	0.43	0.41	0.05	2.09	1.95	1.47	1.45	000

[1] CPT codes and descriptions only are copyright 1999 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
11307		A	Shave skin lesion	1.14	1.15	1.09	0.51	0.51	0.05	2.34	2.28	1.70	1.70	000
11308		A	Shave skin lesion	1.41	1.22	1.37	0.61	0.69	0.07	2.70	2.85	2.09	2.17	000
11310		A	Shave skin lesion	0.73	1.10	0.93	0.34	0.36	0.04	1.87	1.70	1.11	1.13	000
11311		A	Shave skin lesion	1.05	1.21	1.07	0.51	0.49	0.05	2.31	2.17	1.61	1.59	000
11312		A	Shave skin lesion	1.20	1.28	1.25	0.58	0.60	0.05	2.53	2.50	1.83	1.85	000
11313		A	Shave skin lesion	1.62	1.52	1.57	0.76	0.79	0.08	3.22	3.27	2.46	2.49	000
11400		A	Removal of skin lesion	0.91	2.37	1.48	0.71	0.50	0.07	3.35	2.46	1.69	1.48	010
11401		A	Removal of skin lesion	1.32	2.39	1.56	0.86	0.62	0.10	3.81	2.98	2.28	2.04	010
11402		A	Removal of skin lesion	1.61	2.48	1.73	0.95	0.72	0.11	4.20	3.45	2.67	2.44	010
11403		A	Removal of skin lesion	1.92	2.69	1.98	1.08	0.86	0.15	4.76	4.05	3.15	2.93	010
11404		A	Removal of skin lesion	2.20	2.83	2.17	1.17	0.96	0.18	5.21	4.55	3.55	3.34	010
11406		A	Removal of skin lesion	2.76	3.13	2.59	1.40	1.72	0.25	6.14	5.60	4.41	4.73	010
11420		A	Removal of skin lesion	1.06	1.96	1.26	0.75	0.52	0.08	3.10	2.40	1.89	1.66	010
11421		A	Removal of skin lesion	1.53	2.28	1.53	0.96	0.68	0.11	3.92	3.17	2.60	2.32	010
11422		A	Removal of skin lesion	1.76	2.46	1.74	1.03	0.77	0.12	4.34	3.62	2.91	2.65	010
11423		A	Removal of skin lesion	2.17	2.75	2.09	1.22	0.97	0.17	5.09	4.43	3.56	3.31	010
11424		A	Removal of skin lesion	2.62	2.90	2.21	1.39	1.08	0.20	5.72	5.03	4.21	3.90	010
11426		A	Removal of skin lesion	3.78	3.56	2.78	1.86	1.93	0.32	7.66	6.88	5.96	6.03	010
11440		A	Removal of skin lesion	1.15	2.50	1.63	0.91	0.65	0.08	3.73	2.86	2.14	1.88	010
11441		A	Removal of skin lesion	1.61	2.62	1.77	1.12	0.79	0.11	4.34	3.49	2.84	2.51	010
11442		A	Removal of skin lesion	1.87	2.68	1.95	1.22	0.92	0.13	4.68	3.95	3.22	2.92	010
11443		A	Removal of skin lesion	2.49	3.14	2.36	1.53	1.16	0.18	5.81	5.03	4.20	3.83	010
11444		A	Removal of skin lesion	3.42	3.59	2.60	1.94	1.37	0.25	7.26	6.27	5.61	5.04	010
11446		A	Removal of skin lesion	4.49	4.07	3.00	2.47	1.72	0.32	8.88	7.81	7.28	6.53	010
11450		A	Removal, sweat gland lesion	2.73	3.94	3.43	1.08	2.00	0.24	6.91	6.40	4.05	4.97	090
11451		A	Removal, sweat gland lesion	3.95	4.85	4.00	1.56	2.36	0.37	9.17	8.32	5.88	6.68	090
11462		A	Removal, sweat gland lesion	2.51	3.89	3.26	1.01	1.82	0.23	6.63	6.00	3.75	4.56	090
11463		A	Removal, sweat gland lesion	3.95	5.20	3.69	1.63	1.90	0.39	9.54	8.03	5.97	6.24	090
11470		A	Removal, sweat gland lesion	3.25	4.41	3.72	1.30	2.16	0.31	7.97	7.28	4.86	5.72	090
11471		A	Removal, sweat gland lesion	4.41	5.44	4.06	1.81	2.24	0.42	10.27	8.89	6.64	7.07	090
11600		A	Removal of skin lesion	1.41	2.53	1.88	0.96	0.79	0.09	4.03	3.38	2.46	2.29	010
11601		A	Removal of skin lesion	1.93	2.61	2.06	1.08	0.92	0.11	4.65	4.10	3.12	2.96	010
11602		A	Removal of skin lesion	2.09	2.66	2.32	1.27	1.13	0.12	4.87	4.53	3.48	3.34	010
11603		A	Removal of skin lesion	2.35	2.82	2.63	1.35	1.29	0.15	5.32	5.13	3.85	3.79	010
11604		A	Removal of skin lesion	2.58	2.99	2.90	1.43	1.42	0.18	5.75	5.66	4.19	4.18	010
11606		A	Removal of skin lesion	3.43	3.51	3.45	1.74	2.56	0.28	7.22	7.16	5.45	6.27	010
11620		A	Removal of skin lesion	1.34	2.49	1.97	0.98	0.86	0.09	3.92	3.40	2.41	2.29	010
11621		A	Removal of skin lesion	1.97	2.63	2.27	1.22	1.09	0.11	4.71	4.35	3.30	3.17	010
11622		A	Removal of skin lesion	2.34	2.79	2.59	1.43	1.32	0.14	5.27	5.07	3.91	3.80	010
11623		A	Removal of skin lesion	2.93	2.71	2.76	1.67	1.54	0.20	5.84	5.89	4.80	4.67	010
11624		A	Removal of skin lesion	3.43	3.01	3.25	1.90	1.82	0.25	6.69	6.93	5.58	5.50	010
11626		A	Removal of skin lesion	4.30	3.96	3.83	2.29	3.00	0.34	8.60	8.47	6.93	7.64	010
11640		A	Removal of skin lesion	1.53	2.56	2.18	1.13	1.02	0.10	4.19	3.81	2.76	2.65	010
11641		A	Removal of skin lesion	2.44	2.90	2.59	1.58	1.36	0.14	5.48	5.17	4.16	3.94	010
11642		A	Removal of skin lesion	2.93	2.80	2.80	1.80	1.60	0.18	5.91	5.91	4.91	4.71	010
11643		A	Removal of skin lesion	3.50	3.12	3.20	2.09	1.87	0.24	6.86	6.94	5.83	5.61	010
11644		A	Removal of skin lesion	4.55	3.72	3.77	2.60	2.26	0.32	8.59	8.64	7.47	7.13	010
11646		A	Removal of skin lesion	5.95	4.92	4.81	3.32	4.01	0.46	11.33	11.22	9.73	10.42	010
11719		R	Trim nail(s)	0.11	0.47	0.37	0.04	0.09	0.01	0.59	0.49	0.16	0.21	000
11720		A	Debride nail, 1-5	0.32	0.40	0.38	0.13	0.16	0.02	0.74	0.72	0.47	0.50	000
11721		A	Debride nail, 6 or more	0.54	0.50	0.55	0.21	0.26	0.04	1.08	1.13	0.79	0.84	000
11730		A	Removal of nail plate	1.13	0.71	0.60	0.44	0.35	0.07	1.91	1.80	1.64	1.55	000
11732		A	Remove nail plate, add-on	0.57	0.28	0.28	0.23	0.19	0.04	0.89	0.89	0.84	0.80	ZZZ
11740		A	Drain blood from under nail	0.37	0.64	0.53	0.14	0.18	0.03	1.04	0.93	0.54	0.58	000
11750		A	Removal of nail bed	1.86	1.48	1.88	0.77	0.96	0.12	3.46	3.86	2.75	2.94	010
11752		A	Remove nail bed/finger tip	2.67	1.82	2.44	1.61	1.57	0.20	4.69	5.31	4.48	4.44	010
11755		A	Biopsy, nail unit	1.31	0.96	1.02	0.57	0.82	0.08	2.35	2.41	1.96	2.21	000
11760		A	Repair of nail bed	1.58	1.50	1.26	1.10	0.81	0.13	3.21	2.97	2.81	2.52	010
11762		A	Reconstruction of nail bed	2.89	1.93	2.36	1.70	1.55	0.20	5.02	5.45	4.79	4.64	010
11765		A	Excision of nail fold, toe	0.69	0.93	0.74	0.42	0.35	0.05	1.67	1.48	1.16	1.09	010
11770		A	Removal of pilonidal lesion	2.61	2.89	2.90	1.28	2.09	0.24	5.74	5.75	4.13	4.94	010
11771		A	Removal of pilonidal lesion	5.74	5.06	4.99	4.01	4.46	0.55	11.35	11.28	10.30	10.75	090
11772		A	Removal of pilonidal lesion	6.98	6.01	5.62	4.49	4.86	0.70	13.69	13.30	12.17	12.54	090
11900		A	Injection into skin lesions	0.52	0.70	0.49	0.21	0.18	0.02	1.24	1.03	0.75	0.72	000
11901		A	Added skin lesions injection	0.80	0.83	0.64	0.36	0.29	0.03	1.66	1.47	1.19	1.12	000
11920		R	Correct skin color defects	1.61	1.82	1.55	0.77	1.03	0.17	3.60	3.33	2.55	2.81	000
11921		R	Correct skin color defects	1.93	2.01	1.77	0.98	1.25	0.20	4.14	3.90	3.11	3.38	000
11922		R	Correct skin color defects	0.49	0.34	0.37	0.26	0.33	0.05	0.88	0.91	0.80	0.87	ZZZ
11950		R	Therapy for contour defects	0.84	1.02	1.16	0.36	0.83	0.06	1.92	2.06	1.26	1.73	000
11951		R	Therapy for contour defects	1.19	1.34	1.32	0.53	0.91	0.09	2.62	2.60	1.81	2.19	000
11952		R	Therapy for contour defects	1.69	2.17	1.73	0.79	1.04	0.11	3.97	3.53	2.59	2.84	000
11954		R	Therapy for contour defects	1.85	2.11	1.70	0.71	1.00	0.20	4.16	3.75	2.76	3.05	000
11960		A	Insert tissue expander(s)	9.08	NA	NA	9.32	8.86	0.89	NA	NA	19.29	18.83	090
11970		A	Replace tissue expander	7.06	NA	NA	4.67	6.55	0.75	NA	NA	12.48	14.36	090
11971		A	Remove tissue expander(s)	2.13	5.53	4.02	3.23	2.87	0.22	7.88	6.37	5.58	5.22	090
11975		N	Insert contraceptive cap	+1.48	1.48	1.32	0.57	0.86	0.11	3.07	2.91	2.16	2.45	XXX
11976		R	Removal of contraceptive cap	1.78	1.52	1.46	0.64	1.02	0.13	3.43	3.37	2.55	2.93	XXX
11977		N	Removal/reinsert contra cap	+3.30	2.19	2.38	1.28	1.92	0.25	5.74	5.93	4.83	5.47	XXX
11980		A	Implant hormone pellet(s)	1.48	1.48	1.48	0.57	0.57	0.11	3.07	3.07	2.16	2.16	000
12001		A	Repair superficial wound(s)	1.70	2.27	1.45	0.82	0.72	0.15	4.12	3.30	2.67	2.57	010
12002		A	Repair superficial wound(s)	1.86	2.36	1.61	0.85	0.86	0.16	4.38	3.63	2.87	2.88	010

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
12004		A	Repair superficial wound(s)	2.24	2.54	1.89	0.97	1.11	0.20	4.98	4.33	3.41	3.55	010
12005		A	Repair superficial wound(s)	2.86	2.92	2.26	1.21	1.41	0.26	6.04	5.38	4.33	4.53	010
12006		A	Repair superficial wound(s)	3.67	4.13	3.03	1.88	1.91	0.34	8.14	7.04	5.89	5.92	010
12007		A	Repair superficial wound(s)	4.12	4.45	3.20	2.12	2.04	0.38	8.95	7.70	6.62	6.54	010
12011		A	Repair superficial wound(s)	1.76	2.37	1.59	0.82	0.81	0.16	4.29	3.51	2.74	2.73	010
12013		A	Repair superficial wound(s)	1.99	2.50	1.81	0.87	1.00	0.18	4.67	3.98	3.04	3.17	010
12014		A	Repair superficial wound(s)	2.46	2.79	2.04	1.05	1.17	0.22	5.47	4.72	3.73	3.85	010
12015		A	Repair superficial wound(s)	3.19	3.21	2.49	1.24	1.50	0.29	6.69	5.97	4.72	4.98	010
12016		A	Repair superficial wound(s)	3.93	3.44	2.95	1.56	2.01	0.36	7.73	7.24	5.85	6.30	010
12017		A	Repair superficial wound(s)	4.71	5.20	4.43	2.29	2.97	0.44	10.35	9.58	7.44	8.12	010
12018		A	Repair superficial wound(s)	5.53	5.84	5.72	2.63	4.11	0.46	11.83	11.71	8.62	10.10	010
12020		A	Closure of split wound	2.62	2.61	1.95	1.52	1.41	0.23	5.46	4.80	4.37	4.26	010
12021		A	Closure of split wound	1.84	2.00	1.34	1.10	0.72	0.15	3.99	3.33	3.09	2.71	010
12031		A	Layer closure of wound(s)	2.15	2.68	1.73	1.16	0.78	0.14	4.97	4.02	3.45	3.07	010
12032		A	Layer closure of wound(s)	2.47	2.78	1.96	1.24	0.91	0.15	5.40	4.58	3.86	3.53	010
12034		A	Layer closure of wound(s)	2.92	2.99	2.30	1.41	1.51	0.24	6.15	5.46	4.57	4.67	010
12035		A	Layer closure of wound(s)	3.43	2.99	2.54	1.62	1.85	0.32	6.74	6.29	5.37	5.60	010
12036		A	Layer closure of wound(s)	4.05	4.88	3.70	2.34	2.43	0.40	9.33	8.15	6.79	6.88	010
12037		A	Layer closure of wound(s)	4.67	5.10	4.23	2.78	3.07	0.44	10.21	9.34	7.89	8.18	010
12041		A	Layer closure of wound(s)	2.37	2.97	1.94	1.20	0.83	0.17	5.51	4.48	3.74	3.37	010
12042		A	Layer closure of wound(s)	2.74	2.97	2.12	1.36	1.00	0.18	5.89	5.04	4.28	3.92	010
12044		A	Layer closure of wound(s)	3.14	3.02	2.39	1.54	1.65	0.26	6.42	5.79	4.94	5.05	010
12045		A	Layer closure of wound(s)	3.64	3.34	2.83	1.80	2.06	0.32	7.30	6.79	5.76	6.02	010
12046		A	Layer closure of wound(s)	4.25	4.91	3.99	2.41	2.74	0.37	9.53	8.61	7.03	7.36	010
12047		A	Layer closure of wound(s)	4.65	5.10	4.73	2.84	3.60	0.44	10.19	9.82	7.93	8.69	010
12051		A	Layer closure of wound(s)	2.47	2.90	2.00	1.34	0.95	0.17	5.54	4.64	3.98	3.59	010
12052		A	Layer closure of wound(s)	2.77	2.91	2.26	1.31	1.06	0.17	5.85	5.20	4.25	4.00	010
12053		A	Layer closure of wound(s)	3.12	3.02	2.47	1.47	1.69	0.23	6.37	5.82	4.82	5.04	010
12054		A	Layer closure of wound(s)	3.46	3.34	3.08	1.58	2.20	0.29	7.09	6.83	5.33	5.95	010
12055		A	Layer closure of wound(s)	4.43	4.10	3.81	2.11	2.82	0.39	8.92	8.63	6.93	7.64	010
12056		A	Layer closure of wound(s)	5.24	5.64	5.39	2.94	4.04	0.43	11.31	11.06	8.61	9.71	010
12057		A	Layer closure of wound(s)	5.96	5.54	5.79	3.51	4.78	0.49	11.99	12.24	9.96	11.23	010
13100		A	Repair of wound or lesion	3.12	3.19	2.22	1.78	1.20	0.22	6.53	5.56	5.12	4.54	010
13101		A	Repair of wound or lesion	3.92	3.52	2.89	2.23	1.68	0.23	7.67	7.04	6.38	5.83	010
13102		A	Repair wound/lesion add-on	1.24	0.71	0.71	0.57	0.57	0.08	2.03	2.03	1.89	1.89	ZZZ
13120		A	Repair of wound or lesion	3.30	3.32	2.40	1.79	1.27	0.25	6.87	5.95	5.34	4.82	010
13121		A	Repair of wound or lesion	4.33	3.75	3.32	2.29	1.87	0.27	8.35	7.92	6.89	6.47	010
13122		A	Repair wound/lesion add-on	1.44	0.83	0.83	0.66	0.66	0.09	2.36	2.36	2.19	2.19	ZZZ
13131		A	Repair of wound or lesion	3.79	3.59	2.87	2.13	1.61	0.26	7.64	6.92	6.18	5.66	010
13132		A	Repair of wound or lesion	5.95	4.48	4.72	3.14	2.81	0.34	10.77	11.01	9.43	9.10	010
13133		A	Repair wound/lesion add-on	2.19	1.18	1.18	1.01	1.01	0.12	3.49	3.49	3.32	3.32	ZZZ
13150		A	Repair of wound or lesion	3.81	4.79	3.35	2.48	2.20	0.29	8.89	7.45	6.58	6.30	010
13151		A	Repair of wound or lesion	4.45	4.88	3.77	2.88	2.11	0.30	9.63	8.52	7.63	6.86	010
13152		A	Repair of wound or lesion	6.33	5.61	5.59	3.80	3.30	0.40	12.34	12.32	10.53	10.03	010
13153		A	Repair wound/lesion add-on	2.38	1.31	1.31	1.09	1.09	0.15	3.84	3.84	3.62	3.62	ZZZ
13160		A	Late closure of wound	10.48	NA	NA	6.22	4.92	1.08	NA	NA	17.78	16.48	090
13300		D	Repair of wound or lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
14000		A	Skin tissue rearrangement	5.89	6.86	5.28	4.35	3.10	0.46	13.21	11.63	10.70	9.45	090
14001		A	Skin tissue rearrangement	8.47	8.15	6.65	5.62	5.39	0.67	17.29	15.79	14.76	14.53	090
14020		A	Skin tissue rearrangement	6.59	7.27	6.30	4.90	5.11	0.51	14.37	13.40	12.00	12.21	090
14021		A	Skin tissue rearrangement	10.06	8.86	7.80	6.65	6.70	0.73	19.65	18.59	17.44	17.49	090
14040		A	Skin tissue rearrangement	7.87	7.72	7.54	5.62	4.65	0.53	16.12	15.94	14.02	13.05	090
14041		A	Skin tissue rearrangement	11.49	9.63	9.09	7.50	5.89	0.69	21.81	21.27	19.68	18.07	090
14060		A	Skin tissue rearrangement	8.50	8.21	8.31	6.41	7.41	0.60	17.31	17.41	15.51	16.51	090
14061		A	Skin tissue rearrangement	12.29	10.57	10.98	8.40	7.05	0.75	23.61	24.02	21.44	20.09	090
14300		A	Skin tissue rearrangement	11.76	9.64	10.96	7.84	10.06	0.92	22.32	23.64	20.52	22.74	090
14350		A	Skin tissue rearrangement	9.61	NA	NA	5.76	6.18	0.90	NA	NA	16.27	16.69	090
15000		A	Skin graft	4.00	2.37	2.35	1.93	2.13	0.36	6.73	6.71	6.29	6.49	000
15001		A	Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.09	1.58	1.58	1.57	1.57	ZZZ
15050		A	Skin pinch graft	4.30	4.68	3.31	3.53	2.74	0.41	9.39	8.02	8.24	7.45	090
15100		A	Skin split graft	9.05	5.97	5.45	5.80	5.37	0.94	15.96	15.44	15.79	15.36	090
15101		A	Skin split graft add-on	1.72	1.10	1.42	0.76	1.25	0.18	3.00	3.32	2.66	3.15	ZZZ
15120		A	Skin split graft	9.83	7.96	7.27	6.56	6.57	0.80	18.59	17.90	17.19	17.20	090
15121		A	Skin split graft add-on	2.67	1.63	2.40	1.30	2.23	0.26	4.56	5.33	4.23	5.16	ZZZ
15200		A	Skin full graft	8.03	8.64	6.56	5.32	4.90	0.72	17.39	15.31	14.07	13.65	090
15201		A	Skin full graft add-on	1.32	1.02	1.42	0.65	1.11	0.13	2.47	2.87	2.10	2.56	ZZZ
15220		A	Skin full graft	7.87	8.87	7.06	5.70	5.48	0.68	17.42	15.61	14.25	14.03	090
15221		A	Skin full graft add-on	1.19	0.84	1.29	0.58	1.00	0.11	2.14	2.59	1.88	2.30	ZZZ
15240		A	Skin full graft	9.04	8.45	7.54	6.44	6.53	0.77	18.26	17.35	16.25	16.34	090
15241		A	Skin full graft add-on	1.86	1.36	1.97	0.95	1.59	0.17	3.39	4.00	2.98	3.62	ZZZ
15260		A	Skin full graft	10.06	8.69	8.40	7.17	7.64	0.65	19.40	19.11	17.88	18.35	090
15261		A	Skin full graft add-on	2.23	1.50	2.30	1.16	1.91	0.17	3.90	4.70	3.56	4.31	ZZZ
15350		A	Skin homograft	4.00	6.87	4.60	3.93	3.13	0.40	11.27	9.00	8.33	7.53	090
15351		A	Skin homograft add-on	1.00	0.42	0.42	0.42	0.42	0.09	1.51	1.51	1.51	1.51	ZZZ
15400		A	Skin heterograft	4.00	4.18	2.67	4.18	2.67	0.34	8.52	7.01	8.52	7.01	090
15401		A	Skin heterograft add-on	1.00	0.42	0.42	0.42	0.42	0.09	1.51	1.51	1.51	1.51	ZZZ
15570		A	Form skin pedicle flap	9.21	7.93	6.95	5.72	5.85	0.91	18.05	17.07	15.84	15.97	090
15572		A	Form skin pedicle flap	9.27	7.34	6.59	5.04	5.44	0.87	17.48	16.73	15.18	15.58	090
15574		A	Form skin pedicle flap	9.88	7.87	6.87	6.32	6.09	0.86	18.61	17.61	17.06	16.83	090
15576		A	Form skin pedicle flap	8.69	8.17	5.78	6.04	4.72	0.71	17.57	15.18	15.44	14.12	090
15580		D	Attach skin pedicle graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
15600		A	Skin graft	1.91	4.86	3.79	2.05	2.17	0.19	6.96	5.89	4.15	4.27	090
15610		A	Skin graft	2.42	2.56	2.81	2.25	2.57	0.25	5.23	5.48	4.92	5.24	090
15620		A	Skin graft	2.94	5.65	4.69	2.97	3.24	0.27	8.86	7.90	6.18	6.45	090
15625		D	Skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
15630		A	Skin graft	3.27	5.42	4.67	3.20	3.56	0.29	8.98	8.23	6.76	7.12	090
15650		A	Transfer skin pedicle flap	3.97	6.05	5.40	3.38	4.06	0.33	10.35	9.70	7.68	8.36	090
15732		A	Muscle-skin graft, head/neck	17.84	NA	NA	11.16	13.98	1.47	NA	NA	30.47	33.29	090
15734		A	Muscle-skin graft, trunk	17.79	NA	NA	10.78	15.71	1.88	NA	NA	30.45	35.38	090
15736		A	Muscle-skin graft, arm	16.27	NA	NA	10.10	13.85	1.72	NA	NA	28.09	31.84	090
15738		A	Muscle-skin graft, leg	17.92	NA	NA	10.68	12.34	1.91	NA	NA	30.51	32.17	090
15740		A	Island pedicle flap graft	10.25	8.43	9.86	6.70	8.99	0.64	19.32	20.75	17.59	19.88	090
15750		A	Neurovascular pedicle graft	11.41	NA	NA	7.95	10.47	1.17	NA	NA	20.53	23.05	090
15756		A	Free muscle flap, microvasc	35.23	NA	NA	21.07	26.87	3.62	NA	NA	59.92	65.72	090
15757		A	Free skin flap, microvasc	35.23	NA	NA	21.60	27.13	3.37	NA	NA	60.20	65.73	090
15758		A	Free fascial flap, microvasc	35.10	NA	NA	21.42	27.04	3.40	NA	NA	59.92	65.54	090
15760		A	Composite skin graft	8.74	8.00	7.96	5.98	6.95	0.72	17.46	17.42	15.44	16.41	090
15770		A	Derma-fat-fascia graft	7.52	NA	NA	5.85	6.98	0.81	NA	NA	14.18	15.31	090
15775		R	Hair transplant punch grafts	3.96	2.96	3.05	1.53	2.33	0.42	7.34	7.43	5.91	6.71	000
15776		R	Hair transplant punch grafts	5.54	4.96	4.67	2.14	3.26	0.59	11.09	10.80	8.27	9.39	000
15780		A	Abrasion treatment of skin	7.29	6.64	4.15	6.40	3.62	0.54	14.47	11.98	14.23	11.45	090
15781		A	Abrasion treatment of skin	4.85	4.70	4.40	4.32	3.19	0.29	9.84	9.54	9.46	8.33	090
15782		A	Abrasion treatment of skin	4.32	4.03	2.66	3.71	2.18	0.27	8.62	7.25	8.30	6.77	090
15783		A	Abrasion treatment of skin	4.29	4.35	3.18	3.11	2.06	0.26	8.90	7.73	7.66	6.61	090
15786		A	Abrasion, lesion, single	2.03	1.68	1.18	1.24	0.79	0.11	3.82	3.32	3.38	2.93	010
15787		A	Abrasion, lesions, add-on	0.33	0.27	0.26	0.18	0.16	0.02	0.62	0.61	0.53	0.51	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	2.84	2.23	1.02	1.32	0.10	5.03	4.42	3.21	3.51	090
15789		R	Chemical peel, face, dermal	4.92	5.54	3.58	3.41	2.51	0.30	10.76	8.80	8.63	7.73	090
15792		R	Chemical peel, nonfacial	1.86	2.70	1.62	1.64	1.09	0.11	4.67	3.59	3.61	3.06	090
15793		A	Chemical peel, nonfacial	3.74	NA	NA	3.38	1.96	0.16	NA	NA	7.28	5.86	090
15810		A	Salabrasion	4.74	3.87	4.00	3.87	4.00	0.38	8.99	9.12	8.99	9.12	090
15811		A	Salabrasion	5.39	4.00	4.03	4.00	4.03	0.57	9.96	9.99	9.96	9.99	090
15819		A	Plastic surgery, neck	9.38	NA	NA	6.35	7.52	0.83	NA	NA	16.56	17.73	090
15820		A	Revision of lower eyelid	5.15	8.21	7.18	5.88	6.02	0.30	13.66	12.63	11.33	11.47	090
15821		A	Revision of lower eyelid	5.72	8.71	7.77	6.29	6.56	0.30	14.73	13.79	12.31	12.58	090
15822		A	Revision of upper eyelid	4.45	7.97	6.65	5.57	5.45	0.23	12.65	11.33	10.25	10.13	090
15823		A	Revision of upper eyelid	7.05	9.49	8.93	6.90	7.64	0.33	16.87	16.31	14.28	15.02	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15831		A	Excise excessive skin tissue	12.40	NA	NA	7.01	8.85	1.24	NA	NA	20.65	22.49	090
15832		A	Excise excessive skin tissue	11.59	NA	NA	7.52	8.26	1.20	NA	NA	20.31	21.05	090
15833		A	Excise excessive skin tissue	10.64	NA	NA	7.22	6.99	1.31	NA	NA	19.17	18.94	090
15834		A	Excise excessive skin tissue	10.85	NA	NA	6.10	6.95	1.23	NA	NA	18.18	19.03	090
15835		A	Excise excessive skin tissue	11.67	NA	NA	5.64	6.62	1.36	NA	NA	18.67	19.65	090
15836		A	Excise excessive skin tissue	9.34	NA	NA	5.90	6.10	0.95	NA	NA	16.19	16.39	090
15837		A	Excise excessive skin tissue	8.43	6.63	6.56	6.27	6.38	0.82	15.88	15.81	15.52	15.63	090
15838		A	Excise excessive skin tissue	7.13	NA	NA	5.56	5.97	0.53	NA	NA	13.22	13.63	090
15839		A	Excise excessive skin tissue	9.38	6.20	4.43	5.61	4.13	0.80	16.38	14.61	15.79	14.31	090
15840		A	Graft for face nerve palsy	13.26	NA	NA	9.49	12.66	1.06	NA	NA	23.81	26.98	090
15841		A	Graft for face nerve palsy	23.26	NA	NA	14.65	16.48	2.51	NA	NA	40.42	42.25	090
15842		A	Graft for face nerve palsy	37.96	NA	NA	22.41	26.94	5.53	NA	NA	65.90	70.43	090
15845		A	Skin and muscle repair, face	12.57	NA	NA	8.84	11.93	0.87	NA	NA	22.28	25.37	090
15850		B	Removal of sutures	+0.78	1.38	0.89	0.30	0.35	0.05	2.21	1.72	1.13	1.18	XXX
15851		A	Removal of sutures	0.86	1.53	0.93	0.32	0.25	0.06	2.45	1.85	1.24	1.17	000
15852		A	Dressing change, not for burn	0.86	1.65	1.07	0.33	0.29	0.07	2.58	2.00	1.26	1.22	000
15860		A	Test for blood flow in graft	1.95	1.11	1.29	0.86	1.17	0.19	3.25	3.43	3.00	3.31	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15920		A	Removal of tail bone ulcer	7.95	NA	NA	5.34	4.27	0.75	NA	NA	14.04	12.97	090
15922		A	Removal of tail bone ulcer	9.90	NA	NA	6.70	6.60	1.03	NA	NA	17.63	17.53	090
15931		A	Remove sacrum pressure sore	9.24	NA	NA	5.46	4.32	0.95	NA	NA	15.65	14.51	090
15933		A	Remove sacrum pressure sore	10.85	NA	NA	7.62	7.57	1.13	NA	NA	19.60	19.55	090
15934		A	Remove sacrum pressure sore	12.69	NA	NA	7.92	8.01	1.34	NA	NA	21.95	22.04	090
15935		A	Remove sacrum pressure sore	14.57	NA	NA	9.44	10.82	1.53	NA	NA	25.54	26.92	090
15936		A	Remove sacrum pressure sore	12.38	NA	NA	8.39	9.77	1.30	NA	NA	22.07	23.45	090
15937		A	Remove sacrum pressure sore	14.21	NA	NA	9.56	12.09	1.49	NA	NA	25.26	27.79	090
15940		A	Remove hip pressure sore	9.34	NA	NA	5.68	4.77	0.96	NA	NA	15.98	15.07	090
15941		A	Remove hip pressure sore	11.43	NA	NA	8.85	8.25	1.20	NA	NA	21.48	20.88	090
15944		A	Remove hip pressure sore	11.46	NA	NA	8.01	9.03	1.19	NA	NA	20.66	21.68	090
15945		A	Remove hip pressure sore	12.69	NA	NA	8.88	10.49	1.33	NA	NA	22.90	24.51	090
15946		A	Remove hip pressure sore	21.57	NA	NA	13.49	15.76	2.15	NA	NA	37.21	39.48	090
15950		A	Remove thigh pressure sore	7.54	NA	NA	5.07	4.17	0.77	NA	NA	13.38	12.48	090
15951		A	Remove thigh pressure sore	10.72	NA	NA	7.65	7.98	1.11	NA	NA	19.48	19.81	090
15952		A	Remove thigh pressure sore	11.39	NA	NA	6.94	7.34	1.19	NA	NA	19.52	19.92	090
15953		A	Remove thigh pressure sore	12.63	NA	NA	8.32	9.09	1.31	NA	NA	22.26	23.03	090
15956		A	Remove thigh pressure sore	15.52	NA	NA	10.04	14.29	1.61	NA	NA	27.17	31.42	090
15958		A	Remove thigh pressure sore	15.48	NA	NA	10.05	14.27	1.59	NA	NA	27.12	31.34	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.94	0.66	0.24	0.22	0.07	1.90	1.62	1.20	1.18	000
16010		A	Treatment of burn(s)	0.87	1.04	0.70	0.34	0.26	0.07	1.98	1.64	1.28	1.20	000
16015		A	Treatment of burn(s)	2.35	1.64	1.93	0.98	1.60	0.21	4.20	4.49	3.54	4.16	000
16020		A	Treatment of burn(s)	0.80	1.01	0.69	0.23	0.21	0.06	1.87	1.55	1.09	1.07	000
16025		A	Treatment of burn(s)	1.85	1.59	1.04	0.66	0.46	0.16	3.60	3.05	2.67	2.47	000
16030		A	Treatment of burn(s)	2.08	2.54	1.55	0.83	0.70	0.19	4.81	3.82	3.10	2.97	000
16035		A	Incision of burn scab	4.82	2.85	2.45	2.09	2.07	0.48	8.15	7.75	7.39	7.37	090
17000		A	Destroy benign/premal lesion	0.60	1.02	0.74	0.27	0.25	0.03	1.65	1.37	0.90	0.88	010
17003		A	Destroy lesions, 2-14	0.15	0.25	0.20	0.07	0.07	0.01	0.41	0.36	0.23	0.23	ZZZ
17004		A	Destroy lesions, 15 or more	2.79	2.36	2.40	1.27	1.25	0.11	5.26	5.30	4.17	4.15	010
17106		A	Destruction of skin lesions	4.59	3.68	2.89	2.67	1.86	0.27	8.54	7.75	7.53	6.72	090
17107		A	Destruction of skin lesions	9.16	6.09	5.06	4.91	3.46	0.51	15.76	14.73	14.58	13.13	090
17108		A	Destruction of skin lesions	13.20	8.09	9.10	7.12	8.62	0.76	22.05	23.06	21.08	22.58	090
17110		A	Destruct lesion, 1-14	0.65	0.96	0.70	0.26	0.24	0.04	1.65	1.39	0.95	0.93	010
17111		A	Destruct lesion, 15 or more	0.92	1.16	0.91	0.37	0.35	0.05	2.13	1.88	1.34	1.32	010
17250		A	Chemical cautery, tissue	0.50	0.64	0.51	0.19	0.19	0.04	1.18	1.05	0.73	0.73	000
17260		A	Destruction of skin lesions	0.91	1.24	1.24	0.41	0.52	0.04	2.19	2.19	1.36	1.47	010
17261		A	Destruction of skin lesions	1.17	1.36	1.44	0.54	0.65	0.05	2.58	2.66	1.76	1.87	010
17262		A	Destruction of skin lesions	1.58	1.56	1.77	0.74	0.87	0.06	3.20	3.41	2.38	2.51	010
17263		A	Destruction of skin lesions	1.79	1.66	2.05	0.83	1.03	0.07	3.52	3.91	2.69	2.89	010
17264		A	Destruction of skin lesions	1.94	1.74	2.28	0.89	1.15	0.08	3.76	4.30	2.91	3.17	010
17266		A	Destruction of skin lesions	2.34	1.93	2.66	0.99	1.34	0.11	4.38	5.11	3.44	3.79	010
17270		A	Destruction of skin lesions	1.32	1.44	1.45	0.60	0.67	0.06	2.82	2.83	1.98	2.05	010
17271		A	Destruction of skin lesions	1.49	1.51	1.71	0.71	0.83	0.06	3.06	3.26	2.26	2.38	010
17272		A	Destruction of skin lesions	1.77	1.65	2.02	0.84	1.02	0.07	3.49	3.86	2.68	2.86	010
17273		A	Destruction of skin lesions	2.05	1.79	2.30	0.97	1.19	0.08	3.92	4.43	3.10	3.32	010
17274		A	Destruction of skin lesions	2.59	2.04	2.76	1.24	1.49	0.11	4.74	5.46	3.94	4.19	010
17276		A	Destruction of skin lesions	3.20	2.35	3.03	1.61	1.73	0.15	5.70	6.38	4.96	5.08	010
17280		A	Destruction of skin lesions	1.17	1.36	1.58	0.54	0.72	0.05	2.58	2.80	1.76	1.94	010
17281		A	Destruction of skin lesions	1.72	1.63	1.95	0.82	0.98	0.07	3.42	3.74	2.61	2.77	010
17282		A	Destruction of skin lesions	2.04	1.79	2.29	0.97	1.19	0.08	3.91	4.41	3.09	3.31	010
17283		A	Destruction of skin lesions	2.64	2.08	2.68	1.25	1.45	0.11	4.83	5.43	4.00	4.20	010
17284		A	Destruction of skin lesions	3.21	2.35	3.08	1.52	1.72	0.13	5.69	6.42	4.86	5.06	010
17286		A	Destruction of skin lesions	4.44	2.96	3.83	2.52	2.44	0.21	7.61	8.48	7.17	7.09	010
17304		A	Chemosurgery of skin lesion	7.60	6.62	5.49	3.63	2.91	0.31	14.53	13.40	11.54	10.82	000
17305		A	2nd stage chemosurgery	2.85	2.87	2.66	1.37	1.30	0.11	5.83	5.62	4.33	4.26	000
17306		A	3rd stage chemosurgery	2.85	2.88	2.20	1.38	1.07	0.11	5.84	5.16	4.34	4.03	000
17307		A	Followup skin lesion therapy	2.85	3.02	2.31	1.39	1.10	0.11	5.98	5.27	4.35	4.06	000
17310		A	Extensive skin chemosurgery	0.95	0.97	0.56	0.47	0.27	0.05	1.97	1.56	1.47	1.27	000
17340		A	Cryotherapy of skin	0.76	1.35	0.83	0.26	0.21	0.05	2.16	1.64	1.07	1.02	010
17360		A	Skin peel therapy	1.43	1.50	0.90	0.78	0.47	0.06	2.99	2.39	2.27	1.96	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	1.14	0.78	0.24	0.23	0.07	2.05	1.69	1.15	1.14	000
19001		A	Drain breast lesion add-on	0.42	0.77	0.52	0.12	0.13	0.03	1.22	0.97	0.57	0.58	ZZZ
19020		A	Incision of breast lesion	3.57	6.27	3.90	3.21	2.37	0.34	10.18	7.81	7.12	6.28	090
19030		A	Injection for breast x-ray	1.53	9.38	4.96	0.42	0.48	0.06	10.97	6.55	2.01	2.07	000
19100		A	Biopsy of breast	1.27	3.03	1.86	0.39	0.37	0.09	4.39	3.22	1.75	1.73	000
19101		A	Biopsy of breast	3.18	8.46	5.50	2.52	2.53	0.23	11.87	8.91	5.93	5.94	010
19110		A	Nipple exploration	4.30	7.34	5.01	4.22	3.45	0.42	12.06	9.73	8.94	8.17	090
19112		A	Excise breast duct fistula	3.67	6.68	4.61	2.89	2.72	0.35	10.70	8.63	6.91	6.74	090
19120		A	Removal of breast lesion	5.56	4.12	3.64	3.47	3.31	0.55	10.23	9.75	9.58	9.42	090
19125		A	Excision, breast lesion	6.06	4.80	3.98	3.66	3.41	0.60	11.46	10.64	10.32	10.07	090
19126		A	Excision, addl breast lesion	2.93	NA	NA	1.11	1.34	0.30	NA	NA	4.34	4.57	ZZZ
19140		A	Removal of breast tissue	5.14	8.59	6.63	3.55	4.11	0.52	14.25	12.29	9.21	9.77	090
19160		A	Removal of breast tissue	5.99	NA	NA	4.40	4.44	0.59	NA	NA	10.98	11.02	090
19162		A	Remove breast tissue, nodes	13.53	NA	NA	8.00	9.09	1.33	NA	NA	22.86	23.95	090
19180		A	Removal of breast	8.80	NA	NA	5.90	6.00	0.87	NA	NA	15.57	15.67	090
19182		A	Removal of breast	7.73	NA	NA	4.94	5.77	0.77	NA	NA	13.44	14.27	090
19200		A	Removal of breast	15.49	NA	NA	9.08	10.09	1.51	NA	NA	26.08	27.09	090
19220		A	Removal of breast	15.72	NA	NA	8.98	10.31	1.49	NA	NA	26.19	27.52	090
19240		A	Removal of breast	16.00	NA	NA	8.93	9.59	1.58	NA	NA	26.51	27.17	090
19260		A	Removal of chest wall lesion	15.44	NA	NA	10.33	7.91	1.68	NA	NA	27.45	25.03	090
19271		A	Revision of chest wall	18.90	NA	NA	13.73	14.44	2.13	NA	NA	34.76	35.47	090
19272		A	Extensive chest wall surgery	21.55	NA	NA	14.28	13.98	2.52	NA	NA	38.35	38.05	090
19290		A	Place needle wire, breast	1.27	4.39	2.44	0.36	0.42	0.05	5.71	3.76	1.68	1.74	000
19291		A	Place needle wire, breast	0.63	1.50	0.89	0.17	0.22	0.03	2.16	1.55	0.83	0.88	ZZZ
19316		A	Suspension of breast	10.69	NA	NA	6.98	9.87	1.13	NA	NA	18.80	21.69	090
19318		A	Reduction of large breast	15.62	NA	NA	9.72	12.56	1.65	NA	NA	26.99	29.83	090
19324		A	Enlarge breast	5.85	NA	NA	3.50	3.54	0.61	NA	NA	9.96	10.00	090
19325		A	Enlarge breast with implant	8.45	NA	NA	4.75	5.56	0.90	NA	NA	14.10	14.91	090
19328		A	Removal of breast implant	5.68	NA	NA	4.13	4.11	0.60	NA	NA	10.41	10.39	090
19330		A	Removal of implant material	7.59	NA	NA	4.88	4.55	0.80	NA	NA	13.27	12.94	090
19340		A	Immediate breast prosthesis	6.33	NA	NA	3.23	5.39	0.67	NA	NA	10.23	12.39	ZZZ
19342		A	Delayed breast prosthesis	11.20	NA	NA	7.27	9.50	1.19	NA	NA	19.66	21.89	090
19350		A	Breast reconstruction	8.92	11.33	9.51	6.22	6.95	0.95	21.20	19.38	16.09	16.82	090
19355		A	Correct inverted nipple(s)	7.57	12.40	8.88	4.47	4.91	0.75	20.72	17.20	12.79	13.23	090
19357		A	Breast reconstruction	18.16	NA	NA	12.50	12.85	1.92	NA	NA	32.58	32.93	090
19361		A	Breast reconstruction	19.26	NA	NA	11.31	16.58	2.04	NA	NA	32.61	37.88	090
19364		A	Breast reconstruction	41.00	NA	NA	23.84	20.97	4.22	NA	NA	69.06	66.19	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
19366		A	Breast reconstruction	21.28	NA	NA	11.53	14.67	2.15	NA	NA	34.96	38.10	090
19367		A	Breast reconstruction	25.73	NA	NA	14.70	18.28	2.72	NA	NA	43.15	46.73	090
19368		A	Breast reconstruction	32.42	NA	NA	17.49	19.67	3.46	NA	NA	53.37	55.55	090
19369		A	Breast reconstruction	29.82	NA	NA	17.46	19.66	3.17	NA	NA	50.45	52.65	090
19370		A	Surgery of breast capsule	8.05	NA	NA	5.55	6.13	0.86	NA	NA	14.46	15.04	090
19371		A	Removal of breast capsule	9.35	NA	NA	6.53	7.56	0.99	NA	NA	16.87	17.90	090
19380		A	Revise breast reconstruction	9.14	NA	NA	6.42	7.61	0.97	NA	NA	16.53	17.72	090
19396		A	Design custom breast implant	2.17	4.29	3.00	1.14	1.42	0.23	6.69	5.40	3.54	3.82	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.12	1.93	1.43	1.11	0.79	0.15	4.20	3.70	3.38	3.06	010
20005		A	Incision of deep abscess	3.42	2.69	2.34	2.10	2.05	0.31	6.42	6.07	5.83	5.78	010
20100		A	Explore wound, neck	10.08	5.63	5.51	4.82	5.11	0.94	16.65	16.53	15.84	16.13	010
20101		A	Explore wound, chest	3.22	3.14	2.42	1.88	1.79	0.30	6.66	5.94	5.40	5.31	010
20102		A	Explore wound, abdomen	3.94	3.51	2.80	1.91	2.00	0.39	7.84	7.13	6.24	6.33	010
20103		A	Explore wound, extremity	5.30	3.95	3.38	2.95	2.88	0.53	9.78	9.21	8.78	8.71	010
20150		A	Excise epiphyseal bar	13.69	NA	NA	8.96	11.21	1.03	NA	NA	23.68	25.93	090
20200		A	Muscle biopsy	1.46	1.59	1.41	0.61	0.92	0.17	3.22	3.04	2.24	2.55	000
20205		A	Deep muscle biopsy	2.35	3.76	2.90	0.97	1.51	0.28	6.39	5.53	3.60	4.14	000
20206		A	Needle biopsy, muscle	0.99	2.74	1.89	0.30	0.67	0.06	3.79	2.94	1.35	1.72	000
20220		A	Bone biopsy, trocar/needle	1.27	3.56	2.49	1.89	1.66	0.06	4.89	3.82	3.22	2.99	000
20225		A	Bone biopsy, trocar/needle	1.87	0.64	1.62	0.64	1.44	0.10	2.61	3.59	2.61	3.41	000
20240		A	Bone biopsy, excisional	3.23	NA	NA	3.66	2.85	0.27	NA	NA	7.16	6.35	010
20245		A	Bone biopsy, excisional	3.95	NA	NA	4.04	3.97	0.36	NA	NA	8.35	8.28	010
20250		A	Open bone biopsy	5.03	NA	NA	3.82	4.66	0.46	NA	NA	9.31	10.15	010
20251		A	Open bone biopsy	5.56	NA	NA	4.41	5.38	0.67	NA	NA	10.64	11.61	010
20500		A	Injection of sinus tract	1.23	4.74	2.57	3.06	1.63	0.09	6.06	3.89	4.38	2.95	010
20501		A	Inject sinus tract for x-ray	0.76	11.77	6.05	0.21	0.27	0.03	12.56	6.84	1.00	1.06	000
20520		A	Removal of foreign body	1.85	4.50	2.64	2.87	1.63	0.15	6.50	4.64	4.87	3.63	010
20525		A	Removal of foreign body	3.50	5.30	3.86	3.68	3.05	0.34	9.14	7.70	7.52	6.89	010
20550		A	Inject tendon/ligament/cyst	0.86	1.73	1.07	0.20	0.21	0.06	2.65	1.99	1.12	1.13	000
20600		A	Drain/inject, joint/bursa	0.66	1.17	0.84	0.26	0.26	0.05	1.88	1.55	0.97	0.97	000
20605		A	Drain/inject, joint/bursa	0.68	1.47	0.98	0.26	0.26	0.05	2.20	1.71	0.99	0.99	000
20610		A	Drain/inject, joint/bursa	0.79	1.80	1.15	0.31	0.28	0.06	2.65	2.00	1.16	1.13	000
20615		A	Treatment of bone cyst	2.28	3.73	2.13	2.28	1.28	0.16	6.17	4.57	4.72	3.72	010
20650		A	Insert and remove bone pin	2.23	3.69	2.43	2.63	1.90	0.17	6.09	4.83	5.03	4.30	010
20660		A	Apply,remove fixation device	2.51	NA	NA	1.31	1.50	0.45	NA	NA	4.27	4.46	000
20661		A	Application of head brace	4.89	NA	NA	6.04	5.10	0.83	NA	NA	11.76	10.82	090
20662		A	Application of pelvis brace	6.07	NA	NA	4.88	5.99	0.64	NA	NA	11.59	12.70	090
20663		A	Application of thigh brace	5.43	NA	NA	4.12	4.58	0.55	NA	NA	10.10	10.56	090
20664		A	Halo brace application	8.06	NA	NA	7.72	5.94	1.38	NA	NA	17.16	15.38	090
20665		A	Removal of fixation device	1.31	2.10	1.32	1.12	0.83	0.17	3.58	2.80	2.60	2.31	010
20670		A	Removal of support implant	1.74	4.77	2.79	3.10	1.75	0.17	6.68	4.70	5.01	3.66	010
20680		A	Removal of support implant	3.35	4.12	3.87	4.12	3.87	0.33	7.80	7.55	7.80	7.55	090
20690		A	Apply bone fixation device	3.52	NA	NA	1.89	2.93	0.33	NA	NA	5.74	6.78	090
20692		A	Apply bone fixation device	6.41	NA	NA	3.37	4.68	0.64	NA	NA	10.42	11.73	090
20693		A	Adjust bone fixation device	5.86	NA	NA	9.96	6.33	0.66	NA	NA	16.48	12.85	090
20694		A	Remove bone fixation device	4.16	7.14	4.98	5.20	4.01	0.43	11.73	9.57	9.79	8.60	090
20802		A	Replantation, arm, complete	41.15	NA	NA	22.61	31.78	3.51	NA	NA	67.27	76.44	090
20805		A	Replant, forearm, complete	50.00	NA	NA	38.99	44.55	3.56	NA	NA	92.55	98.11	090
20808		A	Replantation hand, complete	61.65	NA	NA	45.51	53.90	5.46	NA	NA	112.62	121.01	090
20816		A	Replantation digit, complete	30.94	NA	NA	40.11	35.41	3.20	NA	NA	74.25	69.55	090
20822		A	Replantation digit, complete	25.59	NA	NA	32.28	28.83	2.64	NA	NA	60.51	57.06	090
20824		A	Replantation thumb, complete	30.94	NA	NA	38.46	34.59	3.26	NA	NA	72.66	68.79	090
20827		A	Replantation thumb, complete	26.41	NA	NA	35.68	30.89	2.72	NA	NA	64.81	60.02	090
20838		A	Replantation foot, complete	41.41	NA	NA	24.63	32.79	4.99	NA	NA	71.03	79.19	090
20900		A	Removal of bone for graft	5.58	5.34	4.19	5.34	4.19	0.55	11.47	10.32	11.47	10.32	090
20902		A	Removal of bone for graft	7.55	NA	NA	7.87	6.62	0.78	NA	NA	16.20	14.95	090
20910		A	Remove cartilage for graft	5.34	6.69	3.78	5.81	3.34	0.43	12.46	9.55	11.58	9.11	090
20912		A	Remove cartilage for graft	6.35	NA	NA	6.14	5.58	0.55	NA	NA	13.04	12.48	090
20920		A	Removal of fascia for graft	5.31	NA	NA	4.99	4.63	0.51	NA	NA	10.81	10.45	090
20922		A	Removal of fascia for graft	6.61	9.16	6.96	5.82	5.29	0.84	16.61	14.41	13.27	12.74	090
20924		A	Removal of tendon for graft	6.48	NA	NA	6.26	6.09	0.68	NA	NA	13.42	13.25	090
20926		A	Removal of tissue for graft	5.53	NA	NA	5.52	4.17	0.73	NA	NA	11.78	10.43	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	NA	NA	0.96	1.42	0.31	NA	NA	3.08	3.54	ZZZ
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	NA	NA	1.48	2.19	0.34	NA	NA	4.61	5.32	ZZZ
20938		A	Spinal bone autograft	3.02	NA	NA	1.60	2.37	0.44	NA	NA	5.06	5.83	ZZZ
20950		A	Fluid pressure, muscle	1.26	NA	NA	1.63	1.41	0.13	NA	NA	3.02	2.80	000
20955		A	Fibula bone graft, microvasc	39.21	NA	NA	26.38	32.64	3.88	NA	NA	69.47	75.73	090
20956		A	Iliac bone graft, microvasc	39.27	NA	NA	26.86	28.03	4.68	NA	NA	70.81	71.98	090
20957		A	Mt bone graft, microvasc	40.65	NA	NA	18.49	24.37	4.84	NA	NA	63.98	69.86	090
20962		A	Other bone graft, microvasc	39.27	NA	NA	25.63	27.41	4.28	NA	NA	69.18	70.96	090
20969		A	Bone/skin graft, microvasc	43.92	NA	NA	29.27	36.41	4.12	NA	NA	77.31	84.45	090
20970		A	Bone/skin graft, iliac crest	43.06	NA	NA	28.16	35.41	4.49	NA	NA	75.71	82.96	090
20972		A	Bone/skin graft, metatarsal	42.99	NA	NA	18.71	30.85	3.89	NA	NA	65.59	77.73	090
20973		A	Bone/skin graft, great toe	45.76	NA	NA	26.86	36.36	4.73	NA	NA	77.35	86.85	090
20974		A	Electrical bone stimulation	0.62	0.37	2.04	0.31	1.09	0.04	1.03	2.70	0.97	1.75	000
20975		A	Electrical bone stimulation	2.60	NA	NA	1.38	2.24	0.31	NA	NA	4.29	5.15	000
20979		A	Us bone stimulation	0.17	0.25	0.25	0.07	0.07	0.01	0.43	0.43	0.25	0.25	000
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
21010		A	Incision of jaw joint	10.14	NA	NA	6.45	8.78	0.50	NA	NA	17.09	19.42	090
21015		A	Resection of facial tumor	5.29	NA	NA	5.70	6.01	0.52	NA	NA	11.51	11.82	090
21025		A	Excision of bone, lower jaw	10.06	6.87	5.68	6.28	4.27	0.77	17.70	16.51	17.11	15.10	090
21026		A	Excision of facial bone(s)	4.85	4.88	4.15	4.41	3.06	0.38	10.11	9.38	9.64	8.29	090
21029		A	Contour of face bone lesion	7.71	5.94	7.57	5.43	5.02	0.62	14.27	15.90	13.76	13.35	090
21030		A	Removal of face bone lesion	6.46	5.06	4.35	4.27	3.05	0.47	11.99	11.28	11.20	9.98	090
21031		A	Remove exostosis, mandible	3.24	3.14	3.57	2.00	2.00	0.24	6.62	7.05	5.48	5.48	090
21032		A	Remove exostosis, maxilla	3.24	3.11	3.66	2.11	2.11	0.25	6.60	7.15	5.60	5.60	090
21034		A	Removal of face bone lesion	16.17	9.28	8.43	9.28	8.43	1.32	26.77	25.92	26.77	25.92	090
21040		A	Removal of jaw bone lesion	2.11	2.79	2.90	1.63	1.57	0.16	5.06	5.17	3.90	3.84	090
21041		A	Removal of jaw bone lesion	6.71	5.25	5.75	4.12	3.63	0.49	12.45	12.95	11.32	10.83	090
21044		A	Removal of jaw bone lesion	11.86	NA	NA	7.61	8.99	0.89	NA	NA	20.36	21.74	090
21045		A	Extensive jaw surgery	16.17	NA	NA	9.85	12.43	1.25	NA	NA	27.27	29.85	090
21050		A	Removal of jaw joint	10.77	NA	NA	10.76	11.81	0.74	NA	NA	22.27	23.32	090
21060		A	Remove jaw joint cartilage	10.23	NA	NA	9.97	11.09	0.77	NA	NA	20.97	22.09	090
21070		A	Remove coronoid process	8.20	NA	NA	5.65	6.52	0.71	NA	NA	14.56	15.43	090
21076		A	Prepare face/oral prosthesis	13.42	9.45	12.74	7.11	7.56	0.94	23.81	27.10	21.47	21.92	010
21077		A	Prepare face/oral prosthesis	33.75	23.77	32.04	17.89	19.02	2.44	59.96	68.23	54.08	55.21	090
21079		A	Prepare face/oral prosthesis	22.34	16.79	23.55	12.37	13.77	1.51	40.64	47.40	36.22	37.62	090
21080		A	Prepare face/oral prosthesis	25.10	18.87	26.47	13.90	15.47	1.74	45.71	53.31	40.74	42.31	090
21081		A	Prepare face/oral prosthesis	22.88	17.19	24.11	12.67	14.10	1.60	41.67	48.59	37.15	38.58	090
21082		A	Prepare face/oral prosthesis	20.87	14.70	19.81	11.06	11.76	1.47	37.04	42.15	33.40	34.10	090
21083		A	Prepare face/oral prosthesis	19.30	14.51	20.35	10.69	11.90	1.31	35.12	40.96	31.30	32.51	090
21084		A	Prepare face/oral prosthesis	22.51	16.92	23.73	12.47	13.87	1.61	41.04	47.85	36.59	37.99	090
21085		A	Prepare face/oral prosthesis	9.00	6.34	8.54	4.77	5.07	0.66	16.00	18.20	14.43	14.73	010
21086		A	Prepare face/oral prosthesis	24.92	18.73	26.27	13.80	15.36	1.84	45.49	53.03	40.56	42.12	090
21087		A	Prepare face/oral prosthesis	24.92	17.55	23.65	13.21	14.05	1.81	44.28	50.38	39.94	40.78	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	4.22	4.56	2.86	3.82	2.49	0.24	9.02	7.32	8.28	6.95	090
21110		A	Interdental fixation	5.21	4.98	5.49	3.79	3.40	0.34	10.53	11.04	9.34	8.95	090
21116		A	Injection, jaw joint x-ray	0.81	6.89	3.84	0.26	0.53	0.05	7.75	4.70	1.12	1.39	000
21120		A	Reconstruction of chin	4.93	8.74	6.32	4.97	4.44	0.40	14.07	11.65	10.30	9.77	090
21121		A	Reconstruction of chin	7.64	6.96	6.55	5.61	5.87	0.60	15.20	14.79	13.85	14.11	090
21122		A	Reconstruction of chin	8.52	NA	NA	6.57	6.67	0.72	NA	NA	15.81	15.91	090
21123		A	Reconstruction of chin	11.16	NA	NA	8.08	8.46	0.90	NA	NA	20.14	20.52	090
21125		A	Augmentation, lower jaw bone	10.62	7.74	6.43	7.28	6.20	0.81	19.17	17.86	18.71	17.63	090
21127		A	Augmentation, lower jaw bone	11.12	8.65	8.62	6.58	7.58	0.92	20.69	20.66	18.62	19.62	090
21137		A	Reduction of forehead	9.82	NA	NA	7.09	7.41	0.88	NA	NA	17.79	18.11	090
21138		A	Reduction of forehead	12.19	NA	NA	7.49	8.56	1.06	NA	NA	20.74	21.81	090
21139		A	Reduction of forehead	14.61	NA	NA	9.79	10.67	1.27	NA	NA	25.67	26.55	090
21141		A	Reconstruct midface, lefort	18.10	NA	NA	10.76	13.16	1.42	NA	NA	30.28	32.68	090
21142		A	Reconstruct midface, lefort	18.81	NA	NA	12.13	14.12	1.77	NA	NA	32.71	34.70	090
21143		A	Reconstruct midface, lefort	19.58	NA	NA	10.36	13.54	1.21	NA	NA	31.15	34.33	090
21145		A	Reconstruct midface, lefort	19.94	NA	NA	10.42	12.99	1.46	NA	NA	31.82	34.39	090
21146		A	Reconstruct midface, lefort	20.71	NA	NA	10.62	13.37	1.61	NA	NA	32.94	35.69	090
21147		A	Reconstruct midface, lefort	21.77	NA	NA	11.20	13.96	1.53	NA	NA	34.50	37.26	090
21150		A	Reconstruct midface, lefort	25.24	NA	NA	12.77	16.40	1.85	NA	NA	39.86	43.49	090
21151		A	Reconstruct midface, lefort	28.30	NA	NA	17.35	19.90	3.25	NA	NA	48.90	51.45	090
21154		A	Reconstruct midface, lefort	30.52	NA	NA	16.07	20.06	3.14	NA	NA	49.73	53.72	090
21155		A	Reconstruct midface, lefort	34.45	NA	NA	16.74	22.00	3.54	NA	NA	54.73	59.99	090
21159		A	Reconstruct midface, lefort	42.38	NA	NA	24.12	28.89	3.77	NA	NA	70.27	75.04	090
21160		A	Reconstruct midface, lefort	46.44	NA	NA	22.31	29.59	3.51	NA	NA	72.26	79.54	090
21172		A	Reconstruct orbit/forehead	27.80	NA	NA	14.48	18.26	1.92	NA	NA	44.20	47.98	090
21175		A	Reconstruct orbit/forehead	33.17	NA	NA	18.07	22.26	3.75	NA	NA	54.99	59.18	090
21179		A	Reconstruct entire forehead	22.25	NA	NA	15.84	16.73	2.52	NA	NA	40.61	41.50	090
21180		A	Reconstruct entire forehead	25.19	NA	NA	17.68	18.86	2.21	NA	NA	45.08	46.26	090
21181		A	Contour cranial bone lesion	9.90	NA	NA	7.35	7.54	1.04	NA	NA	18.29	18.48	090
21182		A	Reconstruct cranial bone	32.19	NA	NA	21.26	23.45	2.77	NA	NA	56.22	58.41	090
21183		A	Reconstruct cranial bone	35.31	NA	NA	20.94	24.50	3.14	NA	NA	59.39	62.95	090
21184		A	Reconstruct cranial bone	38.24	NA	NA	23.21	26.83	6.52	NA	NA	67.97	71.59	090
21188		A	Reconstruction of midface	22.46	NA	NA	14.91	16.27	1.87	NA	NA	39.24	40.60	090
21193		A	Reconstruct lower jaw bone	17.15	NA	NA	9.99	11.68	1.42	NA	NA	28.56	30.25	090
21194		A	Reconstruct lower jaw bone	19.84	NA	NA	11.54	13.51	1.64	NA	NA	33.02	34.99	090
21195		A	Reconstruct lower jaw bone	17.24	NA	NA	11.29	12.34	1.34	NA	NA	29.87	30.92	090
21196		A	Reconstruct lower jaw bone	18.91	NA	NA	12.30	13.54	1.50	NA	NA	32.71	33.95	090
21198		A	Reconstruct lower jaw bone	14.16	NA	NA	11.18	13.63	1.03	NA	NA	26.37	28.82	090
21206		A	Reconstruct upper jaw bone	14.10	NA	NA	9.29	10.15	1.02	NA	NA	24.41	25.27	090
21208		A	Augmentation of facial bones	10.23	8.77	10.49	7.56	9.89	0.79	19.79	21.51	18.58	20.91	090
21209		A	Reduction of facial bones	6.72	6.65	5.82	5.08	5.03	0.55	13.92	13.09	12.35	12.30	090
21210		A	Face bone graft	10.23	8.10	10.16	7.38	6.75	0.75	19.08	21.14	18.36	17.73	090
21215		A	Lower jaw bone graft	10.77	8.11	10.49	6.40	6.42	0.78	19.66	22.04	17.95	17.97	090
21230		A	Rib cartilage graft	10.77	NA	NA	8.72	9.99	0.96	NA	NA	20.45	21.72	090
21235		A	Ear cartilage graft	6.72	9.59	8.81	6.80	7.41	0.53	16.84	16.06	14.05	14.66	090
21240		A	Reconstruction of jaw joint	14.05	NA	NA	11.16	13.97	1.09	NA	NA	26.30	29.11	090
21242		A	Reconstruction of jaw joint	12.95	NA	NA	11.32	13.39	1.09	NA	NA	25.36	27.43	090
21243		A	Reconstruction of jaw joint	20.79	NA	NA	13.54	14.59	1.53	NA	NA	35.86	36.91	090
21244		A	Reconstruction of lower jaw	11.86	NA	NA	8.48	11.32	0.95	NA	NA	21.29	24.13	090
21245		A	Reconstruction of jaw	11.86	9.18	10.82	9.18	10.82	0.91	21.95	23.59	21.95	23.59	090
21246		A	Reconstruction of jaw	12.47	9.45	9.52	9.43	9.51	0.96	22.88	22.95	22.86	22.94	090
21247		A	Reconstruct lower jaw bone	22.63	NA	NA	15.54	21.28	1.62	NA	NA	39.79	45.53	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
21248		A	Reconstruction of jaw	11.48	8.15	10.93	7.14	7.00	0.85	20.48	23.26	19.47	19.33	090
21249		A	Reconstruction of jaw	17.52	10.73	15.82	9.73	10.10	1.33	29.58	34.67	28.58	28.95	090
21255		A	Reconstruct lower jaw bone	16.72	NA	NA	9.58	14.77	1.66	NA	NA	27.96	33.15	090
21256		A	Reconstruction of orbit	16.19	NA	NA	12.33	15.83	1.38	NA	NA	29.90	33.40	090
21260		A	Revise eye sockets	16.52	NA	NA	8.27	14.00	0.67	NA	NA	25.46	31.19	090
21261		A	Revise eye sockets	31.49	NA	NA	19.66	19.48	2.38	NA	NA	53.53	53.35	090
21263		A	Revise eye sockets	28.42	NA	NA	14.31	24.12	1.12	NA	NA	43.85	53.66	090
21267		A	Revise eye sockets	18.90	NA	NA	14.04	14.95	1.12	NA	NA	34.06	34.97	090
21268		A	Revise eye sockets	24.48	NA	NA	15.03	15.85	3.89	NA	NA	43.40	44.22	090
21270		A	Augmentation, cheek bone	10.23	7.80	9.11	7.80	9.11	0.89	18.92	20.23	18.92	20.23	090
21275		A	Revision, orbitofacial bones	11.24	NA	NA	9.47	9.59	1.05	NA	NA	21.76	21.88	090
21280		A	Revision of eyelid	6.03	NA	NA	6.09	6.65	0.29	NA	NA	12.41	12.97	090
21282		A	Revision of eyelid	3.49	NA	NA	4.82	4.50	0.20	NA	NA	8.51	8.19	090
21295		A	Revision of jaw muscle/bone	1.53	NA	NA	3.69	2.37	0.11	NA	NA	5.33	4.01	090
21296		A	Revision of jaw muscle/bone	4.25	NA	NA	4.30	4.12	0.35	NA	NA	8.90	8.72	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300		A	Treatment of skull fracture	0.72	2.45	1.73	0.28	0.57	0.08	3.25	2.53	1.08	1.37	000
21310		A	Treatment of nose fracture	0.58	2.32	1.57	0.16	0.43	0.06	2.96	2.21	0.80	1.07	000
21315		A	Treatment of nose fracture	1.51	2.97	2.47	1.14	1.47	0.12	4.60	4.10	2.77	3.10	010
21320		A	Treatment of nose fracture	1.85	4.14	3.34	1.85	2.03	0.14	6.13	5.33	3.84	4.02	010
21325		A	Treatment of nose fracture	3.77	NA	NA	3.24	3.84	0.31	NA	NA	7.32	7.92	090
21330		A	Treatment of nose fracture	5.38	NA	NA	4.79	5.61	0.47	NA	NA	10.64	11.46	090
21335		A	Treatment of nose fracture	8.61	NA	NA	6.68	8.48	0.65	NA	NA	15.94	17.74	090
21336		A	Treat nasal septal fracture	5.72	NA	NA	4.91	4.68	0.47	NA	NA	11.10	10.87	090
21337		A	Treat nasal septal fracture	2.70	4.69	3.88	2.76	2.91	0.23	7.62	6.81	5.69	5.84	090
21338		A	Treat nasoethmoid fracture	6.46	NA	NA	5.57	5.51	0.53	NA	NA	12.56	12.50	090
21339		A	Treat nasoethmoid fracture	8.09	NA	NA	6.17	6.93	0.65	NA	NA	14.91	15.67	090
21340		A	Treatment of nose fracture	10.77	NA	NA	8.62	9.15	0.69	NA	NA	20.08	20.61	090
21343		A	Treatment of sinus fracture	12.95	NA	NA	9.17	9.56	1.20	NA	NA	23.32	23.71	090
21344		A	Treatment of sinus fracture	19.72	NA	NA	12.94	11.45	1.78	NA	NA	34.44	32.95	090
21345		A	Treat nose/jaw fracture	8.16	7.38	7.98	6.94	7.76	0.64	16.18	16.78	15.74	16.56	090
21346		A	Treat nose/jaw fracture	10.61	NA	NA	8.58	9.39	0.83	NA	NA	20.02	20.83	090
21347		A	Treat nose/jaw fracture	12.69	NA	NA	8.84	10.04	1.08	NA	NA	22.61	23.81	090
21348		A	Treat nose/jaw fracture	16.69	NA	NA	9.89	11.10	1.44	NA	NA	28.02	29.23	090
21355		A	Treat cheek bone fracture	3.77	3.55	2.62	2.02	1.86	0.32	7.64	6.71	6.11	5.95	010
21356		A	Treat cheek bone fracture	4.15	NA	NA	2.96	3.96	0.34	NA	NA	7.45	8.45	010
21360		A	Treat cheek bone fracture	6.46	NA	NA	5.13	6.43	0.52	NA	NA	12.11	13.41	090
21365		A	Treat cheek bone fracture	14.95	NA	NA	10.44	11.92	1.28	NA	NA	26.67	28.15	090
21366		A	Treat cheek bone fracture	17.77	NA	NA	11.32	12.22	1.52	NA	NA	30.61	31.51	090
21385		A	Treat eye socket fracture	9.16	NA	NA	6.77	8.59	0.67	NA	NA	16.60	18.42	090
21386		A	Treat eye socket fracture	9.16	NA	NA	7.25	8.55	0.75	NA	NA	17.16	18.46	090
21387		A	Treat eye socket fracture	9.70	NA	NA	7.64	7.87	0.78	NA	NA	18.12	18.35	090
21390		A	Treat eye socket fracture	10.13	NA	NA	8.00	10.05	0.74	NA	NA	18.87	20.92	090
21395		A	Treat eye socket fracture	12.68	NA	NA	9.01	9.73	1.16	NA	NA	22.85	23.57	090
21400		A	Treat eye socket fracture	1.40	2.89	2.35	0.95	1.31	0.12	4.41	3.87	2.47	2.83	090
21401		A	Treat eye socket fracture	3.26	4.39	3.60	2.75	2.78	0.25	7.90	7.11	6.26	6.29	090
21406		A	Treat eye socket fracture	7.01	NA	NA	5.77	5.71	0.60	NA	NA	13.38	13.32	090
21407		A	Treat eye socket fracture	8.61	NA	NA	7.15	7.42	0.70	NA	NA	16.46	16.73	090
21408		A	Treat eye socket fracture	12.38	NA	NA	9.36	9.29	1.21	NA	NA	22.95	22.88	090
21421		A	Treat mouth roof fracture	5.14	6.30	6.48	5.21	5.67	0.38	11.82	12.00	10.73	11.19	090
21422		A	Treat mouth roof fracture	8.32	NA	NA	6.64	8.29	0.69	NA	NA	15.65	17.30	090
21423		A	Treat mouth roof fracture	10.40	NA	NA	7.35	9.00	0.82	NA	NA	18.57	20.22	090
21431		A	Treat craniofacial fracture	7.05	NA	NA	5.49	6.01	0.54	NA	NA	13.08	13.60	090
21432		A	Treat craniofacial fracture	8.61	NA	NA	7.38	7.36	0.94	NA	NA	16.93	16.91	090
21433		A	Treat craniofacial fracture	25.35	NA	NA	15.62	17.56	2.11	NA	NA	43.08	45.02	090
21435		A	Treat craniofacial fracture	17.25	NA	NA	12.21	13.30	1.36	NA	NA	30.82	31.91	090
21436		A	Treat craniofacial fracture	28.04	NA	NA	17.19	16.55	1.88	NA	NA	47.11	46.47	090
21440		A	Treat dental ridge fracture	2.70	4.84	4.09	3.09	3.16	0.20	7.74	6.99	5.99	6.06	090
21445		A	Treat dental ridge fracture	5.38	6.00	6.32	4.56	5.49	0.42	11.80	12.12	10.36	11.29	090
21450		A	Treat lower jaw fracture	2.97	5.29	4.19	2.40	2.74	0.23	8.49	7.39	5.60	5.94	090
21451		A	Treat lower jaw fracture	4.87	5.83	6.08	4.82	5.32	0.37	11.07	11.32	10.06	10.56	090
21452		A	Treat lower jaw fracture	1.98	7.22	4.37	3.63	2.57	0.15	9.35	6.50	5.76	4.70	090
21453		A	Treat lower jaw fracture	5.54	6.45	6.83	5.38	6.00	0.44	12.43	12.81	11.36	11.98	090
21454		A	Treat lower jaw fracture	6.46	NA	NA	4.91	6.32	0.48	NA	NA	11.85	13.26	090
21461		A	Treat lower jaw fracture	8.09	7.82	8.74	6.98	8.32	0.65	16.56	17.48	15.72	17.06	090
21462		A	Treat lower jaw fracture	9.79	8.73	10.21	7.30	9.50	0.76	19.28	20.76	17.85	20.05	090
21465		A	Treat lower jaw fracture	11.91	NA	NA	7.08	8.12	0.95	NA	NA	19.94	20.98	090
21470		A	Treat lower jaw fracture	15.34	NA	NA	9.08	13.70	1.21	NA	NA	25.63	30.25	090
21480		A	Reset dislocated jaw	0.61	1.54	1.20	0.18	0.46	0.05	2.20	1.86	0.84	1.12	000
21485		A	Reset dislocated jaw	3.99	3.53	2.96	3.01	2.10	0.27	7.79	7.22	7.27	6.36	090
21490		A	Repair dislocated jaw	11.86	NA	NA	7.08	6.97	0.84	NA	NA	19.78	19.67	090
21493		A	Treat hyoid bone fracture	1.27	0.49	1.07	0.49	1.01	0.10	1.86	2.44	1.86	2.38	090
21494		A	Treat hyoid bone fracture	6.28	2.43	5.30	2.43	5.30	0.45	9.16	12.03	9.16	12.03	090
21495		A	Treat hyoid bone fracture	5.69	NA	NA	5.29	5.26	0.41	NA	NA	11.39	11.36	090
21497		A	Interdental wiring	3.86	4.29	4.30	3.43	3.87	0.30	8.45	8.46	7.59	8.03	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	3.81	3.96	2.97	3.48	2.73	0.37	8.14	7.15	7.66	6.91	090
21502		A	Drain chest lesion	7.12	NA	NA	7.43	6.01	0.78	NA	NA	15.33	13.91	090
21510		A	Drainage of bone lesion	5.74	NA	NA	7.47	5.81	0.63	NA	NA	13.84	12.18	090
21550		A	Biopsy of neck/chest	2.06	2.21	1.57	1.21	0.84	0.12	4.39	3.75	3.39	3.02	010
21555		A	Remove lesion, neck/chest	4.35	4.12	2.93	2.52	2.13	0.39	8.86	7.67	7.26	6.87	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
21556		A	Remove lesion, neck/chest	5.57	NA	NA	3.29	3.71	0.52	NA	NA	9.38	9.80	090
21557		A	Remove tumor, neck/chest	8.88	NA	NA	7.48	8.35	0.81	NA	NA	17.17	18.04	090
21600		A	Partial removal of rib	6.89	NA	NA	8.41	6.65	0.79	NA	NA	16.09	14.33	090
21610		A	Partial removal of rib	14.61	NA	NA	10.32	7.97	1.99	NA	NA	26.92	24.57	090
21615		A	Removal of rib	9.87	NA	NA	9.28	10.14	1.30	NA	NA	20.45	21.31	090
21616		A	Removal of rib and nerves	12.04	NA	NA	12.51	10.20	1.45	NA	NA	26.00	23.69	090
21620		A	Partial removal of sternum	6.79	NA	NA	8.74	8.09	0.78	NA	NA	16.31	15.66	090
21627		A	Sternal debridement	6.81	NA	NA	15.24	10.35	0.84	NA	NA	22.89	18.00	090
21630		A	Extensive sternum surgery	17.38	NA	NA	13.47	13.73	1.95	NA	NA	32.80	33.06	090
21632		A	Extensive sternum surgery	18.14	NA	NA	15.46	13.99	2.27	NA	NA	35.87	34.40	090
21700		A	Revision of neck muscle	6.19	7.79	6.15	7.44	5.98	0.74	14.72	13.08	14.37	12.91	090
21705		A	Revision of neck muscle/rib	9.60	NA	NA	6.91	6.09	1.27	NA	NA	17.78	16.96	090
21720		A	Revision of neck muscle	5.68	6.61	5.39	6.28	5.23	0.82	13.11	11.89	12.78	11.73	090
21725		A	Revision of neck muscle	6.99	NA	NA	6.15	5.70	0.68	NA	NA	13.82	13.37	090
21740		A	Reconstruction of sternum	16.50	NA	NA	15.80	12.78	1.95	NA	NA	34.25	31.23	090
21750		A	Repair of sternum separation	10.77	NA	NA	13.66	10.81	1.35	NA	NA	25.78	22.93	090
21800		A	Treatment of rib fracture	0.96	1.85	1.35	0.92	0.88	0.09	2.90	2.40	1.97	1.93	090
21805		A	Treatment of rib fracture	2.75	NA	NA	6.38	3.93	0.29	NA	NA	9.42	6.97	090
21810		A	Treatment of rib fracture(s)	6.86	NA	NA	7.52	7.74	0.56	NA	NA	14.94	15.16	090
21820		A	Treat sternum fracture	1.28	2.23	1.86	1.29	1.39	0.12	3.63	3.26	2.69	2.79	090
21825		A	Treat sternum fracture	7.41	NA	NA	12.61	10.05	0.95	NA	NA	20.97	18.41	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.06	2.34	1.60	0.78	0.61	0.10	4.50	3.76	2.94	2.77	010
21925		A	Biopsy soft tissue of back	4.49	10.67	6.40	4.21	3.17	0.43	15.59	11.32	9.13	8.09	090
21930		A	Remove lesion, back or flank	5.00	4.44	3.70	2.67	2.81	0.47	9.91	9.17	8.14	8.28	090
21935		A	Remove tumor, back	17.96	NA	NA	11.50	9.33	1.79	NA	NA	31.25	29.08	090
22100		A	Remove part of neck vertebra	9.73	NA	NA	8.21	8.25	1.34	NA	NA	19.28	19.32	090
22101		A	Remove part, thorax vertebra	9.81	NA	NA	8.40	8.55	1.23	NA	NA	19.44	19.59	090
22102		A	Remove part, lumbar vertebra	9.81	NA	NA	8.27	6.58	1.37	NA	NA	19.45	17.76	090
22103		A	Remove extra spine segment	2.34	NA	NA	1.22	1.82	0.33	NA	NA	3.89	4.49	ZZZ
22110		A	Remove part of neck vertebra	12.74	NA	NA	10.38	10.47	1.88	NA	NA	25.00	25.09	090
22112		A	Remove part, thorax vertebra	12.81	NA	NA	10.04	10.39	1.57	NA	NA	24.42	24.77	090
22114		A	Remove part, lumbar vertebra	12.81	NA	NA	12.03	9.95	1.37	NA	NA	26.21	24.13	090
22116		A	Remove extra spine segment	2.32	NA	NA	1.19	1.80	0.32	NA	NA	3.83	4.44	ZZZ
22210		A	Revision of neck spine	23.82	NA	NA	16.42	15.72	3.46	NA	NA	43.70	43.00	090
22212		A	Revision of thorax spine	19.42	NA	NA	14.26	16.51	1.99	NA	NA	35.67	37.92	090
22214		A	Revision of lumbar spine	19.45	NA	NA	14.84	15.62	2.35	NA	NA	36.64	37.42	090
22216		A	Revise, extra spine segment	6.04	NA	NA	3.18	4.34	0.81	NA	NA	10.03	11.19	ZZZ
22220		A	Revision of neck spine	21.37	NA	NA	14.77	16.42	3.15	NA	NA	39.29	40.94	090
22222		A	Revision of thorax spine	21.52	NA	NA	13.09	13.93	1.01	NA	NA	35.62	36.46	090
22224		A	Revision of lumbar spine	21.52	NA	NA	14.83	15.38	2.43	NA	NA	38.78	39.33	090
22226		A	Revise, extra spine segment	6.04	NA	NA	3.16	4.33	0.73	NA	NA	9.93	11.10	ZZZ
22305		A	Treat spine process fracture	2.05	2.69	2.57	1.72	2.09	0.21	4.95	4.83	3.98	4.35	090
22310		A	Treat spine fracture	2.61	3.88	3.31	2.97	2.85	0.27	6.76	6.19	5.85	5.73	090
22315		A	Treat spine fracture	8.84	NA	NA	8.29	7.14	1.14	NA	NA	18.27	17.12	090
22318		A	Treat odontoid fx w/o graft	21.50	NA	NA	14.50	14.50	3.89	NA	NA	39.89	39.89	090
22319		A	Treat odontoid fx w/graft	24.00	NA	NA	16.72	16.72	4.34	NA	NA	45.06	45.06	090
22325		A	Treat spine fracture	18.30	NA	NA	13.73	11.38	2.29	NA	NA	34.32	31.97	090
22326		A	Treat neck spine fracture	19.59	NA	NA	14.88	16.09	3.18	NA	NA	37.65	38.86	090
22327		A	Treat thorax spine fracture	19.20	NA	NA	14.47	15.89	2.64	NA	NA	36.31	37.73	090
22328		A	Treat each add spine fx	4.61	NA	NA	2.41	3.60	0.68	NA	NA	7.70	8.89	ZZZ
22505		A	Manipulation of spine	1.87	4.03	2.73	2.69	2.06	0.13	6.03	4.73	4.69	4.06	010
22548		A	Neck spine fusion	25.82	NA	NA	17.59	21.14	4.66	NA	NA	48.07	51.62	090
22554		A	Neck spine fusion	18.62	NA	NA	13.50	17.50	3.14	NA	NA	35.26	39.26	090
22556		A	Thorax spine fusion	23.46	NA	NA	16.52	20.03	3.20	NA	NA	43.18	46.69	090
22558		A	Lumbar spine fusion	22.28	NA	NA	14.96	18.43	2.62	NA	NA	39.86	43.33	090
22585		A	Additional spinal fusion	5.53	NA	NA	2.90	4.38	0.85	NA	NA	9.28	10.76	ZZZ
22590		A	Spine & skull spinal fusion	20.51	NA	NA	14.94	19.18	3.38	NA	NA	38.83	43.07	090
22595		A	Neck spinal fusion	19.39	NA	NA	13.99	18.57	3.23	NA	NA	36.61	41.19	090
22600		A	Neck spine fusion	16.14	NA	NA	12.34	15.80	2.53	NA	NA	31.01	34.47	090
22610		A	Thorax spine fusion	16.02	NA	NA	12.29	15.71	2.22	NA	NA	30.53	33.95	090
22612		A	Lumbar spine fusion	21.00	NA	NA	15.00	18.68	2.62	NA	NA	38.62	42.30	090
22614		A	Spine fusion, extra segment	6.44	NA	NA	3.43	4.78	0.82	NA	NA	10.69	12.04	ZZZ
22630		A	Lumbar spine fusion	20.84	NA	NA	15.55	17.78	3.05	NA	NA	39.44	41.67	090
22632		A	Spine fusion, extra segment	5.23	NA	NA	2.76	4.09	0.72	NA	NA	8.71	10.04	ZZZ
22800		A	Fusion of spine	18.25	NA	NA	13.08	17.44	2.09	NA	NA	33.42	37.78	090
22802		A	Fusion of spine	30.88	NA	NA	20.41	25.57	3.38	NA	NA	54.67	59.83	090
22804		A	Fusion of spine	36.27	NA	NA	23.20	26.97	3.82	NA	NA	63.29	67.06	090
22808		A	Fusion of spine	26.27	NA	NA	17.93	18.96	3.79	NA	NA	47.99	49.02	090
22810		A	Fusion of spine	30.27	NA	NA	19.54	19.76	3.51	NA	NA	53.32	53.54	090
22812		A	Fusion of spine	32.70	NA	NA	20.85	24.50	3.60	NA	NA	57.15	60.80	090
22818		A	Kyphectomy, 1-2 segments	31.83	NA	NA	19.82	25.24	4.31	NA	NA	55.96	61.38	090
22819		A	Kyphectomy, 3 or more	36.44	NA	NA	21.49	26.08	4.93	NA	NA	62.86	67.45	090
22830		A	Exploration of spinal fusion	10.85	NA	NA	9.34	11.15	1.31	NA	NA	21.50	23.31	090
22840		A	Insert spine fixation device	12.54	NA	NA	8.07	7.28	1.61	NA	NA	22.22	21.43	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.58	NA	NA	6.67	7.06	1.63	NA	NA	20.88	21.27	ZZZ
22843		A	Insert spine fixation device	13.46	NA	NA	7.24	8.26	1.64	NA	NA	22.34	23.36	ZZZ
22844		A	Insert spine fixation device	16.44	NA	NA	10.32	10.83	1.76	NA	NA	28.52	29.03	ZZZ
22845		A	Insert spine fixation device	11.96	NA	NA	7.81	7.00	1.95	NA	NA	21.72	20.91	ZZZ
22846		A	Insert spine fixation device	12.42	NA	NA	8.08	8.33	2.00	NA	NA	22.50	22.75	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
22847		A	Insert spine fixation device	13.80	NA	NA	8.56	9.04	1.63	NA	NA	23.99	24.47	ZZZ
22848		A	Insert pelv fixation device	6.00	NA	NA	4.55	5.38	0.64	NA	NA	11.19	12.02	ZZZ
22849		A	Reinsert spinal fixation	18.51	NA	NA	13.27	13.02	2.25	NA	NA	34.03	33.78	090
22850		A	Remove spine fixation device	9.52	NA	NA	8.26	9.11	1.19	NA	NA	18.97	19.82	090
22851		A	Apply spine prosth device	6.71	NA	NA	5.02	5.99	0.93	NA	NA	12.66	13.63	ZZZ
22852		A	Remove spine fixation device	9.01	NA	NA	7.99	9.32	1.09	NA	NA	18.09	19.42	090
22855		A	Remove spine fixation device	15.13	NA	NA	11.16	9.63	2.35	NA	NA	28.64	27.11	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	5.80	NA	NA	4.25	3.77	0.57	NA	NA	10.62	10.14	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.36	7.26	5.39	6.86	5.19	0.40	12.02	10.15	11.62	9.95	090
23020		A	Release shoulder joint	8.93	NA	NA	9.07	8.48	0.93	NA	NA	18.93	18.34	090
23030		A	Drain shoulder lesion	3.43	5.09	3.72	3.75	3.05	0.33	8.85	7.48	7.51	6.81	010
23031		A	Drain shoulder bursa	2.74	5.07	2.81	3.46	1.87	0.26	8.07	5.81	6.46	4.87	010
23035		A	Drain shoulder bone lesion	8.61	NA	NA	13.99	10.37	0.88	NA	NA	23.48	19.86	090
23040		A	Exploratory shoulder surgery	9.20	NA	NA	10.47	10.27	0.95	NA	NA	20.62	20.42	090
23044		A	Exploratory shoulder surgery	7.12	NA	NA	8.98	8.24	0.74	NA	NA	16.84	16.10	090
23065		A	Biopsy shoulder tissues	2.27	2.56	1.64	1.32	1.02	0.11	4.94	4.02	3.70	3.40	010
23066		A	Biopsy shoulder tissues	4.16	6.36	3.82	5.36	3.32	0.41	10.93	8.39	9.93	7.89	090
23075		A	Removal of shoulder lesion	2.39	4.44	3.13	2.76	2.29	0.23	7.06	5.75	5.38	4.91	010
23076		A	Removal of shoulder lesion	7.63	NA	NA	7.22	5.53	0.78	NA	NA	15.63	13.94	090
23077		A	Remove tumor of shoulder	16.09	NA	NA	12.44	10.23	1.58	NA	NA	30.11	27.90	090
23100		A	Biopsy of shoulder joint	6.03	NA	NA	7.52	7.36	0.60	NA	NA	14.15	13.99	090
23101		A	Shoulder joint surgery	5.58	NA	NA	7.51	7.09	0.57	NA	NA	13.66	13.24	090
23105		A	Remove shoulder joint lining	8.23	NA	NA	9.01	9.42	0.85	NA	NA	18.09	18.50	090
23106		A	Incision of collarbone joint	5.96	NA	NA	8.05	6.60	0.64	NA	NA	14.65	13.20	090
23107		A	Explore treat shoulder joint	8.62	NA	NA	9.41	9.85	0.88	NA	NA	18.91	19.35	090
23120		A	Partial removal, collar bone	7.11	NA	NA	8.65	6.83	0.73	NA	NA	16.49	14.67	090
23125		A	Removal of collar bone	9.39	NA	NA	9.39	9.30	0.97	NA	NA	19.75	19.66	090
23130		A	Remove shoulder bone, part	7.55	NA	NA	8.53	8.09	0.77	NA	NA	16.85	16.41	090
23140		A	Removal of bone lesion	6.89	NA	NA	7.46	5.99	0.68	NA	NA	15.03	13.56	090
23145		A	Removal of bone lesion	9.09	NA	NA	11.74	10.28	0.84	NA	NA	21.67	20.21	090
23146		A	Removal of bone lesion	7.83	NA	NA	9.01	7.35	0.82	NA	NA	17.66	16.00	090
23150		A	Removal of humerus lesion	8.48	NA	NA	8.44	7.83	0.85	NA	NA	17.77	17.16	090
23155		A	Removal of humerus lesion	10.35	NA	NA	10.54	10.05	1.08	NA	NA	21.97	21.48	090
23156		A	Removal of humerus lesion	8.68	NA	NA	8.67	8.48	0.89	NA	NA	18.24	18.05	090
23170		A	Remove collar bone lesion	6.86	NA	NA	8.94	7.08	0.72	NA	NA	16.52	14.66	090
23172		A	Remove shoulder blade lesion	6.90	NA	NA	8.18	6.89	0.72	NA	NA	15.80	14.51	090
23174		A	Remove humerus lesion	9.51	NA	NA	9.90	9.59	0.94	NA	NA	20.35	20.04	090
23180		A	Remove collar bone lesion	8.53	NA	NA	13.35	9.01	0.88	NA	NA	22.76	18.42	090
23182		A	Remove shoulder blade lesion	8.15	NA	NA	15.09	11.11	0.84	NA	NA	24.08	20.10	090
23184		A	Remove humerus lesion	9.38	NA	NA	13.49	11.54	0.95	NA	NA	23.82	21.87	090
23190		A	Partial removal of scapula	7.24	NA	NA	7.28	6.94	0.74	NA	NA	15.26	14.92	090
23195		A	Removal of head of humerus	9.81	NA	NA	9.64	9.66	1.02	NA	NA	20.47	20.49	090
23200		A	Removal of collar bone	12.08	NA	NA	13.22	11.59	1.22	NA	NA	26.52	24.89	090
23210		A	Removal of shoulder blade	12.49	NA	NA	12.52	11.15	1.25	NA	NA	26.26	24.89	090
23220		A	Partial removal of humerus	14.56	NA	NA	14.26	13.67	1.47	NA	NA	30.29	29.70	090
23221		A	Partial removal of humerus	17.74	NA	NA	13.19	16.44	1.26	NA	NA	32.19	35.44	090
23222		A	Partial removal of humerus	23.92	NA	NA	18.33	17.32	2.43	NA	NA	44.68	43.67	090
23330		A	Remove shoulder foreign body	1.85	4.44	2.52	3.20	1.75	0.18	6.47	4.55	5.23	3.78	010
23331		A	Remove shoulder foreign body	7.38	NA	NA	8.31	5.38	0.76	NA	NA	16.45	13.52	090
23332		A	Remove shoulder foreign body	11.62	NA	NA	10.61	10.58	1.19	NA	NA	23.42	23.39	090
23350		A	Injection for shoulder x-ray	1.00	8.70	4.63	0.28	0.42	0.04	9.74	5.67	1.32	1.46	000
23395		A	Muscle transfer, shoulder/arm	16.85	NA	NA	12.83	12.46	1.74	NA	NA	31.42	31.05	090
23397		A	Muscle transfers	16.13	NA	NA	12.97	14.07	1.68	NA	NA	30.78	31.88	090
23400		A	Fixation of shoulder blade	13.54	NA	NA	13.77	12.23	1.42	NA	NA	28.73	27.19	090
23405		A	Incision of tendon & muscle	8.37	NA	NA	9.72	8.93	0.86	NA	NA	18.95	18.16	090
23406		A	Incise tendon(s) & muscle(s)	10.79	NA	NA	10.34	10.28	1.13	NA	NA	22.26	22.20	090
23410		A	Repair of tendon(s)	12.45	NA	NA	11.54	11.71	1.27	NA	NA	25.26	25.43	090
23412		A	Repair of tendon(s)	13.31	NA	NA	12.03	13.27	1.36	NA	NA	26.70	27.94	090
23415		A	Release of shoulder ligament	9.97	NA	NA	9.05	7.34	1.02	NA	NA	20.04	18.33	090
23420		A	Repair of shoulder	13.30	NA	NA	12.78	14.33	1.36	NA	NA	27.44	28.99	090
23430		A	Repair biceps tendon	9.98	NA	NA	10.23	9.10	1.02	NA	NA	21.23	20.10	090
23440		A	Remove/transplant tendon	10.48	NA	NA	10.30	9.04	1.08	NA	NA	21.86	20.60	090
23450		A	Repair shoulder capsule	13.40	NA	NA	11.63	12.74	1.37	NA	NA	26.40	27.51	090
23455		A	Repair shoulder capsule	14.37	NA	NA	12.34	14.62	1.47	NA	NA	28.18	30.46	090
23460		A	Repair shoulder capsule	15.37	NA	NA	12.88	14.08	1.56	NA	NA	29.81	31.01	090
23462		A	Repair shoulder capsule	15.30	NA	NA	12.83	14.63	1.50	NA	NA	29.63	31.43	090
23465		A	Repair shoulder capsule	15.85	NA	NA	13.21	14.29	1.63	NA	NA	30.69	31.77	090
23466		A	Repair shoulder capsule	14.22	NA	NA	12.21	14.59	1.47	NA	NA	27.90	30.28	090
23470		A	Reconstruct shoulder joint	17.15	NA	NA	13.98	16.09	1.76	NA	NA	32.89	35.00	090
23472		A	Reconstruct shoulder joint	16.92	NA	NA	13.86	17.03	1.74	NA	NA	32.52	35.69	090
23480		A	Revision of collar bone	11.18	NA	NA	10.27	8.71	1.16	NA	NA	22.61	21.05	090
23485		A	Revision of collar bone	13.43	NA	NA	11.78	12.05	1.37	NA	NA	26.58	26.85	090
23490		A	Reinforce clavicle	11.86	NA	NA	10.12	10.48	1.24	NA	NA	23.22	23.58	090
23491		A	Reinforce shoulder bones	14.21	NA	NA	11.72	12.75	1.48	NA	NA	27.41	28.44	090
23500		A	Treat clavicle fracture	2.08	3.16	2.48	2.16	1.98	0.21	5.45	4.77	4.45	4.27	090
23505		A	Treat clavicle fracture	3.69	4.84	3.82	3.43	3.11	0.37	8.90	7.88	7.49	7.17	090
23515		A	Treat clavicle fracture	7.41	NA	NA	7.40	7.46	0.76	NA	NA	15.57	15.63	090
23520		A	Treat clavicle dislocation	2.16	3.26	2.38	2.20	1.85	0.21	5.63	4.75	4.57	4.22	090
23525		A	Treat clavicle dislocation	3.60	4.45	3.30	3.32	2.74	0.37	8.42	7.27	7.29	6.71	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
23530		A	Treat clavicle dislocation	7.31	NA	NA	6.69	6.92	0.74	NA	NA	14.74	14.97	090
23532		A	Treat clavicle dislocation	8.01	NA	NA	6.86	7.36	0.84	NA	NA	15.71	16.21	090
23540		A	Treat clavicle dislocation	2.23	3.60	2.64	2.20	1.94	0.21	6.04	5.08	4.64	4.38	090
23545		A	Treat clavicle dislocation	3.25	4.19	3.17	3.10	2.63	0.32	7.76	6.74	6.67	6.20	090
23550		A	Treat clavicle dislocation	7.24	NA	NA	7.28	7.96	0.73	NA	NA	15.25	15.93	090
23552		A	Treat clavicle dislocation	8.45	NA	NA	7.74	7.83	0.84	NA	NA	17.03	17.12	090
23570		A	Treat shoulder blade fx	2.23	3.17	2.51	2.28	2.06	0.23	5.63	4.97	4.74	4.52	090
23575		A	Treat shoulder blade fx	4.06	5.10	4.04	3.84	3.41	0.41	9.57	8.51	8.31	7.88	090
23585		A	Treat scapula fracture	8.96	NA	NA	8.66	8.51	0.92	NA	NA	18.54	18.39	090
23600		A	Treat humerus fracture	2.93	4.83	3.99	3.21	3.18	0.30	8.06	7.22	6.44	6.41	090
23605		A	Treat humerus fracture	4.87	7.30	6.24	5.81	5.49	0.51	12.68	11.62	11.19	10.87	090
23615		A	Treat humerus fracture	9.35	NA	NA	9.10	10.14	0.96	NA	NA	19.41	20.45	090
23616		A	Treat humerus fracture	21.27	NA	NA	14.98	19.60	2.19	NA	NA	38.44	43.06	090
23620		A	Treat humerus fracture	2.40	4.54	3.84	3.00	2.22	0.25	7.19	6.49	5.65	4.87	090
23625		A	Treat humerus fracture	3.93	6.35	5.25	4.82	4.49	0.41	10.69	9.59	9.16	8.83	090
23630		A	Treat humerus fracture	7.35	NA	NA	7.37	8.08	0.75	NA	NA	15.47	16.18	090
23650		A	Treat shoulder dislocation	3.39	4.54	3.41	3.05	2.67	0.32	8.25	7.12	6.76	6.38	090
23655		A	Treat shoulder dislocation	4.57	NA	NA	3.73	3.46	0.46	NA	NA	8.76	8.49	090
23660		A	Treat shoulder dislocation	7.49	NA	NA	7.08	8.01	0.69	NA	NA	15.26	16.19	090
23665		A	Treat dislocation/fracture	4.47	6.51	5.08	5.10	4.37	0.46	11.44	10.01	10.03	9.30	090
23670		A	Treat dislocation/fracture	7.90	NA	NA	7.63	8.53	0.81	NA	NA	16.34	17.24	090
23675		A	Treat dislocation/fracture	6.05	7.38	5.83	5.93	5.10	0.62	14.05	12.50	12.60	11.77	090
23680		A	Treat dislocation/fracture	10.06	NA	NA	8.74	10.38	1.03	NA	NA	19.83	21.47	090
23700		A	Fixation of shoulder	2.52	NA	NA	2.93	2.60	0.26	NA	NA	5.71	5.38	010
23800		A	Fusion of shoulder joint	14.16	NA	NA	13.11	15.01	1.41	NA	NA	28.68	30.58	090
23802		A	Fusion of shoulder joint	16.60	NA	NA	10.33	12.80	1.70	NA	NA	28.63	31.10	090
23900		A	Amputation of arm & girdle	19.72	NA	NA	14.14	13.89	1.86	NA	NA	35.72	35.47	090
23920		A	Amputation at shoulder joint	14.61	NA	NA	11.81	13.42	1.52	NA	NA	27.94	29.55	090
23921		A	Amputation follow-up surgery	5.49	5.99	5.31	5.96	5.30	0.50	11.98	11.30	11.95	11.29	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.94	4.96	3.36	3.46	2.61	0.29	8.19	6.59	6.69	5.84	010
23931		A	Drainage of arm bursa	1.79	4.62	2.72	2.99	1.70	0.17	6.58	4.68	4.95	3.66	010
23935		A	Drain arm/elbow bone lesion	6.09	NA	NA	10.32	7.71	0.62	NA	NA	17.03	14.42	090
24000		A	Exploratory elbow surgery	5.82	NA	NA	5.23	6.09	0.58	NA	NA	11.63	12.49	090
24006		A	Release elbow joint	9.31	NA	NA	7.76	7.76	0.96	NA	NA	18.03	18.03	090
24065		A	Biopsy arm/elbow soft tissue	2.08	4.83	2.85	2.77	1.60	0.11	7.02	5.04	4.96	3.79	010
24066		A	Biopsy arm/elbow soft tissue	5.21	7.18	5.06	5.75	4.35	0.55	12.94	10.82	11.51	10.11	090
24075		A	Remove arm/elbow lesion	3.92	6.71	4.43	5.08	3.62	0.38	11.01	8.73	9.38	7.92	090
24076		A	Remove arm/elbow lesion	6.30	NA	NA	6.16	5.08	0.64	NA	NA	13.10	12.02	090
24077		A	Remove tumor of arm/elbow	11.76	NA	NA	11.59	11.11	1.17	NA	NA	24.52	24.04	090
24100		A	Biopsy elbow joint lining	4.93	NA	NA	5.86	5.23	0.46	NA	NA	11.25	10.62	090
24101		A	Explore/treat elbow joint	6.13	NA	NA	6.05	6.68	0.63	NA	NA	12.81	13.44	090
24102		A	Remove elbow joint lining	8.03	NA	NA	7.02	8.30	0.83	NA	NA	15.88	17.16	090
24105		A	Removal of elbow bursa	3.61	NA	NA	4.30	4.20	0.37	NA	NA	8.28	8.18	090
24110		A	Remove humerus lesion	7.39	NA	NA	8.21	8.28	0.78	NA	NA	16.38	16.45	090
24115		A	Remove/graft bone lesion	9.63	NA	NA	11.53	9.93	0.85	NA	NA	22.01	20.41	090
24116		A	Remove/graft bone lesion	11.81	NA	NA	10.57	10.56	1.20	NA	NA	23.58	23.57	090
24120		A	Remove elbow lesion	6.65	NA	NA	5.85	6.19	0.68	NA	NA	13.18	13.52	090
24125		A	Remove/graft bone lesion	7.89	NA	NA	6.55	6.42	0.76	NA	NA	15.20	15.07	090
24126		A	Remove/graft bone lesion	8.31	NA	NA	6.84	7.44	0.87	NA	NA	16.02	16.62	090
24130		A	Removal of head of radius	6.25	NA	NA	5.97	6.63	0.65	NA	NA	12.87	13.53	090
24134		A	Removal of arm bone lesion	9.73	NA	NA	13.12	11.28	0.94	NA	NA	23.79	21.95	090
24136		A	Remove radius bone lesion	7.99	NA	NA	5.60	7.57	0.80	NA	NA	14.39	16.36	090
24138		A	Remove elbow bone lesion	8.05	NA	NA	6.95	6.94	0.84	NA	NA	15.84	15.83	090
24140		A	Partial removal of arm bone	9.18	NA	NA	13.98	11.75	0.95	NA	NA	24.11	21.88	090
24145		A	Partial removal of radius	7.58	NA	NA	9.58	8.25	0.77	NA	NA	17.93	16.60	090
24147		A	Partial removal of elbow	7.54	NA	NA	9.24	8.21	0.80	NA	NA	17.58	16.55	090
24149		A	Radical resection of elbow	14.20	NA	NA	10.60	12.16	1.46	NA	NA	26.26	27.82	090
24150		A	Extensive humerus surgery	13.27	NA	NA	12.97	14.13	1.34	NA	NA	27.58	28.74	090
24151		A	Extensive humerus surgery	15.58	NA	NA	13.68	14.35	1.50	NA	NA	30.76	31.43	090
24152		A	Extensive radius surgery	10.06	NA	NA	8.25	7.82	0.95	NA	NA	19.26	18.83	090
24153		A	Extensive radius surgery	11.54	NA	NA	6.78	9.06	0.67	NA	NA	18.99	21.27	090
24155		A	Removal of elbow joint	11.73	NA	NA	8.82	10.25	1.18	NA	NA	21.73	23.16	090
24160		A	Remove elbow joint implant	7.83	NA	NA	6.79	6.02	0.78	NA	NA	15.40	14.63	090
24164		A	Remove radius head implant	6.23	NA	NA	5.85	5.93	0.65	NA	NA	12.73	12.81	090
24200		A	Removal of arm foreign body	1.76	4.49	2.55	2.69	1.50	0.14	6.39	4.45	4.59	3.40	010
24201		A	Removal of arm foreign body	4.56	7.05	5.19	5.77	4.55	0.48	12.09	10.23	10.81	9.59	090
24220		A	Injection for elbow x-ray	1.31	10.17	5.36	0.37	0.46	0.07	11.55	6.74	1.75	1.84	000
24301		A	Muscle/tendon transfer	10.20	NA	NA	8.44	8.51	1.04	NA	NA	19.68	19.75	090
24305		A	Arm tendon lengthening	7.45	NA	NA	6.57	4.96	0.75	NA	NA	14.77	13.16	090
24310		A	Revision of arm tendon	5.98	NA	NA	6.79	5.00	0.63	NA	NA	13.40	11.61	090
24320		A	Repair of arm tendon	10.56	NA	NA	9.85	9.92	0.98	NA	NA	21.39	21.46	090
24330		A	Revision of arm muscles	9.60	NA	NA	7.65	8.57	1.03	NA	NA	18.28	19.20	090
24331		A	Revision of arm muscles	10.65	NA	NA	8.18	9.31	1.11	NA	NA	19.94	21.07	090
24340		A	Repair of biceps tendon	7.89	NA	NA	6.70	7.15	0.81	NA	NA	15.40	15.85	090
24341		A	Repair arm tendon/muscle	7.90	NA	NA	6.86	7.23	0.82	NA	NA	15.58	15.95	090
24342		A	Repair of ruptured tendon	10.62	NA	NA	8.46	9.86	1.10	NA	NA	20.18	21.58	090
24350		A	Repair of tennis elbow	5.25	NA	NA	5.24	4.92	0.54	NA	NA	11.03	10.71	090
24351		A	Repair of tennis elbow	5.91	NA	NA	5.71	5.34	0.62	NA	NA	12.24	11.87	090
24352		A	Repair of tennis elbow	6.43	NA	NA	6.23	6.21	0.66	NA	NA	13.32	13.30	090
24354		A	Repair of tennis elbow	6.48	NA	NA	6.15	6.12	0.68	NA	NA	13.31	13.28	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
24356		A	Revision of tennis elbow	6.68	NA	NA	6.14	7.02	0.70	NA	NA	13.52	14.40	090
24360		A	Reconstruct elbow joint	12.34	NA	NA	9.17	11.95	1.27	NA	NA	22.78	25.56	090
24361		A	Reconstruct elbow joint	14.08	NA	NA	9.90	12.08	1.46	NA	NA	25.44	27.62	090
24362		A	Reconstruct elbow joint	14.99	NA	NA	10.74	8.94	1.34	NA	NA	27.07	25.27	090
24363		A	Replace elbow joint	18.49	NA	NA	12.73	17.40	1.91	NA	NA	33.13	37.80	090
24365		A	Reconstruct head of radius	8.39	NA	NA	7.27	7.72	0.87	NA	NA	16.53	16.98	090
24366		A	Reconstruct head of radius	9.13	NA	NA	7.57	9.24	0.95	NA	NA	17.65	19.32	090
24400		A	Revision of humerus	11.06	NA	NA	11.50	10.33	1.13	NA	NA	23.69	22.52	090
24410		A	Revision of humerus	14.82	NA	NA	12.33	13.79	1.37	NA	NA	28.52	29.98	090
24420		A	Revision of humerus	13.44	NA	NA	14.52	13.94	1.36	NA	NA	29.32	28.74	090
24430		A	Repair of humerus	12.81	NA	NA	11.38	13.34	1.32	NA	NA	25.51	27.47	090
24435		A	Repair humerus with graft	13.17	NA	NA	12.48	14.11	1.36	NA	NA	27.01	28.64	090
24470		A	Revision of elbow joint	8.74	NA	NA	7.28	7.94	0.92	NA	NA	16.94	17.60	090
24495		A	Decompression of forearm	8.12	NA	NA	9.44	7.84	0.91	NA	NA	18.47	16.87	090
24498		A	Reinforce humerus	11.92	NA	NA	11.35	11.30	1.23	NA	NA	24.50	24.45	090
24500		A	Treat humerus fracture	3.21	6.75	4.76	2.97	2.87	0.32	10.28	8.29	6.50	6.40	090
24505		A	Treat humerus fracture	5.17	9.99	7.44	6.03	5.46	0.53	15.69	13.14	11.73	11.16	090
24515		A	Treat humerus fracture	11.65	NA	NA	10.18	10.33	1.16	NA	NA	22.99	23.14	090
24516		A	Treat humerus fracture	11.65	NA	NA	10.61	10.54	1.20	NA	NA	23.46	23.39	090
24530		A	Treat humerus fracture	3.50	7.70	5.33	4.28	3.62	0.35	11.55	9.18	8.13	7.47	090
24535		A	Treat humerus fracture	6.87	10.08	7.67	6.07	5.67	0.72	17.67	15.26	13.66	13.26	090
24538		A	Treat humerus fracture	9.43	NA	NA	9.20	8.93	0.96	NA	NA	19.59	19.32	090
24545		A	Treat humerus fracture	10.46	NA	NA	9.08	9.95	1.08	NA	NA	20.62	21.49	090
24546		A	Treat humerus fracture	15.69	NA	NA	12.41	11.62	1.62	NA	NA	29.72	28.93	090
24560		A	Treat humerus fracture	2.80	6.54	4.44	2.77	2.56	0.28	9.62	7.52	5.85	5.64	090
24565		A	Treat humerus fracture	5.56	9.08	6.41	5.22	4.48	0.57	15.21	12.54	11.35	10.61	090
24566		A	Treat humerus fracture	7.79	NA	NA	8.31	7.45	0.78	NA	NA	16.88	16.02	090
24575		A	Treat humerus fracture	10.66	NA	NA	7.66	8.06	1.10	NA	NA	19.42	19.82	090
24576		A	Treat humerus fracture	2.86	6.31	4.33	2.86	2.60	0.29	9.46	7.48	6.01	5.75	090
24577		A	Treat humerus fracture	5.79	9.38	6.86	5.48	4.91	0.60	15.77	13.25	11.87	11.30	090
24579		A	Treat humerus fracture	11.60	NA	NA	9.13	9.11	1.19	NA	NA	21.92	21.90	090
24582		A	Treat humerus fracture	8.55	NA	NA	9.10	8.14	0.88	NA	NA	18.53	17.57	090
24586		A	Treat elbow fracture	15.21	NA	NA	10.20	13.09	1.56	NA	NA	26.97	29.86	090
24587		A	Treat elbow fracture	15.16	NA	NA	9.96	12.43	1.46	NA	NA	26.58	29.05	090
24600		A	Treat elbow dislocation	4.23	8.26	5.19	4.52	3.32	0.42	12.91	9.84	9.17	7.97	090
24605		A	Treat elbow dislocation	5.42	NA	NA	4.36	3.43	0.56	NA	NA	10.34	9.41	090
24615		A	Treat elbow dislocation	9.42	NA	NA	7.13	8.61	0.98	NA	NA	17.53	19.01	090
24620		A	Treat elbow fracture	6.98	NA	NA	5.98	5.04	0.70	NA	NA	13.66	12.72	090
24635		A	Treat elbow fracture	13.19	NA	NA	19.27	15.64	1.37	NA	NA	33.83	30.20	090
24640		A	Treat elbow dislocation	1.20	5.18	3.14	1.61	1.36	0.11	6.49	4.45	2.92	2.67	010
24650		A	Treat radius fracture	2.16	6.23	4.34	2.55	1.89	0.22	8.61	6.72	4.93	4.27	090
24655		A	Treat radius fracture	4.40	8.62	5.95	4.66	3.97	0.45	13.47	10.80	9.51	8.82	090
24665		A	Treat radius fracture	8.14	NA	NA	8.36	8.05	0.84	NA	NA	17.34	17.03	090
24666		A	Treat radius fracture	9.49	NA	NA	9.02	10.09	0.98	NA	NA	19.49	20.56	090
24670		A	Treat ulnar fracture	2.54	6.15	4.14	2.73	2.43	0.26	8.95	6.94	5.53	5.23	090
24675		A	Treat ulnar fracture	4.72	8.77	6.29	4.91	4.36	0.49	13.98	11.50	10.12	9.57	090
24685		A	Treat ulnar fracture	8.80	NA	NA	8.69	8.91	0.91	NA	NA	18.40	18.62	090
24800		A	Fusion of elbow joint	11.20	NA	NA	8.56	10.03	1.13	NA	NA	20.89	22.36	090
24802		A	Fusion/graft of elbow joint	13.69	NA	NA	10.33	11.78	1.37	NA	NA	25.39	26.84	090
24900		A	Amputation of upper arm	9.60	NA	NA	9.49	8.91	1.00	NA	NA	20.09	19.51	090
24920		A	Amputation of upper arm	9.54	NA	NA	10.32	8.84	0.95	NA	NA	20.81	19.33	090
24925		A	Amputation follow-up surgery	7.07	NA	NA	7.69	7.25	0.71	NA	NA	15.47	15.03	090
24930		A	Amputation follow-up surgery	10.25	NA	NA	10.82	9.84	0.99	NA	NA	22.06	21.08	090
24931		A	Amputate upper arm & implant	12.72	NA	NA	8.15	10.14	1.29	NA	NA	22.16	24.15	090
24935		A	Revision of amputation	15.56	NA	NA	11.18	13.03	1.58	NA	NA	28.32	30.17	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	3.38	NA	NA	5.80	4.92	0.35	NA	NA	9.53	8.65	090
25020		A	Decompression of forearm	5.92	NA	NA	9.13	6.93	0.66	NA	NA	15.71	13.51	090
25023		A	Decompression of forearm	12.96	NA	NA	14.45	10.18	1.34	NA	NA	28.75	24.48	090
25028		A	Drainage of forearm lesion	5.25	NA	NA	8.56	5.40	0.53	NA	NA	14.34	11.18	090
25031		A	Drainage of forearm bursa	4.14	NA	NA	8.30	4.51	0.36	NA	NA	12.80	9.01	090
25035		A	Treat forearm bone lesion	7.36	NA	NA	13.04	9.94	0.74	NA	NA	21.14	18.04	090
25040		A	Explore/treat wrist joint	7.18	NA	NA	7.72	6.95	0.74	NA	NA	15.64	14.87	090
25065		A	Biopsy forearm soft tissues	1.99	2.44	1.63	2.44	1.43	0.10	4.53	3.72	4.53	3.52	010
25066		A	Biopsy forearm soft tissues	4.13	NA	NA	6.57	4.12	0.42	NA	NA	11.12	8.67	090
25075		A	Removal of forearm lesion	3.74	NA	NA	6.22	4.30	0.36	NA	NA	10.32	8.40	090
25076		A	Removal of forearm lesion	4.92	NA	NA	10.22	7.16	0.51	NA	NA	15.65	12.59	090
25077		A	Remove tumor, forearm/wrist	9.76	NA	NA	12.85	11.03	0.97	NA	NA	23.58	21.76	090
25085		A	Incision of wrist capsule	5.50	NA	NA	8.41	6.71	0.57	NA	NA	14.48	12.78	090
25100		A	Biopsy of wrist joint	3.90	NA	NA	5.81	5.24	0.41	NA	NA	10.12	9.55	090
25101		A	Explore/treat wrist joint	4.69	NA	NA	6.40	6.00	0.49	NA	NA	11.58	11.18	090
25105		A	Remove wrist joint lining	5.85	NA	NA	8.97	7.98	0.60	NA	NA	15.42	14.43	090
25107		A	Remove wrist joint cartilage	6.43	NA	NA	9.07	7.40	0.67	NA	NA	16.17	14.50	090
25110		A	Remove wrist tendon lesion	3.92	NA	NA	6.81	4.93	0.39	NA	NA	11.12	9.24	090
25111		A	Remove wrist tendon lesion	3.39	NA	NA	5.23	4.36	0.34	NA	NA	8.96	8.09	090
25112		A	Reremove wrist tendon lesion	4.53	NA	NA	6.02	5.03	0.47	NA	NA	11.02	10.03	090
25115		A	Remove wrist/forearm lesion	8.82	NA	NA	13.51	10.63	0.92	NA	NA	23.25	20.37	090
25116		A	Remove wrist/forearm lesion	7.11	NA	NA	12.46	10.48	0.74	NA	NA	20.31	18.33	090
25118		A	Excise wrist tendon sheath	4.37	NA	NA	6.29	5.76	0.46	NA	NA	11.12	10.59	090
25119		A	Partial removal of ulna	6.04	NA	NA	9.12	8.17	0.62	NA	NA	15.78	14.83	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
25120		A	Removal of forearm lesion	6.10	NA	NA	11.79	9.44	0.64	NA	NA	18.53	16.18	090
25125		A	Remove/graft forearm lesion	7.48	NA	NA	12.59	10.01	0.77	NA	NA	20.84	18.26	090
25126		A	Remove/graft forearm lesion	7.55	NA	NA	11.49	9.44	0.77	NA	NA	19.81	17.76	090
25130		A	Removal of wrist lesion	5.26	NA	NA	6.62	5.60	0.54	NA	NA	12.42	11.40	090
25135		A	Remove & graft wrist lesion	6.89	NA	NA	7.48	6.71	0.73	NA	NA	15.10	14.33	090
25136		A	Remove & graft wrist lesion	5.97	NA	NA	6.48	5.81	0.62	NA	NA	13.07	12.40	090
25145		A	Remove forearm bone lesion	6.37	NA	NA	11.88	9.17	0.66	NA	NA	18.91	16.20	090
25150		A	Partial removal of ulna	7.09	NA	NA	9.85	8.55	0.72	NA	NA	17.66	16.36	090
25151		A	Partial removal of radius	7.39	NA	NA	12.50	9.37	0.77	NA	NA	20.66	17.53	090
25170		A	Extensive forearm surgery	11.09	NA	NA	14.22	12.42	1.16	NA	NA	26.47	24.67	090
25210		A	Removal of wrist bone	5.95	NA	NA	7.05	6.18	0.62	NA	NA	13.62	12.75	090
25215		A	Removal of wrist bones	7.89	NA	NA	10.32	9.87	0.81	NA	NA	19.02	18.57	090
25230		A	Partial removal of radius	5.23	NA	NA	6.56	6.30	0.53	NA	NA	12.32	12.06	090
25240		A	Partial removal of ulna	5.17	NA	NA	8.60	7.18	0.53	NA	NA	14.30	12.88	090
25246		A	Injection for wrist x-ray	1.45	8.81	4.68	0.40	0.47	0.06	10.32	6.19	1.91	1.98	000
25248		A	Remove forearm foreign body	5.14	NA	NA	8.97	5.67	0.51	NA	NA	14.62	11.32	090
25250		A	Removal of wrist prosthesis	6.60	NA	NA	7.34	6.73	0.68	NA	NA	14.62	14.01	090
25251		A	Removal of wrist prosthesis	9.57	NA	NA	12.36	10.66	0.98	NA	NA	22.91	21.21	090
25260		A	Repair forearm tendon/muscle	7.80	NA	NA	13.24	9.12	0.81	NA	NA	21.85	17.73	090
25263		A	Repair forearm tendon/muscle	7.82	NA	NA	14.42	10.34	0.81	NA	NA	23.05	18.97	090
25265		A	Repair forearm tendon/muscle	9.88	NA	NA	14.96	11.79	1.02	NA	NA	25.86	22.69	090
25270		A	Repair forearm tendon/muscle	6.00	NA	NA	12.30	7.98	0.62	NA	NA	18.92	14.60	090
25272		A	Repair forearm tendon/muscle	7.04	NA	NA	12.82	8.28	0.74	NA	NA	20.60	16.06	090
25274		A	Repair forearm tendon/muscle	8.75	NA	NA	13.79	10.49	0.91	NA	NA	23.45	20.15	090
25280		A	Revise wrist/forearm tendon	7.22	NA	NA	12.43	8.51	0.74	NA	NA	20.39	16.47	090
25290		A	Incise wrist/forearm tendon	5.29	NA	NA	13.83	8.26	0.55	NA	NA	19.67	14.10	090
25295		A	Release wrist/forearm tendon	6.55	NA	NA	12.25	7.78	0.68	NA	NA	19.48	15.01	090
25300		A	Fusion of tendons at wrist	8.80	NA	NA	9.37	8.68	0.87	NA	NA	19.04	18.35	090
25301		A	Fusion of tendons at wrist	8.40	NA	NA	8.58	7.97	0.83	NA	NA	17.81	17.20	090
25310		A	Transplant forearm tendon	8.14	NA	NA	13.62	10.69	0.84	NA	NA	22.60	19.67	090
25312		A	Transplant forearm tendon	9.57	NA	NA	14.64	11.46	0.98	NA	NA	25.19	22.01	090
25315		A	Revise palsy hand tendon(s)	10.20	NA	NA	14.29	11.52	1.10	NA	NA	25.59	22.82	090
25316		A	Revise palsy hand tendon(s)	12.33	NA	NA	16.10	13.79	1.23	NA	NA	29.66	27.35	090
25320		A	Repair/revise wrist joint	10.77	NA	NA	10.24	9.79	1.11	NA	NA	22.12	21.67	090
25332		A	Revise wrist joint	11.41	NA	NA	10.48	10.66	1.16	NA	NA	23.05	23.23	090
25335		A	Realignment of hand	12.88	NA	NA	12.16	12.27	1.36	NA	NA	26.40	26.51	090
25337		A	Reconstruct ulna/radioulnar	10.17	NA	NA	11.18	10.26	1.06	NA	NA	22.41	21.49	090
25350		A	Revision of radius	8.78	NA	NA	13.85	11.06	0.91	NA	NA	23.54	20.75	090
25355		A	Revision of radius	10.17	NA	NA	13.76	11.83	1.05	NA	NA	24.98	23.05	090
25360		A	Revision of ulna	8.43	NA	NA	13.95	10.46	0.90	NA	NA	23.28	19.79	090
25365		A	Revise radius & ulna	12.40	NA	NA	16.87	14.03	1.20	NA	NA	30.47	27.63	090
25370		A	Revise radius or ulna	13.36	NA	NA	13.09	12.93	1.30	NA	NA	27.75	27.59	090
25375		A	Revise radius & ulna	13.04	NA	NA	15.05	14.79	1.27	NA	NA	29.36	29.10	090
25390		A	Shorten radius or ulna	10.40	NA	NA	14.88	12.23	1.07	NA	NA	26.35	23.70	090
25391		A	Lengthen radius or ulna	13.65	NA	NA	18.97	15.59	1.42	NA	NA	34.04	30.66	090
25392		A	Shorten radius & ulna	13.95	NA	NA	14.47	13.99	1.46	NA	NA	29.88	29.40	090
25393		A	Lengthen radius & ulna	15.87	NA	NA	16.54	15.98	1.62	NA	NA	34.03	33.47	090
25400		A	Repair radius or ulna	10.92	NA	NA	14.74	13.22	1.13	NA	NA	26.79	25.27	090
25405		A	Repair/graft radius or ulna	14.38	NA	NA	17.88	15.68	1.48	NA	NA	33.74	31.54	090
25415		A	Repair radius & ulna	13.35	NA	NA	19.16	15.78	1.39	NA	NA	33.90	30.52	090
25420		A	Repair/graft radius & ulna	16.33	NA	NA	18.64	17.30	1.69	NA	NA	36.66	35.32	090
25425		A	Repair/graft radius or ulna	13.21	NA	NA	21.63	17.34	1.33	NA	NA	36.17	31.88	090
25426		A	Repair/graft radius & ulna	15.82	NA	NA	16.66	14.69	1.33	NA	NA	33.81	31.84	090
25440		A	Repair/graft wrist bone	10.44	NA	NA	9.46	9.64	1.09	NA	NA	20.99	21.17	090
25441		A	Reconstruct wrist joint	12.90	NA	NA	11.28	11.81	1.35	NA	NA	25.53	26.06	090
25442		A	Reconstruct wrist joint	10.85	NA	NA	10.92	9.29	1.13	NA	NA	22.90	21.27	090
25443		A	Reconstruct wrist joint	10.39	NA	NA	10.94	10.56	1.09	NA	NA	22.42	22.04	090
25444		A	Reconstruct wrist joint	11.15	NA	NA	11.23	11.12	1.16	NA	NA	23.54	23.43	090
25445		A	Reconstruct wrist joint	9.69	NA	NA	10.96	11.10	1.00	NA	NA	21.65	21.79	090
25446		A	Wrist replacement	16.55	NA	NA	13.82	16.79	1.70	NA	NA	32.07	35.04	090
25447		A	Repair wrist joint(s)	10.37	NA	NA	9.91	10.19	1.07	NA	NA	21.35	21.63	090
25449		A	Remove wrist joint implant	14.49	NA	NA	13.47	10.99	1.50	NA	NA	29.46	26.98	090
25450		A	Revision of wrist joint	7.87	NA	NA	11.63	9.78	0.65	NA	NA	20.15	18.30	090
25455		A	Revision of wrist joint	9.49	NA	NA	10.99	10.22	0.72	NA	NA	21.20	20.43	090
25490		A	Reinforce radius	9.54	NA	NA	12.91	11.17	0.99	NA	NA	23.44	21.70	090
25491		A	Reinforce ulna	9.96	NA	NA	13.86	11.87	1.04	NA	NA	24.86	22.87	090
25492		A	Reinforce radius and ulna	12.33	NA	NA	13.76	12.96	1.29	NA	NA	27.38	26.58	090
25500		A	Treat fracture of radius	2.45	5.89	4.21	2.56	1.92	0.23	8.57	6.89	5.24	4.60	090
25505		A	Treat fracture of radius	5.21	8.97	6.42	5.02	4.45	0.53	14.71	12.16	10.76	10.19	090
25515		A	Treat fracture of radius	9.18	NA	NA	8.92	8.60	0.86	NA	NA	18.96	18.64	090
25520		A	Treat fracture of radius	6.26	9.24	7.74	5.65	5.94	0.64	16.14	14.64	12.55	12.84	090
25525		A	Treat fracture of radius	12.24	NA	NA	10.74	11.42	1.28	NA	NA	24.26	24.94	090
25526		A	Treat fracture of radius	12.98	NA	NA	17.25	15.06	1.34	NA	NA	31.57	29.38	090
25530		A	Treat fracture of ulna	2.09	5.92	4.29	2.51	1.88	0.21	8.22	6.59	4.81	4.18	090
25535		A	Treat fracture of ulna	5.14	8.80	6.34	5.11	4.49	0.51	14.45	11.99	10.76	10.14	090
25545		A	Treat fracture of ulna	8.90	NA	NA	8.64	8.44	0.92	NA	NA	18.46	18.26	090
25560		A	Treat fracture radius & ulna	2.44	5.95	4.21	2.59	2.53	0.23	8.62	6.88	5.26	5.20	090
25565		A	Treat fracture radius & ulna	5.63	9.36	7.21	5.19	5.13	0.57	15.56	13.41	11.39	11.33	090
25574		A	Treat fracture radius & ulna	7.01	NA	NA	7.62	8.00	0.73	NA	NA	15.36	15.74	090
25575		A	Treat fracture radius/ulna	10.45	NA	NA	9.59	10.60	1.08	NA	NA	21.12	22.13	090
25600		A	Treat fracture radius/ulna	2.63	6.22	4.65	2.74	2.14	0.27	9.12	7.55	5.64	5.04	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
25605		A	Treat fracture radius/ulna	5.81	9.47	6.88	5.48	4.89	0.60	15.88	13.29	11.89	11.30	090
25611		A	Treat fracture radius/ulna	7.77	NA	NA	8.46	7.49	0.80	NA	NA	17.03	16.06	090
25620		A	Treat fracture radius/ulna	8.55	NA	NA	8.34	8.04	0.88	NA	NA	17.77	17.47	090
25622		A	Treat wrist bone fracture	2.61	6.19	4.33	2.72	1.98	0.27	9.07	7.21	5.60	4.86	090
25624		A	Treat wrist bone fracture	4.53	8.75	6.37	4.70	3.35	0.47	13.75	11.37	9.70	8.35	090
25628		A	Treat wrist bone fracture	8.43	NA	NA	8.39	8.07	0.89	NA	NA	17.71	17.39	090
25630		A	Treat wrist bone fracture	2.88	6.33	4.36	2.71	1.95	0.29	9.50	7.53	5.88	5.12	090
25635		A	Treat wrist bone fracture	4.39	8.59	6.12	4.51	3.17	0.45	13.43	10.96	9.35	8.01	090
25645		A	Treat wrist bone fracture	7.25	NA	NA	7.71	7.48	0.75	NA	NA	15.71	15.48	090
25650		A	Treat wrist bone fracture	3.05	6.35	4.62	2.94	2.20	0.31	9.71	7.98	6.30	5.56	090
25660		A	Treat wrist dislocation	4.76	NA	NA	4.74	3.36	0.48	NA	NA	9.98	8.60	090
25670		A	Treat wrist dislocation	7.92	NA	NA	8.07	7.88	0.82	NA	NA	16.81	16.62	090
25675		A	Treat wrist dislocation	4.67	8.28	5.38	4.77	3.62	0.47	13.42	10.52	9.91	8.76	090
25676		A	Treat wrist dislocation	8.04	NA	NA	8.06	8.00	0.81	NA	NA	16.91	16.85	090
25680		A	Treat wrist fracture	5.99	NA	NA	5.71	4.18	0.53	NA	NA	12.23	10.70	090
25685		A	Treat wrist fracture	9.78	NA	NA	9.27	9.41	0.98	NA	NA	20.03	20.17	090
25690		A	Treat wrist dislocation	5.50	NA	NA	6.10	5.71	0.56	NA	NA	12.16	11.77	090
25695		A	Treat wrist dislocation	8.34	NA	NA	8.37	8.01	0.87	NA	NA	17.58	17.22	090
25800		A	Fusion of wrist joint	9.76	NA	NA	9.53	10.60	1.00	NA	NA	20.29	21.36	090
25805		A	Fusion/graft of wrist joint	11.28	NA	NA	10.60	12.04	1.17	NA	NA	23.05	24.49	090
25810		A	Fusion/graft of wrist joint	10.57	NA	NA	9.88	11.25	1.08	NA	NA	21.53	22.90	090
25820		A	Fusion of hand bones	7.45	NA	NA	8.22	8.56	0.74	NA	NA	16.41	16.75	090
25825		A	Fuse hand bones with graft	9.27	NA	NA	9.18	10.13	0.95	NA	NA	19.40	20.35	090
25830		A	Fusion, radioulnar jnt/ulna	10.06	NA	NA	13.53	11.43	1.03	NA	NA	24.62	22.52	090
25900		A	Amputation of forearm	9.01	NA	NA	11.99	9.84	0.95	NA	NA	21.95	19.80	090
25905		A	Amputation of forearm	9.12	NA	NA	13.04	10.38	0.95	NA	NA	23.11	20.45	090
25907		A	Amputation follow-up surgery	7.80	NA	NA	12.86	9.55	0.82	NA	NA	21.48	18.17	090
25909		A	Amputation follow-up surgery	8.96	NA	NA	12.73	9.38	0.96	NA	NA	22.65	19.30	090
25915		A	Amputation of forearm	17.08	NA	NA	14.24	15.71	1.83	NA	NA	33.15	34.62	090
25920		A	Amputate hand at wrist	8.68	NA	NA	8.24	7.92	0.92	NA	NA	17.84	17.52	090
25922		A	Amputate hand at wrist	7.42	NA	NA	8.04	7.03	0.77	NA	NA	16.23	15.22	090
25924		A	Amputation follow-up surgery	8.46	NA	NA	8.61	8.38	0.61	NA	NA	17.68	17.45	090
25927		A	Amputation of hand	8.80	NA	NA	11.44	9.14	0.93	NA	NA	21.17	18.87	090
25929		A	Amputation follow-up surgery	7.59	NA	NA	7.50	6.32	0.76	NA	NA	15.85	14.67	090
25931		A	Amputation follow-up surgery	7.81	NA	NA	13.63	9.28	0.79	NA	NA	22.23	17.88	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.54	4.36	2.44	3.16	1.71	0.12	6.02	4.10	4.82	3.37	010
26011		A	Drainage of finger abscess	2.19	5.79	3.73	4.88	3.28	0.22	8.20	6.14	7.29	5.69	010
26020		A	Drain hand tendon sheath	4.67	NA	NA	9.73	6.89	0.49	NA	NA	14.89	12.05	090
26025		A	Drainage of palm bursa	4.82	NA	NA	9.83	7.36	0.50	NA	NA	15.15	12.68	090
26030		A	Drainage of palm bursa(s)	5.93	NA	NA	10.46	8.34	0.62	NA	NA	17.01	14.89	090
26034		A	Treat hand bone lesion	6.23	NA	NA	11.65	8.12	0.64	NA	NA	18.52	14.99	090
26035		A	Decompress fingers/hand	9.51	NA	NA	13.52	9.57	0.97	NA	NA	24.00	20.05	090
26037		A	Decompress fingers/hand	7.25	NA	NA	10.26	8.59	0.75	NA	NA	18.26	16.59	090
26040		A	Release palm contracture	3.33	NA	NA	9.42	6.26	0.34	NA	NA	13.09	9.93	090
26045		A	Release palm contracture	5.56	NA	NA	10.72	7.98	0.57	NA	NA	16.85	14.11	090
26055		A	Incise finger tendon sheath	2.69	6.10	4.83	5.85	4.71	0.28	9.07	7.80	8.82	7.68	090
26060		A	Incision of finger tendon	2.81	NA	NA	6.07	3.65	0.30	NA	NA	9.18	6.76	090
26070		A	Explore/treat hand joint	3.69	NA	NA	8.97	5.24	0.32	NA	NA	12.98	9.25	090
26075		A	Explore/treat finger joint	3.79	NA	NA	9.44	6.77	0.35	NA	NA	13.58	10.91	090
26080		A	Explore/treat finger joint	4.24	NA	NA	9.96	6.69	0.43	NA	NA	14.63	11.36	090
26100		A	Biopsy hand joint lining	3.67	NA	NA	6.79	5.02	0.36	NA	NA	10.82	9.05	090
26105		A	Biopsy finger joint lining	3.71	NA	NA	9.88	7.21	0.38	NA	NA	13.97	11.30	090
26110		A	Biopsy finger joint lining	3.53	NA	NA	9.29	6.24	0.36	NA	NA	13.18	10.13	090
26115		A	Removal of hand lesion	3.86	6.17	4.18	6.17	4.18	0.39	10.42	8.43	10.42	8.43	090
26116		A	Removal of hand lesion	5.53	NA	NA	10.62	7.33	0.57	NA	NA	16.72	13.43	090
26117		A	Remove tumor, hand/finger	8.55	NA	NA	12.26	8.88	0.88	NA	NA	21.69	18.31	090
26121		A	Release palm contracture	7.54	NA	NA	12.24	10.62	0.78	NA	NA	20.56	18.94	090
26123		A	Release palm contracture	9.29	NA	NA	13.19	11.54	0.97	NA	NA	23.45	21.80	090
26125		A	Release palm contracture	4.61	NA	NA	2.50	2.67	0.49	NA	NA	7.60	7.77	ZZZ
26130		A	Remove wrist joint lining	5.42	NA	NA	11.89	8.67	0.56	NA	NA	17.87	14.65	090
26135		A	Revise finger joint, each	6.96	NA	NA	13.28	9.28	0.73	NA	NA	20.97	16.97	090
26140		A	Revise finger joint, each	6.17	NA	NA	12.39	8.59	0.64	NA	NA	19.20	15.40	090
26145		A	Tendon excision, palm/finger	6.32	NA	NA	12.67	8.89	0.66	NA	NA	19.65	15.87	090
26160		A	Remove tendon sheath lesion	3.15	6.10	4.31	6.03	4.28	0.32	9.57	7.78	9.50	7.75	090
26170		A	Removal of palm tendon, each	4.77	NA	NA	6.99	5.03	0.53	NA	NA	12.29	10.33	090
26180		A	Removal of finger tendon	5.18	NA	NA	7.27	5.81	0.55	NA	NA	13.00	11.54	090
26185		A	Remove finger bone	5.25	NA	NA	7.06	5.83	0.54	NA	NA	12.85	11.62	090
26200		A	Remove hand bone lesion	5.51	NA	NA	10.76	7.81	0.56	NA	NA	16.83	13.88	090
26205		A	Remove/graft bone lesion	7.70	NA	NA	11.85	9.40	0.81	NA	NA	20.36	17.91	090
26210		A	Removal of finger lesion	5.15	NA	NA	10.94	7.59	0.53	NA	NA	16.62	13.27	090
26215		A	Remove/graft finger lesion	7.10	NA	NA	11.70	8.86	0.66	NA	NA	19.46	16.62	090
26230		A	Partial removal of hand bone	6.33	NA	NA	10.45	7.54	0.66	NA	NA	17.44	14.53	090
26235		A	Partial removal, finger bone	6.19	NA	NA	9.86	7.20	0.65	NA	NA	16.70	14.04	090
26236		A	Partial removal, finger bone	5.32	NA	NA	9.65	6.92	0.55	NA	NA	15.52	12.79	090
26250		A	Extensive hand surgery	7.55	NA	NA	13.89	10.20	0.75	NA	NA	22.19	18.50	090
26255		A	Extensive hand surgery	12.43	NA	NA	16.86	13.28	1.19	NA	NA	30.48	26.90	090
26260		A	Extensive finger surgery	7.03	NA	NA	12.72	9.47	0.72	NA	NA	20.47	17.22	090
26261		A	Extensive finger surgery	9.09	NA	NA	15.25	11.81	0.66	NA	NA	25.00	21.56	090
26262		A	Partial removal of finger	5.67	NA	NA	11.30	8.23	0.59	NA	NA	17.56	14.49	090
26320		A	Removal of implant from hand	3.98	NA	NA	9.96	6.90	0.41	NA	NA	14.35	11.29	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
26350		A	Repair finger/hand tendon	5.99	NA	NA	15.17	10.70	0.62	NA	NA	21.78	17.31	090
26352		A	Repair/graft hand tendon	7.68	NA	NA	16.81	11.99	0.80	NA	NA	25.29	20.47	090
26356		A	Repair finger/hand tendon	8.07	NA	NA	16.30	12.06	0.85	NA	NA	25.22	20.98	090
26357		A	Repair finger/hand tendon	8.58	NA	NA	16.28	11.71	0.89	NA	NA	25.75	21.18	090
26358		A	Repair/graft hand tendon	9.14	NA	NA	16.29	12.16	0.95	NA	NA	26.38	22.25	090
26370		A	Repair finger/hand tendon	7.11	NA	NA	15.70	11.49	0.74	NA	NA	23.55	19.34	090
26372		A	Repair/graft hand tendon	8.76	NA	NA	16.71	11.82	0.90	NA	NA	26.37	21.48	090
26373		A	Repair finger/hand tendon	8.16	NA	NA	15.64	11.54	0.84	NA	NA	24.64	20.54	090
26390		A	Revise hand/finger tendon	9.19	NA	NA	13.18	10.91	0.95	NA	NA	23.32	21.05	090
26392		A	Repair/graft hand tendon	10.26	NA	NA	20.11	14.73	1.07	NA	NA	31.44	26.06	090
26410		A	Repair hand tendon	4.63	NA	NA	12.14	7.86	0.48	NA	NA	17.25	12.97	090
26412		A	Repair/graft hand tendon	6.31	NA	NA	13.47	10.00	0.66	NA	NA	20.44	16.97	090
26415		A	Excision, hand/finger tendon	8.34	NA	NA	12.95	10.14	0.74	NA	NA	22.03	19.22	090
26416		A	Graft hand or finger tendon	9.37	NA	NA	22.26	15.82	0.96	NA	NA	32.59	26.15	090
26418		A	Repair finger tendon	4.25	NA	NA	12.21	8.05	0.44	NA	NA	16.90	12.74	090
26420		A	Repair/graft finger tendon	6.77	NA	NA	15.68	10.92	0.70	NA	NA	23.15	18.39	090
26426		A	Repair finger/hand tendon	6.15	NA	NA	12.86	9.86	0.64	NA	NA	19.65	16.65	090
26428		A	Repair/graft finger tendon	7.21	NA	NA	14.86	10.42	0.74	NA	NA	22.81	18.37	090
26432		A	Repair finger tendon	4.02	NA	NA	10.07	5.89	0.42	NA	NA	14.51	10.33	090
26433		A	Repair finger tendon	4.56	NA	NA	10.76	7.52	0.48	NA	NA	15.80	12.56	090
26434		A	Repair/graft finger tendon	6.09	NA	NA	11.03	8.20	0.61	NA	NA	17.73	14.90	090
26437		A	Realignment of tendons	5.82	NA	NA	10.95	7.68	0.61	NA	NA	17.38	14.11	090
26440		A	Release palm/finger tendon	5.02	NA	NA	14.09	8.98	0.53	NA	NA	19.64	14.53	090
26442		A	Release palm & finger tendon	8.16	NA	NA	15.68	9.67	0.85	NA	NA	24.69	18.68	090
26445		A	Release hand/finger tendon	4.31	NA	NA	13.87	8.70	0.45	NA	NA	18.63	13.46	090
26449		A	Release forearm/hand tendon	7.00	NA	NA	14.65	10.35	0.74	NA	NA	22.39	18.09	090
26450		A	Incision of palm tendon	3.67	NA	NA	6.58	4.53	0.38	NA	NA	10.63	8.58	090
26455		A	Incision of finger tendon	3.64	NA	NA	6.47	4.26	0.38	NA	NA	10.49	8.28	090
26460		A	Incise hand/finger tendon	3.46	NA	NA	6.22	4.05	0.36	NA	NA	10.04	7.87	090
26471		A	Fusion of finger tendons	5.73	NA	NA	10.55	7.53	0.59	NA	NA	16.87	13.85	090
26474		A	Fusion of finger tendons	5.32	NA	NA	10.81	7.91	0.55	NA	NA	16.68	13.78	090
26476		A	Tendon lengthening	5.18	NA	NA	10.62	6.88	0.52	NA	NA	16.32	12.58	090
26477		A	Tendon shortening	5.15	NA	NA	10.65	7.49	0.53	NA	NA	16.33	13.17	090
26478		A	Lengthening of hand tendon	5.80	NA	NA	11.23	7.95	0.60	NA	NA	17.63	14.35	090
26479		A	Shortening of hand tendon	5.74	NA	NA	11.23	8.49	0.60	NA	NA	17.57	14.83	090
26480		A	Transplant hand tendon	6.69	NA	NA	14.87	10.98	0.70	NA	NA	22.26	18.37	090
26483		A	Transplant/graft hand tendon	8.29	NA	NA	17.30	13.26	0.86	NA	NA	26.45	22.41	090
26485		A	Transplant palm tendon	7.70	NA	NA	16.49	11.77	0.79	NA	NA	24.98	20.26	090
26489		A	Transplant/graft palm tendon	9.55	NA	NA	13.45	8.57	0.86	NA	NA	23.86	18.98	090
26490		A	Revise thumb tendon	8.41	NA	NA	12.40	10.44	0.88	NA	NA	21.69	19.73	090
26492		A	Tendon transfer with graft	9.62	NA	NA	13.48	11.49	0.95	NA	NA	24.05	22.06	090
26494		A	Hand tendon/muscle transfer	8.47	NA	NA	16.33	12.12	0.90	NA	NA	25.70	21.49	090
26496		A	Revise thumb tendon	9.59	NA	NA	12.49	10.98	1.00	NA	NA	23.08	21.57	090
26497		A	Finger tendon transfer	9.57	NA	NA	13.21	10.96	0.96	NA	NA	23.74	21.49	090
26498		A	Finger tendon transfer	14.00	NA	NA	16.17	14.48	1.45	NA	NA	31.62	29.93	090
26499		A	Revision of finger	8.98	NA	NA	14.46	11.44	0.81	NA	NA	24.25	21.23	090
26500		A	Hand tendon reconstruction	5.96	NA	NA	11.42	7.61	0.62	NA	NA	18.00	14.19	090
26502		A	Hand tendon reconstruction	7.14	NA	NA	11.07	8.40	0.71	NA	NA	18.92	16.25	090
26504		A	Hand tendon reconstruction	7.47	NA	NA	10.89	9.09	0.74	NA	NA	19.10	17.30	090
26508		A	Release thumb contracture	6.01	NA	NA	11.40	7.95	0.62	NA	NA	18.03	14.58	090
26510		A	Thumb tendon transfer	5.43	NA	NA	10.83	7.67	0.56	NA	NA	16.82	13.66	090
26516		A	Fusion of knuckle joint	7.15	NA	NA	11.57	8.04	0.74	NA	NA	19.46	15.93	090
26517		A	Fusion of knuckle joints	8.83	NA	NA	13.32	10.50	0.90	NA	NA	23.05	20.23	090
26518		A	Fusion of knuckle joints	9.02	NA	NA	12.86	9.97	0.94	NA	NA	22.82	19.93	090
26520		A	Release knuckle contracture	5.30	NA	NA	14.10	9.48	0.55	NA	NA	19.95	15.33	090
26525		A	Release finger contracture	5.33	NA	NA	14.22	9.09	0.55	NA	NA	20.10	14.97	090
26530		A	Revise knuckle joint	6.69	NA	NA	16.09	10.85	0.68	NA	NA	23.46	18.22	090
26531		A	Revise knuckle with implant	7.91	NA	NA	15.97	11.60	0.82	NA	NA	24.70	20.33	090
26535		A	Revise finger joint	5.24	NA	NA	8.30	6.78	0.39	NA	NA	13.93	12.41	090
26536		A	Revise/implant finger joint	6.37	NA	NA	13.37	10.49	0.64	NA	NA	20.38	17.50	090
26540		A	Repair hand joint	6.43	NA	NA	11.58	9.40	0.67	NA	NA	18.68	16.50	090
26541		A	Repair hand joint with graft	8.62	NA	NA	13.40	11.55	0.88	NA	NA	22.90	21.05	090
26542		A	Repair hand joint with graft	6.78	NA	NA	11.42	8.79	0.71	NA	NA	18.91	16.28	090
26545		A	Reconstruct finger joint	6.92	NA	NA	11.82	8.77	0.73	NA	NA	19.47	16.42	090
26546		A	Repair nonunion hand	8.92	NA	NA	13.21	11.01	0.93	NA	NA	23.06	20.86	090
26548		A	Reconstruct finger joint	8.03	NA	NA	12.84	9.56	0.84	NA	NA	21.71	18.43	090
26550		A	Construct thumb replacement	21.24	NA	NA	16.14	18.82	2.24	NA	NA	39.62	42.30	090
26551		A	Great toe-hand transfer	46.58	NA	NA	28.30	37.08	4.99	NA	NA	79.87	88.65	090
26553		A	Single transfer, toe-hand	46.27	NA	NA	27.81	36.68	4.95	NA	NA	79.03	87.90	090
26554		A	Double transfer, toe-hand	54.95	NA	NA	31.16	42.75	5.74	NA	NA	91.85	103.44	090
26555		A	Positional change of finger	16.63	NA	NA	17.80	17.26	1.73	NA	NA	36.16	35.62	090
26556		A	Toe joint transfer	47.26	NA	NA	31.11	38.71	5.06	NA	NA	83.43	91.03	090
26560		A	Repair of web finger	5.38	NA	NA	9.32	7.19	0.53	NA	NA	15.23	13.10	090
26561		A	Repair of web finger	10.92	NA	NA	14.72	12.19	1.13	NA	NA	26.77	24.24	090
26562		A	Repair of web finger	9.68	NA	NA	13.27	12.42	1.02	NA	NA	23.97	23.12	090
26565		A	Correct metacarpal flaw	6.74	NA	NA	12.00	9.16	0.70	NA	NA	19.44	16.60	090
26567		A	Correct finger deformity	6.82	NA	NA	11.38	8.01	0.71	NA	NA	18.91	15.54	090
26568		A	Lengthen metacarpal/finger	9.08	NA	NA	16.44	12.81	0.91	NA	NA	26.43	22.80	090
26580		A	Repair hand deformity	18.18	NA	NA	14.34	16.34	1.51	NA	NA	34.03	36.03	090
26585		A	Repair finger deformity	14.05	NA	NA	11.86	12.96	0.84	NA	NA	26.75	27.85	090
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
26590		A	Repair finger deformity	17.96	NA	NA	15.57	16.81	1.79	NA	NA	35.32	36.56	090
26591		A	Repair muscles of hand	3.25	NA	NA	9.92	6.21	0.34	NA	NA	13.51	9.80	090
26593		A	Release muscles of hand	5.31	NA	NA	10.46	7.47	0.55	NA	NA	16.32	13.33	090
26596		A	Excision constricting tissue	8.95	NA	NA	8.17	8.56	0.87	NA	NA	17.99	18.38	090
26597		A	Release of scar contracture	9.82	NA	NA	13.61	11.16	1.03	NA	NA	24.46	22.01	090
26600		A	Treat metacarpal fracture	1.96	5.84	3.76	2.48	1.66	0.20	8.00	5.92	4.64	3.82	090
26605		A	Treat metacarpal fracture	2.85	7.44	4.97	3.73	2.49	0.30	10.59	8.12	6.88	5.64	090
26607		A	Treat metacarpal fracture	5.36	NA	NA	6.97	5.41	0.55	NA	NA	12.88	11.32	090
26608		A	Treat metacarpal fracture	5.36	NA	NA	6.90	5.38	0.56	NA	NA	12.82	11.30	090
26615		A	Treat metacarpal fracture	5.33	NA	NA	6.60	5.95	0.55	NA	NA	12.48	11.83	090
26641		A	Treat thumb dislocation	3.94	7.74	4.47	4.35	2.78	0.37	12.05	8.78	8.66	7.09	090
26645		A	Treat thumb fracture	4.41	8.57	5.48	4.60	3.50	0.42	13.40	10.31	9.43	8.33	090
26650		A	Treat thumb fracture	5.72	NA	NA	7.24	5.80	0.59	NA	NA	13.55	12.11	090
26665		A	Treat thumb fracture	7.60	NA	NA	7.78	7.36	0.78	NA	NA	16.16	15.74	090
26670		A	Treat hand dislocation	3.69	7.67	4.36	4.22	2.63	0.35	11.71	8.40	8.26	6.67	090
26675		A	Treat hand dislocation	4.64	7.84	6.28	3.77	4.24	0.47	12.95	11.39	8.88	9.35	090
26676		A	Pin hand dislocation	5.52	NA	NA	7.52	6.40	0.57	NA	NA	13.61	12.49	090
26685		A	Treat hand dislocation	6.98	NA	NA	7.41	6.83	0.72	NA	NA	15.11	14.53	090
26686		A	Treat hand dislocation	7.94	NA	NA	7.91	7.38	0.81	NA	NA	16.66	16.13	090
26700		A	Treat knuckle dislocation	3.69	4.20	2.58	2.56	1.76	0.35	8.24	6.62	6.60	5.80	090
26705		A	Treat knuckle dislocation	4.19	7.30	4.62	3.80	2.87	0.41	11.90	9.22	8.40	7.47	090
26706		A	Pin knuckle dislocation	5.12	NA	NA	4.95	5.02	0.53	NA	NA	10.60	10.67	090
26715		A	Treat knuckle dislocation	5.74	NA	NA	6.73	5.61	0.60	NA	NA	13.07	11.95	090
26720		A	Treat finger fracture, each	1.66	2.50	1.85	1.44	1.02	0.16	4.32	3.67	3.26	2.84	090
26725		A	Treat finger fracture, each	3.33	4.31	2.99	2.80	1.82	0.34	7.98	6.66	6.47	5.49	090
26727		A	Treat finger fracture, each	5.23	NA	NA	7.08	4.87	0.54	NA	NA	12.85	10.64	090
26735		A	Treat finger fracture, each	5.98	NA	NA	6.97	5.51	0.61	NA	NA	13.56	12.10	090
26740		A	Treat finger fracture, each	1.94	3.06	2.16	2.15	1.39	0.19	5.19	4.29	4.28	3.52	090
26742		A	Treat finger fracture, each	3.85	8.25	5.20	4.44	3.30	0.39	12.49	9.44	8.68	7.54	090
26746		A	Treat finger fracture, each	5.81	NA	NA	6.92	6.04	0.61	NA	NA	13.34	12.46	090
26750		A	Treat finger fracture, each	1.70	2.92	1.91	2.01	1.46	0.16	4.78	3.77	3.87	3.32	090
26755		A	Treat finger fracture, each	3.10	4.12	2.65	2.58	1.88	0.31	7.53	6.06	5.99	5.29	090
26756		A	Pin finger fracture, each	4.39	NA	NA	6.67	4.37	0.46	NA	NA	11.52	9.22	090
26765		A	Treat finger fracture, each	4.17	NA	NA	6.00	4.45	0.43	NA	NA	10.60	9.05	090
26770		A	Treat finger dislocation	3.02	4.03	2.43	2.35	1.59	0.29	7.34	5.74	5.66	4.90	090
26775		A	Treat finger dislocation	3.71	7.16	4.20	3.40	2.32	0.37	11.24	8.28	7.48	6.40	090
26776		A	Pin finger dislocation	4.80	NA	NA	6.85	4.56	0.51	NA	NA	12.16	9.87	090
26785		A	Treat finger dislocation	4.21	NA	NA	6.03	4.63	0.44	NA	NA	10.68	9.28	090
26820		A	Thumb fusion with graft	8.26	NA	NA	13.37	10.30	0.86	NA	NA	22.49	19.42	090
26841		A	Fusion of thumb	7.13	NA	NA	11.93	9.32	0.74	NA	NA	19.80	17.19	090
26842		A	Thumb fusion with graft	8.24	NA	NA	13.45	11.38	0.85	NA	NA	22.54	20.47	090
26843		A	Fusion of hand joint	7.61	NA	NA	12.71	9.81	0.76	NA	NA	21.08	18.18	090
26844		A	Fusion/graft of hand joint	8.73	NA	NA	12.58	10.28	0.88	NA	NA	22.19	19.89	090
26850		A	Fusion of knuckle	6.97	NA	NA	11.57	8.30	0.73	NA	NA	19.27	16.00	090
26852		A	Fusion of knuckle with graft	8.46	NA	NA	12.81	9.51	0.88	NA	NA	22.15	18.85	090
26860		A	Fusion of finger joint	4.69	NA	NA	10.23	7.45	0.49	NA	NA	15.41	12.63	090
26861		A	Fusion of finger jnt, add-on	1.74	NA	NA	0.94	1.51	0.18	NA	NA	2.86	3.43	ZZZ
26862		A	Fusion/graft of finger joint	7.37	NA	NA	12.51	9.06	0.76	NA	NA	20.64	17.19	090
26863		A	Fuse/graft added joint	3.90	NA	NA	2.13	2.90	0.40	NA	NA	6.43	7.20	ZZZ
26910		A	Amputate metacarpal bone	7.60	NA	NA	11.56	8.58	0.79	NA	NA	19.95	16.97	090
26951		A	Amputation of finger/thumb	4.59	NA	NA	10.10	6.61	0.48	NA	NA	15.17	11.68	090
26952		A	Amputation of finger/thumb	6.31	NA	NA	11.19	7.77	0.66	NA	NA	18.16	14.74	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.48	NA	NA	12.99	8.18	0.73	NA	NA	21.20	16.39	090
26991		A	Drainage of pelvis bursa	6.68	10.23	6.10	7.86	4.91	0.65	17.56	13.43	15.19	12.24	090
26992		A	Drainage of bone lesion	13.02	NA	NA	16.40	11.66	1.36	NA	NA	30.78	26.04	090
27000		A	Incision of hip tendon	5.62	NA	NA	6.41	4.21	0.58	NA	NA	12.61	10.41	090
27001		A	Incision of hip tendon	6.94	NA	NA	7.17	4.86	0.71	NA	NA	14.82	12.51	090
27003		A	Incision of hip tendon	7.34	NA	NA	8.16	7.76	0.76	NA	NA	16.26	15.86	090
27005		A	Incision of hip tendon	9.66	NA	NA	9.00	6.33	0.98	NA	NA	19.64	16.97	090
27006		A	Incision of hip tendons	9.68	NA	NA	9.39	7.22	1.01	NA	NA	20.08	17.91	090
27025		A	Incision of hip/thigh fascia	11.16	NA	NA	9.43	8.04	1.17	NA	NA	21.76	20.37	090
27030		A	Drainage of hip joint	13.01	NA	NA	11.09	11.74	1.34	NA	NA	25.44	26.09	090
27033		A	Exploration of hip joint	13.39	NA	NA	11.32	11.91	1.37	NA	NA	26.08	26.67	090
27035		A	Denervation of hip joint	16.69	NA	NA	14.60	13.74	1.69	NA	NA	32.98	32.12	090
27036		A	Excision of hip joint/muscle	12.88	NA	NA	12.60	12.51	1.33	NA	NA	26.81	26.72	090
27040		A	Biopsy of soft tissues	2.87	4.90	2.84	3.25	2.02	0.17	7.94	5.88	6.29	5.06	010
27041		A	Biopsy of soft tissues	9.89	NA	NA	7.41	5.16	0.84	NA	NA	18.14	15.89	090
27047		A	Remove hip/pelvis lesion	7.45	8.16	5.11	6.39	4.22	0.74	16.35	13.30	14.58	12.41	090
27048		A	Remove hip/pelvis lesion	6.25	NA	NA	7.07	5.89	0.63	NA	NA	13.95	12.77	090
27049		A	Remove tumor, hip/pelvis	13.66	NA	NA	11.83	11.42	1.33	NA	NA	26.82	26.41	090
27050		A	Biopsy of sacroiliac joint	4.36	NA	NA	5.63	5.41	0.44	NA	NA	10.43	10.21	090
27052		A	Biopsy of hip joint	6.23	NA	NA	7.19	7.31	0.64	NA	NA	14.06	14.18	090
27054		A	Removal of hip joint lining	8.54	NA	NA	9.32	9.76	0.87	NA	NA	18.73	19.17	090
27060		A	Removal of ischial bursa	5.43	NA	NA	6.07	5.17	0.55	NA	NA	12.05	11.15	090
27062		A	Remove femur lesion/bursa	5.37	NA	NA	6.23	5.41	0.55	NA	NA	12.15	11.33	090
27065		A	Removal of hip bone lesion	5.90	NA	NA	7.45	6.76	0.60	NA	NA	13.95	13.26	090
27066		A	Removal of hip bone lesion	10.33	NA	NA	11.03	9.80	1.04	NA	NA	22.40	21.17	090
27067		A	Remove/graft hip bone lesion	13.83	NA	NA	12.98	12.80	1.42	NA	NA	28.23	28.05	090
27070		A	Partial removal of hip bone	10.72	NA	NA	15.60	11.82	1.10	NA	NA	27.42	23.64	090
27071		A	Partial removal of hip bone	11.46	NA	NA	16.05	12.64	1.17	NA	NA	28.68	25.27	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
27075		A	Extensive hip surgery	17.23	NA	NA	14.84	14.77	1.76	NA	NA	33.83	33.76	090
27076		A	Extensive hip surgery	22.12	NA	NA	18.03	17.90	2.24	NA	NA	42.39	42.26	090
27077		A	Extensive hip surgery	23.13	NA	NA	18.09	19.35	2.42	NA	NA	43.64	44.90	090
27078		A	Extensive hip surgery	13.44	NA	NA	13.26	11.62	1.39	NA	NA	28.09	26.45	090
27079		A	Extensive hip surgery	13.75	NA	NA	13.49	11.44	1.40	NA	NA	28.64	26.59	090
27080		A	Removal of tail bone	6.39	NA	NA	6.51	5.85	0.67	NA	NA	13.57	12.91	090
27086		A	Remove hip foreign body	1.87	4.24	2.44	3.21	1.77	0.15	6.26	4.46	5.23	3.79	010
27087		A	Remove hip foreign body	8.54	NA	NA	7.87	5.90	0.85	NA	NA	17.26	15.29	090
27090		A	Removal of hip prosthesis	11.15	NA	NA	10.12	9.99	1.15	NA	NA	22.42	22.29	090
27091		A	Removal of hip prosthesis	22.14	NA	NA	16.16	18.83	2.17	NA	NA	40.47	43.14	090
27093		A	Injection for hip x-ray	1.30	10.02	5.46	0.44	0.67	0.08	11.40	6.84	1.82	2.05	000
27095		A	Injection for hip x-ray	1.50	10.11	5.56	0.48	0.75	0.09	11.70	7.15	2.07	2.34	000
27096		A	Inject sacroiliac joint	1.10	9.96	9.96	0.36	0.36	0.09	11.15	11.15	1.55	1.55	000
27097		A	Revision of hip tendon	8.80	NA	NA	8.33	8.35	0.92	NA	NA	18.05	18.07	090
27098		A	Transfer tendon to pelvis	8.83	NA	NA	8.42	8.40	0.92	NA	NA	18.17	18.15	090
27100		A	Transfer of abdominal muscle	11.08	NA	NA	12.18	10.26	1.10	NA	NA	24.36	22.44	090
27105		A	Transfer of spinal muscle	11.77	NA	NA	10.63	8.51	1.23	NA	NA	23.63	21.51	090
27110		A	Transfer of iliopsoas muscle	13.26	NA	NA	12.97	12.24	1.18	NA	NA	27.41	26.68	090
27111		A	Transfer of iliopsoas muscle	12.15	NA	NA	10.50	11.56	1.27	NA	NA	23.92	24.98	090
27120		A	Reconstruction of hip socket	18.01	NA	NA	13.53	16.59	1.84	NA	NA	33.38	36.44	090
27122		A	Reconstruction of hip socket	14.98	NA	NA	12.96	15.43	1.54	NA	NA	29.48	31.95	090
27125		A	Partial hip replacement	14.69	NA	NA	12.42	14.98	1.50	NA	NA	28.61	31.17	090
27130		A	Total hip replacement	20.12	NA	NA	15.85	19.94	2.05	NA	NA	38.02	42.11	090
27132		A	Total hip replacement	23.30	NA	NA	17.55	22.69	2.38	NA	NA	43.23	48.37	090
27134		A	Revise hip joint replacement	28.52	NA	NA	20.16	27.10	2.92	NA	NA	51.60	58.54	090
27137		A	Revise hip joint replacement	21.17	NA	NA	16.47	20.88	2.17	NA	NA	39.81	44.22	090
27138		A	Revise hip joint replacement	22.17	NA	NA	16.86	21.58	2.28	NA	NA	41.31	46.03	090
27140		A	Transplant femur ridge	12.24	NA	NA	10.64	11.32	1.26	NA	NA	24.14	24.82	090
27146		A	Incision of hip bone	17.43	NA	NA	14.80	13.31	1.80	NA	NA	34.03	32.54	090
27147		A	Revision of hip bone	20.58	NA	NA	15.53	16.98	2.08	NA	NA	38.19	39.64	090
27151		A	Incision of hip bones	22.51	NA	NA	9.75	14.49	2.36	NA	NA	34.62	39.36	090
27156		A	Revision of hip bones	24.63	NA	NA	17.40	18.64	2.57	NA	NA	44.60	45.84	090
27158		A	Revision of pelvis	19.74	NA	NA	12.92	14.29	2.06	NA	NA	34.72	36.09	090
27161		A	Incision of neck of femur	16.71	NA	NA	13.20	14.37	1.71	NA	NA	31.62	32.79	090
27165		A	Incision/fixation of femur	17.91	NA	NA	13.79	15.99	1.82	NA	NA	33.52	35.72	090
27170		A	Repair/graft femur head/neck	16.07	NA	NA	12.80	15.31	1.65	NA	NA	30.52	33.03	090
27175		A	Treat slipped epiphysis	8.46	NA	NA	6.43	3.86	0.89	NA	NA	15.78	13.21	090
27176		A	Treat slipped epiphysis	12.05	NA	NA	8.79	10.04	1.19	NA	NA	22.03	23.28	090
27177		A	Treat slipped epiphysis	15.08	NA	NA	10.38	11.92	1.57	NA	NA	27.03	28.57	090
27178		A	Treat slipped epiphysis	11.99	NA	NA	8.96	10.16	1.03	NA	NA	21.98	23.18	090
27179		A	Revise head/neck of femur	12.98	NA	NA	9.56	10.83	1.35	NA	NA	23.89	25.16	090
27181		A	Treat slipped epiphysis	14.68	NA	NA	8.48	11.37	1.37	NA	NA	24.53	27.42	090
27185		A	Revision of femur epiphysis	9.18	NA	NA	7.75	5.38	0.80	NA	NA	17.73	15.36	090
27187		A	Reinforce hip bones	13.54	NA	NA	12.20	14.18	1.38	NA	NA	27.12	29.10	090
27193		A	Treat pelvic ring fracture	5.56	6.31	4.47	4.84	3.73	0.57	12.44	10.60	10.97	9.86	090
27194		A	Treat pelvic ring fracture	9.65	8.08	6.16	7.01	5.62	1.01	18.74	16.82	17.67	16.28	090
27200		A	Treat tail bone fracture	1.84	2.52	2.07	1.54	1.58	0.18	4.54	4.09	3.56	3.60	090
27202		A	Treat tail bone fracture	7.04	NA	NA	13.51	10.09	0.89	NA	NA	21.44	18.02	090
27215		A	Treat pelvic fracture(s)	10.05	NA	NA	9.28	10.64	1.00	NA	NA	20.33	21.69	090
27216		A	Treat pelvic ring fracture	15.19	NA	NA	11.12	7.90	1.56	NA	NA	27.87	24.65	090
27217		A	Treat pelvic ring fracture	14.11	NA	NA	11.51	13.65	1.44	NA	NA	27.06	29.20	090
27218		A	Treat pelvic ring fracture	20.15	NA	NA	11.37	13.58	1.96	NA	NA	33.48	35.69	090
27220		A	Treat hip socket fracture	6.18	6.69	5.66	5.18	4.90	0.64	13.51	12.48	12.00	11.72	090
27222		A	Treat hip socket fracture	12.70	NA	NA	9.27	8.09	1.32	NA	NA	23.29	22.11	090
27226		A	Treat hip wall fracture	14.91	NA	NA	12.19	14.66	1.11	NA	NA	28.21	30.68	090
27227		A	Treat hip fracture(s)	23.45	NA	NA	16.06	18.72	2.53	NA	NA	42.04	44.70	090
27228		A	Treat hip fracture(s)	27.16	NA	NA	18.21	19.93	2.79	NA	NA	48.16	49.88	090
27230		A	Treat thigh fracture	5.50	6.61	5.10	5.35	4.47	0.55	12.66	11.15	11.40	10.52	090
27232		A	Treat thigh fracture	10.68	NA	NA	8.28	9.02	1.11	NA	NA	20.07	20.81	090
27235		A	Treat thigh fracture	12.16	NA	NA	9.92	12.22	1.25	NA	NA	23.33	25.63	090
27236		A	Treat thigh fracture	15.60	NA	NA	11.85	15.10	1.59	NA	NA	29.04	32.29	090
27238		A	Treat thigh fracture	5.52	NA	NA	5.40	5.37	0.56	NA	NA	11.48	11.45	090
27240		A	Treat thigh fracture	12.50	NA	NA	9.26	9.90	1.30	NA	NA	23.06	23.70	090
27244		A	Treat thigh fracture	15.94	NA	NA	12.01	14.85	1.63	NA	NA	29.58	32.42	090
27245		A	Treat thigh fracture	20.31	NA	NA	14.39	16.04	2.09	NA	NA	36.79	38.44	090
27246		A	Treat thigh fracture	4.71	6.25	5.23	5.03	4.62	0.49	11.45	10.43	10.23	9.82	090
27248		A	Treat thigh fracture	10.45	NA	NA	9.05	10.77	1.06	NA	NA	20.56	22.28	090
27250		A	Treat hip dislocation	6.95	NA	NA	5.57	4.52	0.68	NA	NA	13.20	12.15	090
27252		A	Treat hip dislocation	10.39	NA	NA	7.47	6.09	1.08	NA	NA	18.94	17.56	090
27253		A	Treat hip dislocation	12.92	NA	NA	10.05	12.16	1.33	NA	NA	24.30	26.41	090
27254		A	Treat hip dislocation	18.26	NA	NA	12.35	13.49	1.83	NA	NA	32.44	33.58	090
27256		A	Treat hip dislocation	4.12	NA	NA	4.36	3.20	0.39	NA	NA	8.87	7.71	010
27257		A	Treat hip dislocation	5.22	NA	NA	4.17	4.59	0.53	NA	NA	9.92	10.34	010
27258		A	Treat hip dislocation	15.43	NA	NA	12.67	13.79	1.58	NA	NA	29.68	30.80	090
27259		A	Treat hip dislocation	21.55	NA	NA	15.89	17.28	2.14	NA	NA	39.58	40.97	090
27265		A	Treat hip dislocation	5.05	NA	NA	5.16	4.46	0.53	NA	NA	10.74	10.04	090
27266		A	Treat hip dislocation	7.49	NA	NA	6.52	5.68	0.78	NA	NA	14.79	13.95	090
27275		A	Manipulation of hip joint	2.27	NA	NA	2.93	2.49	0.24	NA	NA	5.44	5.00	010
27280		A	Fusion of sacroiliac joint	13.39	NA	NA	13.14	12.03	1.38	NA	NA	27.91	26.80	090
27282		A	Fusion of pubic bones	11.34	NA	NA	10.85	10.32	0.84	NA	NA	23.03	22.50	090
27284		A	Fusion of hip joint	16.76	NA	NA	12.67	14.21	1.65	NA	NA	31.08	32.62	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
27286		A	Fusion of hip joint	16.79	NA	NA	14.71	15.61	1.76	NA	NA	33.26	34.16	090
27290		A	Amputation of leg at hip	23.28	NA	NA	15.53	21.55	2.28	NA	NA	41.09	47.11	090
27295		A	Amputation of leg at hip	18.65	NA	NA	13.27	15.61	1.97	NA	NA	33.89	36.23	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.49	13.32	8.00	11.90	7.29	0.67	20.48	15.16	19.06	14.45	090
27303		A	Drainage of bone lesion	8.28	NA	NA	12.65	9.51	0.85	NA	NA	21.78	18.64	090
27305		A	Incise thigh tendon & fascia	5.92	NA	NA	8.01	6.07	0.63	NA	NA	14.56	12.62	090
27306		A	Incision of thigh tendon	4.62	NA	NA	6.47	4.32	0.48	NA	NA	11.57	9.42	090
27307		A	Incision of thigh tendons	5.80	NA	NA	6.83	5.05	0.60	NA	NA	13.23	11.45	090
27310		A	Exploration of knee joint	9.27	NA	NA	9.00	9.71	0.95	NA	NA	19.22	19.93	090
27315		A	Partial removal, thigh nerve	6.97	NA	NA	4.69	5.27	0.72	NA	NA	12.38	12.96	090
27320		A	Partial removal, thigh nerve	6.30	NA	NA	4.28	4.95	0.62	NA	NA	11.20	11.87	090
27323		A	Biopsy, thigh soft tissues	2.28	4.86	2.93	3.04	1.77	0.14	7.28	5.35	5.46	4.19	010
27324		A	Biopsy, thigh soft tissues	4.90	NA	NA	5.98	4.42	0.53	NA	NA	11.41	9.85	090
27327		A	Removal of thigh lesion	4.47	7.18	4.84	5.50	4.00	0.45	12.10	9.76	10.42	8.92	090
27328		A	Removal of thigh lesion	5.57	NA	NA	6.17	5.30	0.56	NA	NA	12.30	11.43	090
27329		A	Remove tumor, thigh/knee	14.14	NA	NA	13.00	12.85	1.40	NA	NA	28.54	28.39	090
27330		A	Biopsy, knee joint lining	4.97	NA	NA	5.46	5.70	0.51	NA	NA	10.94	11.18	090
27331		A	Explore/treat knee joint	5.88	NA	NA	6.59	6.81	0.60	NA	NA	13.07	13.29	090
27332		A	Removal of knee cartilage	8.27	NA	NA	7.66	8.77	0.83	NA	NA	16.76	17.87	090
27333		A	Removal of knee cartilage	7.30	NA	NA	7.10	7.91	0.74	NA	NA	15.14	15.95	090
27334		A	Remove knee joint lining	8.70	NA	NA	8.61	9.50	0.90	NA	NA	18.21	19.10	090
27335		A	Remove knee joint lining	10.00	NA	NA	9.62	10.78	1.02	NA	NA	20.64	21.80	090
27340		A	Removal of kneecap bursa	4.18	NA	NA	4.99	4.59	0.43	NA	NA	9.60	9.20	090
27345		A	Removal of knee cyst	5.92	NA	NA	6.52	6.32	0.61	NA	NA	13.05	12.85	090
27347		A	Remove knee cyst	5.78	2.58	2.58	2.58	2.58	0.59	8.95	8.95	8.95	8.95	090
27350		A	Removal of kneecap	8.17	NA	NA	7.96	8.86	0.84	NA	NA	16.97	17.87	090
27355		A	Remove femur lesion	7.65	NA	NA	9.59	8.91	0.78	NA	NA	18.02	17.34	090
27356		A	Remove femur lesion/graft	9.48	NA	NA	10.28	9.59	0.97	NA	NA	20.73	20.04	090
27357		A	Remove femur lesion/graft	10.53	NA	NA	10.41	9.98	1.08	NA	NA	22.02	21.59	090
27358		A	Remove femur lesion/fixation	4.74	NA	NA	2.50	3.72	0.49	NA	NA	7.73	8.95	ZZZ
27360		A	Partial removal, leg bone(s)	10.50	NA	NA	15.68	12.49	1.09	NA	NA	27.27	24.08	090
27365		A	Extensive leg surgery	16.27	NA	NA	13.63	14.38	1.64	NA	NA	31.54	32.29	090
27370		A	Injection for knee x-ray	0.96	10.37	5.51	0.27	0.46	0.04	11.37	6.51	1.27	1.46	000
27372		A	Removal of foreign body	5.07	6.85	5.28	5.80	4.76	0.51	12.43	10.86	11.38	10.34	090
27380		A	Repair of kneecap tendon	7.16	NA	NA	7.38	7.97	0.74	NA	NA	15.28	15.87	090
27381		A	Repair/graft kneecap tendon	10.34	NA	NA	9.17	10.70	1.07	NA	NA	20.58	22.11	090
27385		A	Repair of thigh muscle	7.76	NA	NA	7.87	8.57	0.79	NA	NA	16.42	17.12	090
27386		A	Repair/graft of thigh muscle	10.56	NA	NA	9.97	11.29	1.08	NA	NA	21.61	22.93	090
27390		A	Incision of thigh tendon	5.33	NA	NA	6.50	5.62	0.54	NA	NA	12.37	11.49	090
27391		A	Incision of thigh tendons	7.20	NA	NA	7.62	6.75	0.75	NA	NA	15.57	14.70	090
27392		A	Incision of thigh tendons	9.20	NA	NA	9.32	8.82	0.93	NA	NA	19.45	18.95	090
27393		A	Lengthening of thigh tendon	6.39	NA	NA	7.41	6.78	0.64	NA	NA	14.44	13.81	090
27394		A	Lengthening of thigh tendons	8.50	NA	NA	9.05	7.64	0.87	NA	NA	18.42	17.01	090
27395		A	Lengthening of thigh tendons	11.73	NA	NA	12.41	11.89	1.21	NA	NA	25.35	24.83	090
27396		A	Transplant of thigh tendon	7.86	NA	NA	8.75	8.21	0.80	NA	NA	17.41	16.87	090
27397		A	Transplants of thigh tendons	11.28	NA	NA	10.42	10.03	1.17	NA	NA	22.87	22.48	090
27400		A	Revise thigh muscles/tendons	9.02	NA	NA	9.38	8.97	0.92	NA	NA	19.32	18.91	090
27403		A	Repair of knee cartilage	8.33	NA	NA	8.07	8.81	0.86	NA	NA	17.26	18.00	090
27405		A	Repair of knee ligament	8.65	NA	NA	8.85	9.59	0.89	NA	NA	18.39	19.13	090
27407		A	Repair of knee ligament	10.28	NA	NA	9.51	9.57	1.02	NA	NA	20.81	20.87	090
27409		A	Repair of knee ligaments	12.90	NA	NA	11.22	13.31	1.34	NA	NA	25.46	27.55	090
27418		A	Repair degenerated kneecap	10.85	NA	NA	9.78	11.37	1.12	NA	NA	21.75	23.34	090
27420		A	Revision of unstable kneecap	9.83	NA	NA	8.75	10.24	0.99	NA	NA	19.57	21.06	090
27422		A	Revision of unstable kneecap	9.78	NA	NA	9.01	10.35	1.00	NA	NA	19.79	21.13	090
27424		A	Revision/removal of kneecap	9.81	NA	NA	8.77	10.24	1.02	NA	NA	19.60	21.07	090
27425		A	Lateral retinacular release	5.22	NA	NA	6.23	6.23	0.53	NA	NA	11.98	11.98	090
27427		A	Reconstruction, knee	9.36	NA	NA	8.73	9.96	0.94	NA	NA	19.03	20.26	090
27428		A	Reconstruction, knee	14.00	NA	NA	11.89	13.37	1.40	NA	NA	27.29	28.77	090
27429		A	Reconstruction, knee	15.52	NA	NA	11.48	11.86	1.56	NA	NA	28.56	28.94	090
27430		A	Revision of thigh muscles	9.67	NA	NA	8.74	9.45	0.97	NA	NA	19.38	20.09	090
27435		A	Incision of knee joint	9.49	NA	NA	8.58	8.11	0.98	NA	NA	19.05	18.58	090
27437		A	Revise kneecap	8.46	NA	NA	8.51	9.31	0.85	NA	NA	17.82	18.62	090
27438		A	Revise kneecap with implant	11.23	NA	NA	10.23	11.82	1.15	NA	NA	22.61	24.20	090
27440		A	Revision of knee joint	10.43	NA	NA	9.78	11.12	0.73	NA	NA	20.94	22.28	090
27441		A	Revision of knee joint	10.82	NA	NA	9.65	9.79	0.78	NA	NA	21.25	21.39	090
27442		A	Revision of knee joint	11.89	NA	NA	10.33	12.27	1.22	NA	NA	23.44	25.38	090
27443		A	Revision of knee joint	10.93	NA	NA	9.98	11.51	1.12	NA	NA	22.03	23.56	090
27445		A	Revision of knee joint	17.68	NA	NA	13.43	17.27	1.83	NA	NA	32.94	36.78	090
27446		A	Revision of knee joint	15.84	NA	NA	13.34	16.13	1.60	NA	NA	30.78	33.57	090
27447		A	Total knee replacement	21.48	NA	NA	16.12	20.88	2.19	NA	NA	39.79	44.55	090
27448		A	Incision of thigh	11.06	NA	NA	10.55	11.88	1.14	NA	NA	22.75	24.08	090
27450		A	Incision of thigh	13.98	NA	NA	12.66	14.39	1.43	NA	NA	28.07	29.80	090
27454		A	Realignment of thigh bone	17.56	NA	NA	13.57	15.31	1.76	NA	NA	32.89	34.63	090
27455		A	Realignment of knee	12.82	NA	NA	11.39	12.21	1.27	NA	NA	25.48	26.30	090
27457		A	Realignment of knee	13.45	NA	NA	10.87	12.65	1.37	NA	NA	25.69	27.47	090
27465		A	Shortening of thigh bone	13.87	NA	NA	13.06	13.17	1.43	NA	NA	28.36	28.47	090
27466		A	Lengthening of thigh bone	16.33	NA	NA	14.92	14.75	1.67	NA	NA	32.92	32.75	090
27468		A	Shorten/lengthen thighs	18.97	NA	NA	13.23	15.76	1.94	NA	NA	34.14	36.67	090
27470		A	Repair of thigh	16.07	NA	NA	14.73	16.41	1.64	NA	NA	32.44	34.12	090
27472		A	Repair/graft of thigh	17.72	NA	NA	15.45	18.30	1.83	NA	NA	35.00	37.85	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
27475		A	Surgery to stop leg growth	8.64	NA	NA	8.15	8.28	0.86	NA	NA	17.65	17.78	090
27477		A	Surgery to stop leg growth	9.85	NA	NA	9.26	10.51	0.96	NA	NA	20.07	21.32	090
27479		A	Surgery to stop leg growth	12.80	NA	NA	10.12	11.37	1.35	NA	NA	24.27	25.52	090
27485		A	Surgery to stop leg growth	8.84	NA	NA	8.17	8.38	0.89	NA	NA	17.90	18.11	090
27486		A	Revise/replace knee joint	19.27	NA	NA	14.99	19.00	1.97	NA	NA	36.23	40.24	090
27487		A	Revise/replace knee joint	25.27	NA	NA	18.20	24.17	2.57	NA	NA	46.04	52.01	090
27488		A	Removal of knee prosthesis	15.74	NA	NA	13.12	15.33	1.61	NA	NA	30.47	32.68	090
27495		A	Reinforce thigh	15.55	NA	NA	14.29	16.43	1.59	NA	NA	31.43	33.57	090
27496		A	Decompression of thigh/knee	6.11	NA	NA	7.14	6.03	0.66	NA	NA	13.91	12.80	090
27497		A	Decompression of thigh/knee	7.17	NA	NA	7.77	6.90	0.75	NA	NA	15.69	14.82	090
27498		A	Decompression of thigh/knee	7.99	NA	NA	7.28	7.07	0.87	NA	NA	16.14	15.93	090
27499		A	Decompression of thigh/knee	9.00	NA	NA	7.78	7.84	0.93	NA	NA	17.71	17.77	090
27500		A	Treatment of thigh fracture	5.92	13.49	9.68	6.36	6.12	0.61	20.02	16.21	12.89	12.65	090
27501		A	Treatment of thigh fracture	5.92	14.23	10.05	7.23	6.55	0.62	20.77	16.59	13.77	13.09	090
27502		A	Treatment of thigh fracture	10.58	NA	NA	9.64	8.98	1.10	NA	NA	21.32	20.66	090
27503		A	Treatment of thigh fracture	10.58	NA	NA	9.73	9.03	1.10	NA	NA	21.41	20.71	090
27506		A	Treatment of thigh fracture	17.45	NA	NA	13.28	15.34	1.79	NA	NA	32.52	34.58	090
27507		A	Treatment of thigh fracture	13.99	NA	NA	11.41	14.06	1.43	NA	NA	26.83	29.48	090
27508		A	Treatment of thigh fracture	5.83	8.67	6.63	4.90	4.74	0.60	15.10	13.06	11.33	11.17	090
27509		A	Treatment of thigh fracture	7.71	NA	NA	7.88	6.23	0.80	NA	NA	16.39	14.74	090
27510		A	Treatment of thigh fracture	9.13	NA	NA	6.73	7.07	0.95	NA	NA	16.81	17.15	090
27511		A	Treatment of thigh fracture	13.64	NA	NA	11.87	14.08	1.40	NA	NA	26.91	29.12	090
27513		A	Treatment of thigh fracture	17.92	NA	NA	14.12	15.76	1.83	NA	NA	33.87	35.51	090
27514		A	Treatment of thigh fracture	17.30	NA	NA	13.27	15.19	1.78	NA	NA	32.35	34.27	090
27516		A	Treat thigh fx growth plate	5.37	9.25	7.24	5.23	5.23	0.56	15.18	13.17	11.16	11.16	090
27517		A	Treat thigh fx growth plate	8.78	9.41	8.95	7.02	7.76	0.90	19.09	18.63	16.70	17.44	090
27519		A	Treat thigh fx growth plate	15.02	NA	NA	12.76	13.26	1.51	NA	NA	29.29	29.79	090
27520		A	Treat kneecap fracture	2.86	7.06	5.18	3.39	2.52	0.30	10.22	8.34	6.55	5.68	090
27524		A	Treat kneecap fracture	10.00	NA	NA	8.08	9.65	1.03	NA	NA	19.11	20.68	090
27530		A	Treat knee fracture	3.78	7.55	5.62	3.86	3.78	0.39	11.72	9.79	8.03	7.95	090
27532		A	Treat knee fracture	7.30	6.83	6.50	5.34	5.75	0.76	14.89	14.56	13.40	13.81	090
27535		A	Treat knee fracture	11.50	NA	NA	10.80	11.75	1.18	NA	NA	23.48	24.43	090
27536		A	Treat knee fracture	15.65	NA	NA	11.05	11.87	1.61	NA	NA	28.31	29.13	090
27538		A	Treat knee fracture(s)	4.87	8.86	6.26	4.92	4.29	0.51	14.24	11.64	10.30	9.67	090
27540		A	Treat knee fracture	13.10	NA	NA	9.51	10.70	1.33	NA	NA	23.94	25.13	090
27550		A	Treat knee dislocation	5.76	8.76	5.78	5.20	4.00	0.57	15.09	12.11	11.53	10.33	090
27552		A	Treat knee dislocation	7.90	NA	NA	6.95	5.34	0.82	NA	NA	15.67	14.06	090
27556		A	Treat knee dislocation	14.41	NA	NA	12.97	13.26	1.51	NA	NA	28.89	29.18	090
27557		A	Treat knee dislocation	16.77	NA	NA	14.42	15.13	1.72	NA	NA	32.91	33.62	090
27558		A	Treat knee dislocation	17.72	NA	NA	14.59	15.22	1.80	NA	NA	34.11	34.74	090
27560		A	Treat kneecap dislocation	3.82	7.55	4.55	3.64	2.60	0.36	11.73	8.73	7.82	6.78	090
27562		A	Treat kneecap dislocation	5.79	NA	NA	4.98	5.30	0.59	NA	NA	11.36	11.68	090
27566		A	Treat kneecap dislocation	12.23	NA	NA	9.14	10.31	1.26	NA	NA	22.63	23.80	090
27570		A	Fixation of knee joint	1.74	NA	NA	2.65	2.26	0.18	NA	NA	4.57	4.18	010
27580		A	Fusion of knee	19.37	NA	NA	15.00	16.02	1.98	NA	NA	36.35	37.37	090
27590		A	Amputate leg at thigh	12.03	NA	NA	11.59	10.74	1.30	NA	NA	24.92	24.07	090
27591		A	Amputate leg at thigh	12.68	NA	NA	12.90	12.84	1.34	NA	NA	26.92	26.86	090
27592		A	Amputate leg at thigh	10.02	NA	NA	10.43	9.62	1.07	NA	NA	21.52	20.71	090
27594		A	Amputation follow-up surgery	6.92	NA	NA	7.95	5.96	0.75	NA	NA	15.62	13.63	090
27596		A	Amputation follow-up surgery	10.60	NA	NA	10.81	9.41	1.15	NA	NA	22.56	21.16	090
27598		A	Amputate lower leg at knee	10.53	NA	NA	10.20	10.55	1.10	NA	NA	21.83	22.18	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.65	NA	NA	7.35	5.52	0.65	NA	NA	13.65	11.82	090
27601		A	Decompression of lower leg	5.64	NA	NA	7.47	5.57	0.64	NA	NA	13.75	11.85	090
27602		A	Decompression of lower leg	7.35	NA	NA	7.41	5.91	0.86	NA	NA	15.62	14.12	090
27603		A	Drain lower leg lesion	4.94	13.17	7.88	8.84	5.71	0.50	18.61	13.32	14.28	11.15	090
27604		A	Drain lower leg bursa	4.47	8.77	4.94	7.10	3.83	0.37	13.61	9.78	11.94	8.67	090
27605		A	Incision of achilles tendon	2.87	7.07	4.18	3.48	2.38	0.28	10.22	7.33	6.63	5.53	010
27606		A	Incision of achilles tendon	4.14	8.16	5.23	4.43	3.37	0.42	12.72	9.79	8.99	7.93	010
27607		A	Treat lower leg bone lesion	7.97	NA	NA	12.52	9.52	0.80	NA	NA	21.29	18.29	090
27610		A	Explore/treat ankle joint	8.34	NA	NA	8.90	8.48	0.84	NA	NA	18.08	17.66	090
27612		A	Exploration of ankle joint	7.33	NA	NA	7.19	7.92	0.68	NA	NA	15.20	15.93	090
27613		A	Biopsy lower leg soft tissue	2.17	5.38	3.06	2.63	1.50	0.13	7.68	5.36	4.93	3.80	010
27614		A	Biopsy lower leg soft tissue	5.66	9.15	5.80	6.20	4.33	0.55	15.36	12.01	12.41	10.54	090
27615		A	Remove tumor, lower leg	12.56	NA	NA	13.71	11.32	1.26	NA	NA	27.53	25.14	090
27618		A	Remove lower leg lesion	5.09	9.98	6.13	5.68	3.98	0.48	15.55	11.70	11.25	9.55	090
27619		A	Remove lower leg lesion	8.40	10.50	7.49	7.85	6.17	0.80	19.70	16.69	17.05	15.37	090
27620		A	Explore/treat ankle joint	5.98	NA	NA	7.02	6.78	0.58	NA	NA	13.58	13.34	090
27625		A	Remove ankle joint lining	8.30	NA	NA	8.55	9.00	0.78	NA	NA	17.63	18.08	090
27626		A	Remove ankle joint lining	8.91	NA	NA	9.00	9.82	0.88	NA	NA	18.79	19.61	090
27630		A	Removal of tendon lesion	4.80	9.81	6.59	5.84	4.60	0.45	15.06	11.84	11.09	9.85	090
27635		A	Remove lower leg bone lesion	7.78	NA	NA	9.63	9.18	0.78	NA	NA	18.19	17.74	090
27637		A	Remove/graft leg bone lesion	9.85	NA	NA	10.94	10.07	1.01	NA	NA	21.80	20.93	090
27638		A	Remove/graft leg bone lesion	10.57	NA	NA	11.27	10.60	1.06	NA	NA	22.90	22.23	090
27640		A	Partial removal of tibia	11.37	NA	NA	15.30	12.98	1.14	NA	NA	27.81	25.49	090
27641		A	Partial removal of fibula	9.24	NA	NA	13.84	10.79	0.92	NA	NA	24.00	20.95	090
27645		A	Extensive lower leg surgery	14.17	NA	NA	15.28	13.96	1.46	NA	NA	30.91	29.59	090
27646		A	Extensive lower leg surgery	12.66	NA	NA	15.63	13.65	1.24	NA	NA	29.53	27.55	090
27647		A	Extensive ankle/heel surgery	12.24	NA	NA	10.11	10.46	1.02	NA	NA	23.37	23.72	090
27648		A	Injection for ankle x-ray	0.96	8.03	4.30	0.29	0.43	0.05	9.04	5.31	1.30	1.44	000
27650		A	Repair achilles tendon	9.69	NA	NA	8.48	9.12	0.95	NA	NA	19.12	19.76	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
27652		A	Repair/graft achilles tendon	10.33	NA	NA	8.56	9.93	0.98	NA	NA	19.87	21.24	090
27654		A	Repair of achilles tendon	10.02	NA	NA	8.89	10.38	0.90	NA	NA	19.81	21.30	090
27656		A	Repair leg fascia defect	4.57	11.57	7.51	6.19	4.82	0.44	16.58	12.52	11.20	9.83	090
27658		A	Repair of leg tendon, each	4.98	11.28	7.82	7.64	6.00	0.46	16.72	13.26	13.08	11.44	090
27659		A	Repair of leg tendon, each	6.81	11.75	9.06	8.24	7.31	0.61	19.17	16.48	15.66	14.73	090
27664		A	Repair of leg tendon, each	4.59	9.13	6.42	7.53	5.62	0.45	14.17	11.46	12.57	10.66	090
27665		A	Repair of leg tendon, each	5.40	12.40	8.89	8.13	6.75	0.53	18.33	14.82	14.06	12.68	090
27675		A	Repair lower leg tendons	7.18	NA	NA	7.12	7.04	0.69	NA	NA	14.99	14.91	090
27676		A	Repair lower leg tendons	8.42	NA	NA	8.11	8.16	0.74	NA	NA	17.27	17.32	090
27680		A	Release of lower leg tendon	5.74	NA	NA	6.74	5.61	0.54	NA	NA	13.02	11.89	090
27681		A	Release of lower leg tendons	6.82	NA	NA	7.32	6.90	0.68	NA	NA	14.82	14.40	090
27685		A	Revision of lower leg tendon	6.50	7.41	5.79	7.41	5.79	0.56	14.47	12.85	14.47	12.85	090
27686		A	Revise lower leg tendons	7.46	8.56	7.84	8.31	7.72	0.74	16.76	16.04	16.51	15.92	090
27687		A	Revision of calf tendon	6.24	NA	NA	7.25	6.58	0.56	NA	NA	14.05	13.38	090
27690		A	Revise lower leg tendon	8.71	NA	NA	8.14	7.73	0.76	NA	NA	17.61	17.20	090
27691		A	Revise lower leg tendon	9.96	NA	NA	10.02	9.29	0.95	NA	NA	20.93	20.20	090
27692		A	Revise additional leg tendon	1.87	NA	NA	0.90	1.55	0.19	NA	NA	2.96	3.61	ZZZ
27695		A	Repair of ankle ligament	6.51	NA	NA	7.87	7.82	0.63	NA	NA	15.01	14.96	090
27696		A	Repair of ankle ligaments	8.27	NA	NA	8.71	8.19	0.76	NA	NA	17.74	17.22	090
27698		A	Repair of ankle ligament	9.36	NA	NA	8.48	9.83	0.84	NA	NA	18.68	20.03	090
27700		A	Revision of ankle joint	9.29	NA	NA	6.90	9.00	0.68	NA	NA	16.87	18.97	090
27702		A	Reconstruct ankle joint	13.67	NA	NA	11.60	13.96	1.41	NA	NA	26.68	29.04	090
27703		A	Reconstruction, ankle joint	15.87	NA	NA	11.39	13.20	1.32	NA	NA	28.58	30.39	090
27704		A	Removal of ankle implant	7.62	NA	NA	8.14	7.24	0.67	NA	NA	16.43	15.53	090
27705		A	Incision of tibia	10.38	NA	NA	10.22	10.94	1.06	NA	NA	21.66	22.38	090
27707		A	Incision of fibula	4.37	NA	NA	7.19	6.17	0.45	NA	NA	12.01	10.99	090
27709		A	Incision of tibia & fibula	9.95	NA	NA	9.98	10.93	1.02	NA	NA	20.95	21.90	090
27712		A	Realignment of lower leg	14.25	NA	NA	12.42	12.18	1.46	NA	NA	28.13	27.89	090
27715		A	Revision of lower leg	14.39	NA	NA	13.00	13.35	1.47	NA	NA	28.86	29.21	090
27720		A	Repair of tibia	11.79	NA	NA	12.04	13.06	1.21	NA	NA	25.04	26.06	090
27722		A	Repair/graft of tibia	11.82	NA	NA	11.45	11.43	1.21	NA	NA	24.48	24.46	090
27724		A	Repair/graft of tibia	14.99	NA	NA	13.86	15.34	1.54	NA	NA	30.39	31.87	090
27725		A	Repair of lower leg	15.59	NA	NA	13.98	12.65	1.58	NA	NA	31.15	29.82	090
27727		A	Repair of lower leg	14.01	NA	NA	12.39	11.29	1.41	NA	NA	27.81	26.71	090
27730		A	Repair of tibia epiphysis	7.41	13.83	8.87	8.57	6.24	0.74	21.98	17.02	16.72	14.39	090
27732		A	Repair of fibula epiphysis	5.32	13.02	9.14	6.78	6.02	0.53	18.87	14.99	12.63	11.87	090
27734		A	Repair lower leg epiphyses	8.48	NA	NA	8.16	8.17	0.76	NA	NA	17.40	17.41	090
27740		A	Repair of leg epiphyses	9.30	17.83	13.45	8.59	8.83	0.97	28.10	23.72	18.86	19.10	090
27742		A	Repair of leg epiphyses	10.30	14.94	12.51	8.98	9.53	0.93	26.17	23.74	20.21	20.76	090
27745		A	Reinforce tibia	10.07	NA	NA	10.81	10.27	1.02	NA	NA	21.90	21.36	090
27750		A	Treatment of tibia fracture	3.19	7.22	5.48	3.53	3.64	0.32	10.73	8.99	7.04	7.15	090
27752		A	Treatment of tibia fracture	5.84	9.50	7.51	5.54	5.53	0.61	15.95	13.96	11.99	11.98	090
27756		A	Treatment of tibia fracture	6.78	NA	NA	9.12	8.61	0.70	NA	NA	16.60	16.09	090
27758		A	Treatment of tibia fracture	11.67	NA	NA	11.03	12.48	1.19	NA	NA	23.89	25.34	090
27759		A	Treatment of tibia fracture	13.76	NA	NA	12.13	13.52	1.41	NA	NA	27.30	28.69	090
27760		A	Treatment of ankle fracture	3.01	6.94	4.87	3.46	2.43	0.31	10.26	8.19	6.78	5.75	090
27762		A	Treatment of ankle fracture	5.25	8.95	6.30	5.12	4.39	0.53	14.73	12.08	10.90	10.17	090
27766		A	Treatment of ankle fracture	8.36	NA	NA	7.52	8.03	0.86	NA	NA	16.74	17.25	090
27780		A	Treatment of fibula fracture	2.65	4.70	3.42	3.23	2.15	0.26	7.61	6.33	6.14	5.06	090
27781		A	Treatment of fibula fracture	4.40	8.05	5.81	4.20	3.89	0.45	12.90	10.66	9.05	8.74	090
27784		A	Treatment of fibula fracture	7.11	NA	NA	7.47	6.77	0.73	NA	NA	15.31	14.61	090
27786		A	Treatment of ankle fracture	2.84	6.94	4.84	3.37	2.37	0.29	10.07	7.97	6.50	5.50	090
27788		A	Treatment of ankle fracture	4.45	7.97	5.76	4.16	2.97	0.46	12.88	10.67	9.07	7.88	090
27792		A	Treatment of ankle fracture	7.66	NA	NA	7.21	7.61	0.78	NA	NA	15.65	16.05	090
27808		A	Treatment of ankle fracture	2.83	7.80	5.42	3.94	3.49	0.29	10.92	8.54	7.06	6.61	090
27810		A	Treatment of ankle fracture	5.13	8.97	7.23	5.11	5.30	0.53	14.63	12.89	10.77	10.96	090
27814		A	Treatment of ankle fracture	10.68	NA	NA	9.75	10.30	1.10	NA	NA	21.53	22.08	090
27816		A	Treatment of ankle fracture	2.89	7.40	5.59	3.98	3.72	0.29	10.58	8.77	7.16	6.90	090
27818		A	Treatment of ankle fracture	5.50	9.18	7.88	5.29	5.93	0.56	15.24	13.94	11.35	11.99	090
27822		A	Treatment of ankle fracture	9.20	NA	NA	34.89	22.94	0.95	NA	NA	45.04	33.09	090
27823		A	Treatment of ankle fracture	11.80	NA	NA	35.41	24.65	1.21	NA	NA	48.42	37.66	090
27824		A	Treat lower leg fracture	2.89	7.79	5.78	3.90	3.68	0.29	10.97	8.96	7.08	6.86	090
27825		A	Treat lower leg fracture	6.19	9.70	8.39	5.71	6.39	0.64	16.53	15.22	12.54	13.22	090
27826		A	Treat lower leg fracture	8.54	NA	NA	33.17	21.68	0.88	NA	NA	42.59	31.10	090
27827		A	Treat lower leg fracture	14.06	NA	NA	36.76	24.74	1.44	NA	NA	52.26	40.24	090
27828		A	Treat lower leg fracture	16.23	NA	NA	38.05	25.97	1.67	NA	NA	55.95	43.87	090
27829		A	Treat lower leg joint	5.49	NA	NA	25.16	15.86	0.56	NA	NA	31.21	21.91	090
27830		A	Treat lower leg dislocation	3.79	7.44	5.49	3.48	3.51	0.38	11.61	9.66	7.65	7.68	090
27831		A	Treat lower leg dislocation	4.56	NA	NA	4.50	4.41	0.46	NA	NA	9.52	9.43	090
27832		A	Treat lower leg dislocation	6.49	NA	NA	7.50	6.85	0.68	NA	NA	14.67	14.02	090
27840		A	Treat ankle dislocation	4.58	NA	NA	5.05	3.54	0.45	NA	NA	10.08	8.57	090
27842		A	Treat ankle dislocation	6.21	NA	NA	4.62	3.52	0.64	NA	NA	11.47	10.37	090
27846		A	Treat ankle dislocation	9.79	NA	NA	9.03	9.18	0.96	NA	NA	19.78	19.93	090
27848		A	Treat ankle dislocation	11.20	NA	NA	26.90	17.99	1.15	NA	NA	39.25	30.34	090
27860		A	Fixation of ankle joint	2.34	NA	NA	2.95	2.23	0.23	NA	NA	5.52	4.80	010
27870		A	Fusion of ankle joint	13.91	NA	NA	12.58	13.53	1.40	NA	NA	27.89	28.84	090
27871		A	Fusion of tibiofibular joint	9.17	NA	NA	9.70	9.08	0.92	NA	NA	19.79	19.17	090
27880		A	Amputation of lower leg	11.85	NA	NA	10.82	9.95	1.27	NA	NA	23.94	23.07	090
27881		A	Amputation of lower leg	12.34	NA	NA	11.88	11.81	1.31	NA	NA	25.53	25.46	090
27882		A	Amputation of lower leg	8.94	NA	NA	10.97	9.48	0.98	NA	NA	20.89	19.40	090
27884		A	Amputation follow-up surgery	8.21	NA	NA	9.47	6.57	0.89	NA	NA	18.57	15.67	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
27886		A	Amputation follow-up surgery	9.32	NA	NA	9.50	8.64	1.01	NA	NA	19.83	18.97	090
27888		A	Amputation of foot at ankle	9.67	NA	NA	9.74	10.02	1.01	NA	NA	20.42	20.70	090
27889		A	Amputation of foot at ankle	9.98	NA	NA	8.62	8.89	1.10	NA	NA	19.70	19.97	090
27892		A	Decompression of leg	7.39	NA	NA	7.23	5.46	0.80	NA	NA	15.42	13.65	090
27893		A	Decompression of leg	7.35	NA	NA	6.59	5.13	0.69	NA	NA	14.63	13.17	090
27894		A	Decompression of leg	10.49	NA	NA	8.55	6.48	1.12	NA	NA	20.16	18.09	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.73	4.29	2.43	2.72	1.50	0.18	7.20	5.34	5.63	4.41	010
28002		A	Treatment of foot infection	4.62	5.47	3.96	3.77	3.11	0.37	10.46	8.95	8.76	8.10	010
28003		A	Treatment of foot infection	8.41	8.65	6.23	8.65	5.28	0.66	17.72	15.30	17.72	14.35	090
28005		A	Treat foot bone lesion	8.68	NA	NA	8.74	6.59	0.74	NA	NA	18.16	16.01	090
28008		A	Incision of foot fascia	4.45	6.03	4.47	5.13	4.02	0.31	10.79	9.23	9.89	8.78	090
28010		A	Incision of toe tendon	2.84	5.56	4.75	3.93	2.95	0.19	8.59	7.78	6.96	5.98	090
28011		A	Incision of toe tendons	4.14	6.81	4.37	5.68	3.32	0.33	11.28	8.84	10.15	7.79	090
28020		A	Exploration of foot joint	5.01	7.49	6.14	5.44	5.11	0.41	12.91	11.56	10.86	10.53	090
28022		A	Exploration of foot joint	4.67	6.14	4.56	4.92	3.21	0.35	11.16	9.58	9.94	8.23	090
28024		A	Exploration of toe joint	4.38	6.24	4.42	4.94	3.12	0.32	10.94	9.12	9.64	7.82	090
28030		A	Removal of foot nerve	6.15	NA	NA	3.19	3.73	0.42	NA	NA	9.76	10.30	090
28035		A	Decompression of tibia nerve	5.09	6.42	6.57	4.67	5.38	0.42	11.93	12.08	10.18	10.89	090
28043		A	Excision of foot lesion	3.54	5.67	3.78	4.11	3.00	0.27	9.48	7.59	7.92	6.81	090
28045		A	Excision of foot lesion	4.72	6.25	5.29	4.71	4.52	0.36	11.33	10.37	9.79	9.60	090
28046		A	Resection of tumor, foot	10.18	9.19	7.50	8.94	7.38	0.82	20.19	18.50	19.94	18.38	090
28050		A	Biopsy of foot joint lining	4.25	5.48	4.83	4.55	4.36	0.33	10.06	9.41	9.13	8.94	090
28052		A	Biopsy of foot joint lining	3.94	5.60	4.88	4.86	3.47	0.32	9.86	9.14	9.12	7.73	090
28054		A	Biopsy of toe joint lining	3.45	5.61	4.02	5.38	3.91	0.29	9.35	7.76	9.12	7.65	090
28060		A	Partial removal, foot fascia	5.23	6.68	5.63	5.39	4.99	0.38	12.29	11.24	11.00	10.60	090
28062		A	Removal of foot fascia	6.52	8.28	7.97	5.26	6.46	0.45	15.25	14.94	12.23	13.43	090
28070		A	Removal of foot joint lining	5.10	5.82	5.34	5.12	4.99	0.37	11.29	10.81	10.59	10.46	090
28072		A	Removal of foot joint lining	4.58	6.77	5.13	5.79	4.64	0.41	11.76	10.12	10.78	9.63	090
28080		A	Removal of foot lesion	3.58	5.74	5.08	4.36	4.39	0.26	9.58	8.92	8.20	8.23	090
28086		A	Excise foot tendon sheath	4.78	8.36	5.88	6.81	5.10	0.47	13.61	11.13	12.06	10.35	090
28088		A	Excise foot tendon sheath	3.86	6.48	5.21	5.56	4.75	0.35	10.69	9.42	9.77	8.96	090
28090		A	Removal of foot lesion	4.41	6.05	4.67	4.50	3.89	0.32	10.78	9.40	9.23	8.62	090
28092		A	Removal of toe lesions	3.64	6.70	4.45	4.84	3.52	0.28	10.62	8.37	8.76	7.44	090
28100		A	Removal of ankle/heel lesion	5.66	8.69	6.83	6.40	5.69	0.49	14.84	12.98	12.55	11.84	090
28102		A	Remove/graft foot lesion	7.73	NA	NA	7.47	7.45	0.72	NA	NA	15.92	15.90	090
28103		A	Remove/graft foot lesion	6.50	13.37	9.73	5.53	5.81	0.52	20.39	16.75	12.55	12.83	090
28104		A	Removal of foot lesion	5.12	6.59	5.65	5.78	5.24	0.38	12.09	11.15	11.28	10.74	090
28106		A	Remove/graft foot lesion	7.16	NA	NA	6.39	6.68	0.53	NA	NA	14.08	14.37	090
28107		A	Remove/graft foot lesion	5.56	6.30	5.79	5.98	5.63	0.40	12.26	11.75	11.94	11.59	090
28108		A	Removal of toe lesions	4.16	5.54	5.05	4.26	3.27	0.28	9.98	9.49	8.70	7.71	090
28110		A	Part removal of metatarsal	4.08	6.57	5.18	5.63	4.71	0.31	10.96	9.57	10.02	9.10	090
28111		A	Part removal of metatarsal	5.01	8.06	6.77	6.19	5.83	0.42	13.49	12.20	11.62	11.26	090
28112		A	Part removal of metatarsal	4.49	6.79	5.55	5.98	5.14	0.35	11.63	10.39	10.82	9.98	090
28113		A	Part removal of metatarsal	4.79	6.76	5.79	5.69	5.26	0.36	11.91	10.94	10.84	10.41	090
28114		A	Removal of metatarsal heads	9.79	9.29	9.62	9.29	9.62	0.82	19.90	20.23	19.90	20.23	090
28116		A	Revision of foot	7.75	6.87	6.41	5.72	5.84	0.56	15.18	14.72	14.03	14.15	090
28118		A	Removal of heel bone	5.96	6.71	6.46	5.92	6.06	0.48	13.15	12.90	12.36	12.50	090
28119		A	Removal of heel spur	5.39	6.38	6.14	4.99	5.45	0.37	12.14	11.90	10.75	11.21	090
28120		A	Part removal of ankle/heel	5.40	10.25	7.86	7.60	6.54	0.47	16.12	13.73	13.47	12.41	090
28122		A	Partial removal of foot bone	7.29	8.45	6.66	7.79	6.33	0.56	16.30	14.51	15.64	14.18	090
28124		A	Partial removal of toe	4.81	7.08	5.77	6.06	4.15	0.32	12.21	10.90	11.19	9.28	090
28126		A	Partial removal of toe	3.52	6.03	5.18	5.45	3.81	0.24	9.79	8.94	9.21	7.57	090
28130		A	Removal of ankle bone	8.11	NA	NA	7.68	7.66	0.75	NA	NA	16.54	16.52	090
28140		A	Removal of metatarsal	6.91	7.40	6.38	6.50	5.93	0.59	14.90	13.88	14.00	13.43	090
28150		A	Removal of toe	4.09	6.52	5.05	5.65	4.61	0.32	10.93	9.46	10.06	9.02	090
28153		A	Partial removal of toe	3.66	6.07	5.20	4.36	3.27	0.24	9.97	9.10	8.26	7.17	090
28160		A	Partial removal of toe	3.74	6.22	5.35	5.69	3.97	0.27	10.23	9.36	9.70	7.98	090
28171		A	Extensive foot surgery	9.60	NA	NA	6.75	7.71	0.62	NA	NA	16.97	17.93	090
28173		A	Extensive foot surgery	8.80	8.71	7.47	7.49	6.86	0.71	18.22	16.98	17.00	16.37	090
28175		A	Extensive foot surgery	6.05	7.17	6.51	5.67	5.76	0.41	13.63	12.97	12.13	12.22	090
28190		A	Removal of foot foreign body	1.96	5.06	2.81	2.93	1.61	0.13	7.15	4.90	5.02	3.70	010
28192		A	Removal of foot foreign body	4.64	6.55	4.34	4.58	3.35	0.36	11.55	9.34	9.58	8.35	090
28193		A	Removal of foot foreign body	5.73	6.71	4.65	5.35	3.97	0.42	12.86	10.80	11.50	10.12	090
28200		A	Repair of foot tendon	4.60	6.36	5.93	5.25	5.37	0.33	11.29	10.86	10.18	10.30	090
28202		A	Repair/graft of foot tendon	6.84	6.81	6.57	5.74	6.03	0.53	14.18	13.94	13.11	13.40	090
28208		A	Repair of foot tendon	4.37	6.05	4.55	4.77	3.91	0.31	10.73	9.23	9.45	8.59	090
28210		A	Repair/graft of foot tendon	6.35	7.96	7.02	5.72	5.90	0.46	14.77	13.83	12.53	12.71	090
28220		A	Release of foot tendon	4.53	5.92	5.06	4.94	3.52	0.30	10.75	9.89	9.77	8.35	090
28222		A	Release of foot tendons	5.62	6.33	6.64	5.86	4.67	0.36	12.31	12.62	11.84	10.65	090
28225		A	Release of foot tendon	3.66	5.68	4.13	4.54	3.56	0.25	9.59	8.04	8.45	7.47	090
28226		A	Release of foot tendons	4.53	5.90	4.79	5.11	4.39	0.33	10.76	9.65	9.97	9.25	090
28230		A	Incision of foot tendon(s)	4.24	6.00	4.32	5.45	3.39	0.31	10.55	8.87	10.00	7.94	090
28232		A	Incision of toe tendon	3.39	6.13	3.94	5.18	3.03	0.25	9.77	7.58	8.82	6.67	090
28234		A	Incision of foot tendon	3.37	6.28	3.97	4.60	2.72	0.24	9.89	7.58	8.21	6.33	090
28238		A	Revision of foot tendon	7.73	7.16	7.51	6.43	7.14	0.56	15.45	15.80	14.72	15.43	090
28240		A	Release of big toe	4.36	5.87	4.09	5.11	3.71	0.32	10.55	8.77	9.79	8.39	090
28250		A	Revision of foot fascia	5.92	6.77	5.81	6.08	5.46	0.42	13.11	12.15	12.42	11.80	090
28260		A	Release of midfoot joint	7.96	7.25	6.03	6.19	5.50	0.57	15.78	14.56	14.72	14.03	090
28261		A	Revision of foot tendon	11.73	9.10	7.76	8.32	7.37	0.84	21.67	20.33	20.89	19.94	090
28262		A	Revision of foot and ankle	15.83	14.39	13.66	12.98	12.96	1.48	31.70	30.97	30.29	30.27	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
28264		A	Release of midfoot joint	10.35	8.63	9.51	8.63	9.51	0.86	19.84	20.72	19.84	20.72	090
28270		A	Release of foot contracture	4.76	6.49	4.67	5.77	3.60	0.32	11.57	9.75	10.85	8.68	090
28272		A	Release of toe joint, each	3.80	5.63	3.92	4.32	2.72	0.24	9.67	7.96	8.36	6.76	090
28280		A	Fusion of toes	5.19	6.49	4.45	5.75	4.08	0.45	12.13	10.09	11.39	9.72	090
28285		A	Repair of hammertoe	4.59	6.48	5.61	5.33	5.04	0.32	11.39	10.52	10.24	9.95	090
28286		A	Repair of hammertoe	4.56	6.41	5.15	5.09	4.49	0.32	11.29	10.03	9.97	9.37	090
28288		A	Partial removal of foot bone	4.74	6.67	5.37	6.53	5.30	0.38	11.79	10.49	11.65	10.42	090
28289		A	Repair hallux rigidus	7.04	2.82	2.82	2.82	2.82	0.55	10.41	10.41	10.41	10.41	090
28290		A	Correction of bunion	5.66	7.28	6.55	7.18	6.50	0.46	13.40	12.67	13.30	12.62	090
28292		A	Correction of bunion	7.04	7.53	7.59	6.30	6.98	0.50	15.07	15.13	13.84	14.52	090
28293		A	Correction of bunion	9.15	8.54	9.45	6.71	8.54	0.61	18.30	19.21	16.47	18.30	090
28294		A	Correction of bunion	8.56	8.06	9.00	6.55	8.25	0.55	17.17	18.11	15.66	17.36	090
28296		A	Correction of bunion	9.18	8.59	9.08	7.34	8.45	0.66	18.43	18.92	17.18	18.29	090
28297		A	Correction of bunion	9.18	8.47	9.13	8.47	9.13	0.74	18.39	19.05	18.39	19.05	090
28298		A	Correction of bunion	7.94	7.89	8.68	6.92	8.20	0.54	16.37	17.16	15.40	16.68	090
28299		A	Correction of bunion	8.88	8.11	9.36	6.93	8.77	0.61	17.60	18.85	16.42	18.26	090
28300		A	Incision of heel bone	9.54	11.65	9.37	8.35	7.72	0.87	22.06	19.78	18.76	18.13	090
28302		A	Incision of ankle bone	9.55	11.95	10.80	8.50	9.08	0.78	22.28	21.13	18.83	19.41	090
28304		A	Incision of midfoot bones	9.16	8.59	7.79	6.97	6.98	0.68	18.43	17.63	16.81	16.82	090
28305		A	Incise/graft midfoot bones	10.50	13.89	12.29	9.66	10.18	0.61	25.00	23.40	20.77	21.29	090
28306		A	Incision of metatarsal	5.86	6.50	5.73	5.36	5.16	0.45	12.81	12.04	11.67	11.47	090
28307		A	Incision of metatarsal	6.33	7.85	7.11	7.44	6.91	0.51	14.69	13.95	14.28	13.75	090
28308		A	Incision of metatarsal	5.29	5.96	6.08	4.39	5.30	0.35	11.60	11.72	10.03	10.94	090
28309		A	Incision of metatarsals	12.78	NA	NA	9.28	8.37	0.99	NA	NA	23.05	22.14	090
28310		A	Revision of big toe	5.43	6.83	5.68	5.50	5.02	0.37	12.63	11.48	11.30	10.82	090
28312		A	Revision of toe	4.55	6.59	5.77	6.01	5.48	0.33	11.47	10.65	10.89	10.36	090
28313		A	Repair deformity of toe	5.01	7.12	4.96	7.12	4.26	0.45	12.58	10.42	12.58	9.72	090
28315		A	Removal of sesamoid bone	4.86	6.02	5.31	4.58	4.59	0.33	11.21	10.50	9.77	9.78	090
28320		A	Repair of foot bones	9.18	NA	NA	8.45	8.94	0.82	NA	NA	18.45	18.94	090
28322		A	Repair of metatarsals	8.34	7.10	6.09	7.10	6.09	0.74	16.18	15.17	16.18	15.17	090
28340		A	Resect enlarged toe tissue	6.98	7.60	7.24	5.59	6.24	0.52	15.10	14.74	13.09	13.74	090
28341		A	Resect enlarged toe	8.41	8.00	8.16	6.02	7.17	0.55	16.96	17.12	14.98	16.13	090
28344		A	Repair extra toe(s)	4.26	5.49	4.76	4.97	4.50	0.38	10.13	9.40	9.61	9.14	090
28345		A	Repair webbed toe(s)	5.92	6.73	6.27	6.25	6.03	0.48	13.13	12.67	12.65	12.43	090
28360		A	Reconstruct cleft foot	13.34	NA	NA	12.03	12.48	1.39	NA	NA	26.76	27.21	090
28400		A	Treatment of heel fracture	2.16	6.94	4.87	4.09	2.75	0.21	9.31	7.24	6.46	5.12	090
28405		A	Treatment of heel fracture	4.57	7.25	5.74	5.18	4.71	0.44	12.26	10.75	10.19	9.72	090
28406		A	Treatment of heel fracture	6.31	NA	NA	7.48	7.05	0.65	NA	NA	14.44	14.01	090
28415		A	Treat heel fracture	15.97	NA	NA	35.81	22.80	1.58	NA	NA	53.36	40.35	090
28420		A	Treat/graft heel fracture	16.64	NA	NA	35.95	23.89	1.67	NA	NA	54.26	42.20	090
28430		A	Treatment of ankle fracture	2.09	6.58	4.62	3.68	2.51	0.20	8.87	6.91	5.97	4.80	090
28435		A	Treatment of ankle fracture	3.40	6.81	5.23	4.20	3.93	0.31	10.52	8.94	7.91	7.64	090
28436		A	Treatment of ankle fracture	4.71	NA	NA	6.09	5.32	0.50	NA	NA	11.30	10.53	090
28445		A	Treat ankle fracture	9.33	NA	NA	9.73	9.64	0.90	NA	NA	19.96	19.87	090
28450		A	Treat midfoot fracture, each	1.90	6.22	4.13	3.59	2.31	0.18	8.30	6.21	5.67	4.39	090
28455		A	Treat midfoot fracture, each	3.09	5.15	3.96	3.99	2.69	0.25	8.49	7.30	7.33	6.03	090
28456		A	Treat midfoot fracture	2.68	NA	NA	4.89	3.68	0.26	NA	NA	7.83	6.62	090
28465		A	Treat midfoot fracture, each	7.01	NA	NA	20.63	13.32	0.65	NA	NA	28.29	20.98	090
28470		A	Treat metatarsal fracture	1.99	5.81	3.88	3.02	2.00	0.19	7.99	6.06	5.20	4.18	090
28475		A	Treat metatarsal fracture	2.97	5.78	4.16	3.87	2.57	0.26	9.01	7.39	7.10	5.80	090
28476		A	Treat metatarsal fracture	3.38	NA	NA	5.49	4.58	0.32	NA	NA	9.19	8.28	090
28485		A	Treat metatarsal fracture	5.71	NA	NA	20.72	12.90	0.48	NA	NA	26.91	19.09	090
28490		A	Treat big toe fracture	1.09	2.13	1.56	1.78	1.14	0.10	3.32	2.75	2.97	2.33	090
28495		A	Treat big toe fracture	1.58	2.17	1.70	1.89	1.25	0.12	3.87	3.40	3.59	2.95	090
28496		A	Treat big toe fracture	2.33	6.61	4.43	4.31	3.28	0.23	9.17	6.99	6.87	5.84	090
28505		A	Treat big toe fracture	3.81	17.83	10.54	17.83	10.54	0.34	21.98	14.69	21.98	14.69	090
28510		A	Treatment of toe fracture	1.09	1.88	1.43	1.80	1.15	0.09	3.06	2.61	2.98	2.33	090
28515		A	Treatment of toe fracture	1.46	2.06	1.64	1.89	1.25	0.11	3.63	3.21	3.46	2.82	090
28525		A	Treat toe fracture	3.32	16.35	9.30	16.35	9.30	0.30	19.97	12.92	19.97	12.92	090
28530		A	Treat sesamoid bone fracture	1.06	3.90	2.50	2.22	1.39	0.08	5.04	3.64	3.36	2.53	090
28531		A	Treat sesamoid bone fracture	2.35	13.22	7.65	8.81	5.44	0.17	15.74	10.17	11.33	7.96	090
28540		A	Treat foot dislocation	2.04	4.21	2.43	3.38	1.86	0.15	6.40	4.62	5.57	4.05	090
28545		A	Treat foot dislocation	2.45	3.60	2.51	3.60	2.51	0.22	6.27	5.18	6.27	5.18	090
28546		A	Treat foot dislocation	3.20	4.79	3.88	4.79	3.88	0.30	8.29	7.38	8.29	7.38	090
28555		A	Repair foot dislocation	6.30	9.83	7.95	9.83	7.95	0.59	16.72	14.84	16.72	14.84	090
28570		A	Treat foot dislocation	1.66	5.01	3.37	3.36	2.12	0.14	6.81	5.17	5.16	3.92	090
28575		A	Treat foot dislocation	3.31	3.72	3.37	3.72	3.37	0.32	7.35	7.00	7.35	7.00	090
28576		A	Treat foot dislocation	4.17	5.18	4.10	5.18	4.10	0.41	9.76	8.68	9.76	8.68	090
28585		A	Repair foot dislocation	7.99	13.84	9.61	13.84	9.61	0.71	22.54	18.31	22.54	18.31	090
28600		A	Treat foot dislocation	1.89	5.50	3.12	3.63	2.00	0.16	7.55	5.17	5.68	4.05	090
28605		A	Treat foot dislocation	2.71	6.00	4.23	3.85	3.15	0.26	8.97	7.20	6.82	6.12	090
28606		A	Treat foot dislocation	4.90	13.40	8.60	6.01	4.90	0.50	18.80	14.00	11.41	10.30	090
28615		A	Repair foot dislocation	7.77	NA	NA	24.09	14.74	0.77	NA	NA	32.63	23.28	090
28630		A	Treat toe dislocation	1.70	1.78	1.45	1.78	1.17	0.14	3.62	3.29	3.62	3.01	010
28635		A	Treat toe dislocation	1.91	2.88	2.23	2.24	1.52	0.15	4.94	4.29	4.30	3.58	010
28636		A	Treat toe dislocation	2.77	5.61	4.20	2.65	2.72	0.26	8.64	7.23	5.68	5.75	010
28645		A	Repair toe dislocation	4.22	7.74	5.63	7.74	5.63	0.31	12.27	10.16	12.27	10.16	090
28660		A	Treat toe dislocation	1.23	3.83	2.26	2.03	1.36	0.11	5.17	3.60	3.37	2.70	010
28665		A	Treat toe dislocation	1.92	3.17	2.12	2.60	1.57	0.14	5.23	4.18	4.66	3.63	010
28666		A	Treat toe dislocation	2.66	8.39	5.52	2.53	2.59	0.26	11.31	8.44	5.45	5.51	010
28675		A	Repair of toe dislocation	2.92	11.17	7.22	11.17	7.22	0.28	14.37	10.42	14.37	10.42	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
28705		A	Fusion of foot bones	15.21	NA	NA	11.89	14.15	1.40	NA	NA	28.50	30.76	090
28715		A	Fusion of foot bones	13.10	NA	NA	11.44	12.41	1.28	NA	NA	25.82	26.79	090
28725		A	Fusion of foot bones	11.61	NA	NA	10.53	10.39	1.06	NA	NA	23.20	23.06	090
28730		A	Fusion of foot bones	10.76	NA	NA	9.64	9.71	1.00	NA	NA	21.40	21.47	090
28735		A	Fusion of foot bones	10.85	NA	NA	9.48	10.04	0.96	NA	NA	21.29	21.85	090
28737		A	Revision of foot bones	9.64	NA	NA	9.05	9.34	0.86	NA	NA	19.55	19.84	090
28740		A	Fusion of foot bones	8.02	9.65	7.62	7.98	6.78	0.70	18.37	16.34	16.70	15.50	090
28750		A	Fusion of big toe joint	7.30	9.61	7.69	7.82	6.80	0.70	17.61	15.69	15.82	14.80	090
28755		A	Fusion of big toe joint	4.74	6.92	5.46	5.42	4.71	0.38	12.04	10.58	10.54	9.83	090
28760		A	Fusion of big toe joint	7.75	7.17	6.52	6.63	6.25	0.59	15.51	14.86	14.97	14.59	090
28800		A	Amputation of midfoot	8.21	NA	NA	7.96	7.59	0.82	NA	NA	16.99	16.62	090
28805		A	Amputation thru metatarsal	8.39	NA	NA	7.82	7.34	0.89	NA	NA	17.10	16.62	090
28810		A	Amputation toe & metatarsal	6.21	NA	NA	6.70	5.47	0.65	NA	NA	13.56	12.33	090
28820		A	Amputation of toe	4.41	8.44	5.62	5.97	4.39	0.44	13.29	10.47	10.82	9.24	090
28825		A	Partial amputation of toe	3.59	7.81	5.21	5.58	4.09	0.35	11.75	9.15	9.52	8.03	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	9.84	5.93	1.15	1.58	0.34	12.43	8.52	3.74	4.17	000
29010		A	Application of body cast	2.06	9.88	6.21	1.11	1.79	0.26	12.20	8.53	3.43	4.11	000
29015		A	Application of body cast	2.41	8.96	5.75	1.03	1.15	0.14	11.51	8.30	3.58	3.70	000
29020		A	Application of body cast	2.11	8.90	5.44	0.91	0.95	0.12	11.13	7.67	3.14	3.18	000
29025		A	Application of body cast	2.40	11.77	6.29	1.23	0.82	0.27	14.44	8.96	3.90	3.49	000
29035		A	Application of body cast	1.77	11.95	7.04	0.81	0.94	0.19	13.91	9.00	2.77	2.90	000
29040		A	Application of body cast	2.22	8.60	5.40	0.76	1.48	0.18	11.00	7.80	3.16	3.88	000
29044		A	Application of body cast	2.12	14.95	8.61	1.16	1.72	0.23	17.30	10.96	3.51	4.07	000
29046		A	Application of body cast	2.41	14.97	8.70	1.31	1.87	0.25	17.63	11.36	3.97	4.53	000
29049		A	Application of figure eight	0.89	5.90	3.18	0.24	0.24	0.09	6.88	4.16	1.22	1.22	000
29055		A	Application of shoulder cast	1.78	9.53	5.42	0.90	1.10	0.18	11.49	7.38	2.86	3.06	000
29058		A	Application of shoulder cast	1.31	6.44	3.58	0.53	0.62	0.12	7.87	5.01	1.96	2.05	000
29065		A	Application of long arm cast	0.87	4.32	2.60	0.44	0.44	0.09	5.28	3.56	1.40	1.40	000
29075		A	Application of forearm cast	0.77	3.87	2.27	0.37	0.35	0.08	4.72	3.12	1.22	1.20	000
29085		A	Apply hand/wrist cast	0.87	3.80	2.17	0.38	0.33	0.09	4.76	3.13	1.34	1.29	000
29105		A	Apply long arm splint	0.87	2.86	1.70	0.29	0.28	0.09	3.82	2.66	1.25	1.24	000
29125		A	Apply forearm splint	0.59	2.37	1.39	0.17	0.19	0.06	3.02	2.04	0.82	0.84	000
29126		A	Apply forearm splint	0.77	2.86	1.65	0.24	0.23	0.07	3.70	2.49	1.08	1.07	000
29130		A	Application of finger splint	0.50	0.77	0.48	0.14	0.12	0.05	1.32	1.03	0.69	0.67	000
29131		A	Application of finger splint	0.55	1.33	0.88	0.21	0.21	0.05	1.93	1.48	0.81	0.81	000
29200		A	Strapping of chest	0.65	1.33	0.81	0.17	0.16	0.06	2.04	1.52	0.88	0.87	000
29220		A	Strapping of low back	0.64	1.09	0.75	0.26	0.24	0.05	1.78	1.44	0.95	0.93	000
29240		A	Strapping of shoulder	0.71	1.30	0.80	0.19	0.24	0.07	2.08	1.58	0.97	1.02	000
29260		A	Strapping of elbow or wrist	0.55	1.04	0.65	0.15	0.14	0.05	1.64	1.25	0.75	0.74	000
29280		A	Strapping of hand or finger	0.51	1.07	0.65	0.14	0.13	0.05	1.63	1.21	0.70	0.69	000
29305		A	Application of hip cast	2.03	11.84	6.94	1.10	1.57	0.21	14.08	9.18	3.34	3.81	000
29325		A	Application of hip casts	2.32	9.18	5.65	1.19	1.65	0.24	11.74	8.21	3.75	4.21	000
29345		A	Application of long leg cast	1.40	5.41	3.26	0.71	0.64	0.14	6.95	4.80	2.25	2.18	000
29355		A	Application of long leg cast	1.53	5.67	3.43	0.77	0.69	0.15	7.35	5.11	2.45	2.37	000
29358		A	Apply long leg cast brace	1.43	6.31	4.01	0.76	0.81	0.14	7.88	5.58	2.33	2.38	000
29365		A	Application of long leg cast	1.18	4.61	2.77	0.61	0.54	0.12	5.91	4.07	1.91	1.84	000
29405		A	Apply short leg cast	0.86	3.92	2.39	0.41	0.42	0.09	4.87	3.34	1.36	1.37	000
29425		A	Apply short leg cast	1.01	3.69	2.37	0.48	0.51	0.10	4.80	3.48	1.59	1.62	000
29435		A	Apply short leg cast	1.18	6.16	3.72	0.62	0.63	0.11	7.45	5.01	1.91	1.92	000
29440		A	Addition of walker to cast	0.57	2.26	1.26	0.24	0.19	0.06	2.89	1.89	0.87	0.82	000
29445		A	Apply rigid leg cast	1.78	5.90	3.87	0.74	1.29	0.16	7.84	5.81	2.68	3.23	000
29450		A	Application of leg cast	1.02	2.85	1.64	0.44	0.33	0.08	3.95	2.74	1.54	1.43	000
29505		A	Application, long leg splint	0.69	3.18	1.90	0.21	0.42	0.07	3.94	2.66	0.97	1.18	000
29515		A	Application lower leg splint	0.73	2.45	1.48	0.22	0.24	0.06	3.24	2.27	1.01	1.03	000
29520		A	Strapping of hip	0.54	1.17	0.78	0.28	0.24	0.03	1.74	1.35	0.85	0.81	000
29530		A	Strapping of knee	0.57	1.12	0.75	0.16	0.27	0.05	1.74	1.37	0.78	0.89	000
29540		A	Strapping of ankle	0.51	0.50	0.42	0.17	0.17	0.03	1.04	0.96	0.71	0.71	000
29550		A	Strapping of toes	0.47	0.46	0.38	0.18	0.17	0.03	0.96	0.88	0.68	0.67	000
29580		A	Application of paste boot	0.57	0.97	0.92	0.22	0.21	0.05	1.59	1.54	0.84	0.83	000
29590		A	Application of foot splint	0.76	0.68	0.49	0.26	0.21	0.05	1.49	1.30	1.07	1.02	000
29700		A	Removal/revision of cast	0.57	0.72	0.54	0.21	0.20	0.06	1.35	1.17	0.84	0.83	000
29705		A	Removal/revision of cast	0.76	0.88	0.63	0.31	0.25	0.08	1.72	1.47	1.15	1.09	000
29710		A	Removal/revision of cast	1.34	1.47	0.98	0.63	0.44	0.12	2.93	2.44	2.09	1.90	000
29715		A	Removal/revision of cast	0.94	4.58	2.76	0.29	0.38	0.10	5.62	3.80	1.33	1.42	000
29720		A	Repair of body cast	0.68	4.36	2.31	0.35	0.24	0.07	5.11	3.06	1.10	0.99	000
29730		A	Windowing of cast	0.75	0.85	0.57	0.29	0.22	0.08	1.68	1.40	1.12	1.05	000
29740		A	Wedging of cast	1.12	2.99	1.70	0.43	0.32	0.11	4.22	2.93	1.66	1.55	000
29750		A	Wedging of clubfoot cast	1.26	2.25	1.40	0.58	0.43	0.11	3.62	2.77	1.95	1.80	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.43	NA	NA	7.25	5.80	0.59	NA	NA	14.27	12.82	090
29804		A	Jaw arthroscopy/surgery	8.14	NA	NA	8.32	9.02	0.62	NA	NA	17.08	17.78	090
29815		A	Shoulder arthroscopy	5.89	NA	NA	6.63	5.94	0.58	NA	NA	13.10	12.41	090
29819		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.46	8.78	0.78	NA	NA	16.86	17.18	090
29820		A	Shoulder arthroscopy/surgery	7.07	NA	NA	8.58	8.51	0.73	NA	NA	16.38	16.31	090
29821		A	Shoulder arthroscopy/surgery	7.72	NA	NA	8.42	8.82	0.78	NA	NA	16.92	17.32	090
29822		A	Shoulder arthroscopy/surgery	7.43	NA	NA	8.79	8.83	0.76	NA	NA	16.98	17.02	090
29823		A	Shoulder arthroscopy/surgery	8.17	NA	NA	9.01	9.39	0.83	NA	NA	18.01	18.39	090
29825		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.55	8.82	0.78	NA	NA	16.95	17.22	090
29826		A	Shoulder arthroscopy/surgery	8.99	NA	NA	9.52	10.13	0.93	NA	NA	19.44	20.05	090
29830		A	Elbow arthroscopy	5.76	NA	NA	5.26	5.52	0.62	NA	NA	11.64	11.90	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
29834		A	Elbow arthroscopy/surgery	6.28	NA	NA	6.20	6.27	0.64	NA	NA	13.12	13.19	090
29835		A	Elbow arthroscopy/surgery	6.48	NA	NA	6.44	6.49	0.66	NA	NA	13.58	13.63	090
29836		A	Elbow arthroscopy/surgery	7.55	NA	NA	6.63	7.13	0.77	NA	NA	14.95	15.45	090
29837		A	Elbow arthroscopy/surgery	6.87	NA	NA	6.38	6.67	0.71	NA	NA	13.96	14.25	090
29838		A	Elbow arthroscopy/surgery	7.71	NA	NA	6.70	7.18	0.80	NA	NA	15.21	15.69	090
29840		A	Wrist arthroscopy	5.54	NA	NA	6.82	5.20	0.57	NA	NA	12.93	11.31	090
29843		A	Wrist arthroscopy/surgery	6.01	NA	NA	6.96	6.52	0.66	NA	NA	13.63	13.19	090
29844		A	Wrist arthroscopy/surgery	6.37	NA	NA	7.64	6.86	0.67	NA	NA	14.68	13.90	090
29845		A	Wrist arthroscopy/surgery	7.52	NA	NA	7.46	7.53	0.77	NA	NA	15.75	15.82	090
29846		A	Wrist arthroscopy/surgery	6.75	NA	NA	9.53	8.80	0.71	NA	NA	16.99	16.26	090
29847		A	Wrist arthroscopy/surgery	7.08	NA	NA	10.52	8.94	0.74	NA	NA	18.34	16.76	090
29848		A	Wrist endoscopy/surgery	5.44	NA	NA	6.81	5.50	0.58	NA	NA	12.83	11.52	090
29850		A	Knee arthroscopy/surgery	8.19	NA	NA	6.57	5.73	0.71	NA	NA	15.47	14.63	090
29851		A	Knee arthroscopy/surgery	13.10	NA	NA	10.84	11.36	1.37	NA	NA	25.31	25.83	090
29855		A	Tibial arthroscopy/surgery	10.62	NA	NA	9.65	11.17	1.09	NA	NA	21.36	22.88	090
29856		A	Tibial arthroscopy/surgery	14.14	NA	NA	12.03	12.36	1.47	NA	NA	27.64	27.97	090
29860		A	Hip arthroscopy, dx	8.05	NA	NA	7.01	6.13	0.77	NA	NA	15.83	14.95	090
29861		A	Hip arthroscopy/surgery	9.15	NA	NA	8.17	9.18	0.88	NA	NA	18.20	19.21	090
29862		A	Hip arthroscopy/surgery	9.90	NA	NA	8.58	9.76	0.95	NA	NA	19.43	20.61	090
29863		A	Hip arthroscopy/surgery	9.90	NA	NA	8.86	9.16	0.95	NA	NA	19.71	20.01	090
29870		A	Knee arthroscopy, dx	5.07	NA	NA	5.36	4.86	0.52	NA	NA	10.95	10.45	090
29871		A	Knee arthroscopy/drainage	6.55	NA	NA	7.03	7.19	0.59	NA	NA	14.17	14.33	090
29874		A	Knee arthroscopy/surgery	7.05	NA	NA	6.83	7.63	0.68	NA	NA	14.56	15.36	090
29875		A	Knee arthroscopy/surgery	6.31	NA	NA	6.55	7.04	0.66	NA	NA	13.52	14.01	090
29876		A	Knee arthroscopy/surgery	7.92	NA	NA	7.86	8.66	0.80	NA	NA	16.58	17.38	090
29877		A	Knee arthroscopy/surgery	7.35	NA	NA	7.14	7.96	0.76	NA	NA	15.25	16.07	090
29879		A	Knee arthroscopy/surgery	8.04	NA	NA	7.49	8.54	0.84	NA	NA	16.37	17.42	090
29880		A	Knee arthroscopy/surgery	8.50	NA	NA	7.77	8.96	0.89	NA	NA	17.16	18.35	090
29881		A	Knee arthroscopy/surgery	7.76	NA	NA	7.36	8.32	0.80	NA	NA	15.92	16.88	090
29882		A	Knee arthroscopy/surgery	8.65	NA	NA	7.79	9.06	0.90	NA	NA	17.34	18.61	090
29883		A	Knee arthroscopy/surgery	9.46	NA	NA	8.26	9.78	0.98	NA	NA	18.70	20.22	090
29884		A	Knee arthroscopy/surgery	7.33	NA	NA	7.86	8.31	0.75	NA	NA	15.94	16.39	090
29885		A	Knee arthroscopy/surgery	9.09	NA	NA	8.79	8.86	0.95	NA	NA	18.83	18.90	090
29886		A	Knee arthroscopy/surgery	7.54	NA	NA	7.66	7.52	0.78	NA	NA	15.98	15.84	090
29887		A	Knee arthroscopy/surgery	9.04	NA	NA	8.59	9.69	0.94	NA	NA	18.57	19.67	090
29888		A	Knee arthroscopy/surgery	13.90	NA	NA	11.68	14.14	1.41	NA	NA	26.99	29.45	090
29889		A	Knee arthroscopy/surgery	15.13	NA	NA	12.54	11.84	1.56	NA	NA	29.23	28.53	090
29891		A	Ankle arthroscopy/surgery	8.40	NA	NA	8.12	8.87	0.81	NA	NA	17.33	18.08	090
29892		A	Ankle arthroscopy/surgery	9.00	NA	NA	8.60	9.11	0.87	NA	NA	18.47	18.98	090
29893		A	Scope, plantar fasciotomy	5.22	NA	NA	4.62	5.13	0.37	NA	NA	10.21	10.72	090
29894		A	Ankle arthroscopy/surgery	7.21	NA	NA	7.04	7.83	0.65	NA	NA	14.90	15.69	090
29895		A	Ankle arthroscopy/surgery	6.99	NA	NA	7.22	7.79	0.65	NA	NA	14.86	15.43	090
29897		A	Ankle arthroscopy/surgery	7.18	NA	NA	7.56	8.07	0.68	NA	NA	15.42	15.93	090
29898		A	Ankle arthroscopy/surgery	8.32	NA	NA	7.55	8.74	0.74	NA	NA	16.61	17.80	090
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.43	2.10	1.37	1.33	0.83	0.11	3.64	2.91	2.87	2.37	010
30020		A	Drainage of nose lesion	1.43	2.33	1.49	1.37	0.85	0.07	3.83	2.99	2.87	2.35	010
30100		A	Intranasal biopsy	0.94	1.12	0.94	0.54	0.46	0.07	2.13	1.95	1.55	1.47	000
30110		A	Removal of nose polyp(s)	1.63	2.26	1.83	0.90	0.80	0.11	4.00	3.57	2.64	2.54	010
30115		A	Removal of nose polyp(s)	4.35	NA	NA	3.98	3.52	0.31	NA	NA	8.64	8.18	090
30117		A	Removal of intranasal lesion	3.16	3.79	3.44	2.85	2.97	0.23	7.18	6.83	6.24	6.36	090
30118		A	Removal of intranasal lesion	9.69	NA	NA	7.73	8.21	0.71	NA	NA	18.13	18.61	090
30120		A	Revision of nose	5.27	5.10	5.70	5.10	5.70	0.40	10.77	11.37	10.77	11.37	090
30124		A	Removal of nose lesion	3.10	NA	NA	2.96	1.85	0.21	NA	NA	6.27	5.16	090
30125		A	Removal of nose lesion	7.16	NA	NA	5.91	5.97	0.48	NA	NA	13.55	13.61	090
30130		A	Removal of turbinate bones	3.38	NA	NA	3.48	2.65	0.23	NA	NA	7.09	6.26	090
30140		A	Removal of turbinate bones	3.43	NA	NA	3.88	3.59	0.25	NA	NA	7.56	7.27	090
30150		A	Partial removal of nose	9.14	NA	NA	7.47	8.04	0.77	NA	NA	17.38	17.95	090
30160		A	Removal of nose	9.58	NA	NA	7.67	9.56	0.75	NA	NA	18.00	19.89	090
30200		A	Injection treatment of nose	0.78	1.02	0.71	0.45	0.33	0.06	1.86	1.55	1.29	1.17	000
30210		A	Nasal sinus therapy	1.08	1.73	1.01	0.64	0.39	0.08	2.89	2.17	1.80	1.55	010
30220		A	Insert nasal septal button	1.54	2.08	1.86	0.89	0.86	0.11	3.73	3.51	2.54	2.51	010
30300		A	Remove nasal foreign body	1.04	2.15	1.33	0.39	0.32	0.08	3.27	2.45	1.51	1.44	010
30310		A	Remove nasal foreign body	1.96	NA	NA	1.75	1.76	0.14	NA	NA	3.85	3.86	010
30320		A	Remove nasal foreign body	4.52	NA	NA	4.70	4.68	0.33	NA	NA	9.55	9.53	090
30400		R	Reconstruction of nose	9.83	NA	NA	7.91	9.37	0.84	NA	NA	18.58	20.04	090
30410		R	Reconstruction of nose	12.98	NA	NA	9.59	12.55	1.14	NA	NA	23.71	26.67	090
30420		R	Reconstruction of nose	15.88	NA	NA	11.49	15.23	1.25	NA	NA	28.62	32.36	090
30430		R	Revision of nose	7.21	NA	NA	6.17	6.39	0.62	NA	NA	14.00	14.22	090
30435		R	Revision of nose	11.71	NA	NA	9.14	10.09	1.03	NA	NA	21.88	22.83	090
30450		R	Revision of nose	18.65	NA	NA	12.87	12.54	1.65	NA	NA	33.17	32.84	090
30460		A	Revision of nose	9.96	NA	NA	7.96	8.64	0.87	NA	NA	18.79	19.47	090
30462		A	Revision of nose	19.57	NA	NA	12.66	15.64	1.90	NA	NA	34.13	37.11	090
30520		A	Repair of nasal septum	5.70	NA	NA	5.21	6.01	0.41	NA	NA	11.32	12.12	090
30540		A	Repair nasal defect	7.75	NA	NA	5.43	6.32	0.54	NA	NA	13.72	14.61	090
30545		A	Repair nasal defect	11.38	NA	NA	8.33	10.04	0.88	NA	NA	20.59	22.30	090
30560		A	Release of nasal adhesions	1.26	1.93	1.27	1.31	0.81	0.09	3.28	2.62	2.66	2.16	010
30580		A	Repair upper jaw fistula	6.69	4.60	5.69	4.60	4.00	0.49	11.78	12.87	11.78	11.18	090
30600		A	Repair mouth/nose fistula	6.02	4.10	4.10	4.10	4.10	0.47	10.59	10.59	10.59	10.59	090
30620		A	Intranasal reconstruction	5.97	NA	NA	5.65	6.39	0.45	NA	NA	12.07	12.81	090
30630		A	Repair nasal septum defect	7.12	NA	NA	6.31	6.54	0.53	NA	NA	13.96	14.19	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
30801		A	Cauterization, inner nose	1.09	2.15	1.33	1.96	1.11	0.08	3.32	2.50	3.13	2.28	010
30802		A	Cauterization, inner nose	2.03	2.64	1.83	2.42	1.72	0.14	4.81	4.00	4.59	3.89	010
30901		A	Control of nosebleed	1.21	1.89	1.25	0.33	0.32	0.10	3.20	2.56	1.64	1.63	000
30903		A	Control of nosebleed	1.54	2.21	1.57	0.52	0.72	0.12	3.87	3.23	2.18	2.38	000
30905		A	Control of nosebleed	1.97	3.97	2.96	0.81	1.38	0.15	6.09	5.08	2.93	3.50	000
30906		A	Repeat control of nosebleed	2.45	4.29	2.73	1.29	1.23	0.18	6.92	5.36	3.92	3.86	000
30915		A	Ligation, nasal sinus artery	7.20	NA	NA	6.26	5.82	0.52	NA	NA	13.98	13.54	090
30920		A	Ligation, upper jaw artery	9.83	NA	NA	7.78	9.07	0.70	NA	NA	18.31	19.60	090
30930		A	Therapy, fracture of nose	1.26	NA	NA	1.75	1.26	0.09	NA	NA	3.10	2.61	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation, maxillary sinus	1.15	1.98	1.23	0.66	0.45	0.08	3.21	2.46	1.89	1.68	010
31002		A	Irrigation, sphenoid sinus	1.91	NA	NA	1.78	1.02	0.13	NA	NA	3.82	3.06	010
31020		A	Exploration, maxillary sinus	2.94	3.57	3.23	3.17	3.03	0.21	6.72	6.38	6.32	6.18	090
31030		A	Exploration, maxillary sinus	5.92	4.36	5.72	4.36	5.72	0.43	10.71	12.07	10.71	12.07	090
31032		A	Explore sinus, remove polyps	6.57	NA	NA	5.50	6.68	0.48	NA	NA	12.55	13.73	090
31040		A	Exploration behind upper jaw	9.42	NA	NA	6.22	7.44	0.69	NA	NA	16.33	17.55	090
31050		A	Exploration, sphenoid sinus	5.28	NA	NA	4.56	5.44	0.39	NA	NA	10.23	11.11	090
31051		A	Sphenoid sinus surgery	7.11	NA	NA	5.93	7.21	0.55	NA	NA	13.59	14.87	090
31070		A	Exploration of frontal sinus	4.28	NA	NA	4.34	4.72	0.31	NA	NA	8.93	9.31	090
31075		A	Exploration of frontal sinus	9.16	NA	NA	7.61	9.28	0.63	NA	NA	17.40	19.07	090
31080		A	Removal of frontal sinus	11.42	NA	NA	8.36	9.18	0.81	NA	NA	20.59	21.41	090
31081		A	Removal of frontal sinus	12.75	NA	NA	9.08	10.14	1.86	NA	NA	23.69	24.75	090
31084		A	Removal of frontal sinus	13.51	NA	NA	9.88	12.97	1.03	NA	NA	24.42	27.51	090
31085		A	Removal of frontal sinus	14.20	NA	NA	10.17	13.56	1.35	NA	NA	25.72	29.11	090
31086		A	Removal of frontal sinus	12.86	NA	NA	9.70	10.75	0.96	NA	NA	23.52	24.57	090
31087		A	Removal of frontal sinus	13.10	NA	NA	9.51	10.40	0.93	NA	NA	23.54	24.43	090
31090		A	Exploration of sinuses	9.53	NA	NA	8.08	9.73	0.68	NA	NA	18.29	19.94	090
31200		A	Removal of ethmoid sinus	4.97	NA	NA	5.52	5.27	0.28	NA	NA	10.77	10.52	090
31201		A	Removal of ethmoid sinus	8.37	NA	NA	7.01	7.31	0.59	NA	NA	15.97	16.27	090
31205		A	Removal of ethmoid sinus	10.24	NA	NA	8.29	8.50	0.61	NA	NA	19.14	19.35	090
31225		A	Removal of upper jaw	19.23	NA	NA	14.11	17.61	1.41	NA	NA	34.75	38.25	090
31230		A	Removal of upper jaw	21.94	NA	NA	15.90	19.75	1.67	NA	NA	39.51	43.36	090
31231		A	Nasal endoscopy, dx	1.10	1.70	1.60	0.61	1.05	0.08	2.88	2.78	1.79	2.23	000
31233		A	Nasal/sinus endoscopy, dx	2.18	2.34	2.69	1.27	1.40	0.15	4.67	5.02	3.60	3.73	000
31235		A	Nasal/sinus endoscopy, dx	2.64	2.61	2.60	1.55	1.43	0.18	5.43	5.42	4.37	4.25	000
31237		A	Nasal/sinus endoscopy, surg	2.98	2.87	3.22	1.70	1.74	0.21	6.06	6.41	4.89	4.93	000
31238		A	Nasal/sinus endoscopy, surg	3.26	3.26	3.58	1.91	1.93	0.23	6.75	7.07	5.40	5.42	000
31239		A	Nasal/sinus endoscopy, surg	8.70	NA	NA	6.54	8.47	0.44	NA	NA	15.68	17.61	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.48	2.30	0.18	NA	NA	4.27	5.09	000
31254		A	Revision of ethmoid sinus	4.65	NA	NA	2.74	4.15	0.32	NA	NA	7.71	9.12	000
31255		A	Removal of ethmoid sinus	6.96	NA	NA	4.10	6.21	0.50	NA	NA	11.56	13.67	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	1.94	2.94	0.23	NA	NA	5.46	6.46	000
31267		A	Endoscopy, maxillary sinus	5.46	NA	NA	3.22	4.45	0.39	NA	NA	9.07	10.30	000
31276		A	Sinus endoscopy, surgical	8.85	NA	NA	5.12	6.21	0.63	NA	NA	14.60	15.69	000
31287		A	Nasal/sinus endoscopy, surg	3.92	NA	NA	2.31	3.50	0.28	NA	NA	6.51	7.70	000
31288		A	Nasal/sinus endoscopy, surg	4.58	NA	NA	2.70	4.09	0.32	NA	NA	7.60	8.99	000
31290		A	Nasal/sinus endoscopy, surg	17.24	NA	NA	11.53	14.70	1.28	NA	NA	30.05	33.22	010
31291		A	Nasal/sinus endoscopy, surg	18.19	NA	NA	11.87	15.33	1.73	NA	NA	31.79	35.25	010
31292		A	Nasal/sinus endoscopy, surg	14.76	NA	NA	10.02	12.27	1.03	NA	NA	25.81	28.06	010
31293		A	Nasal/sinus endoscopy, surg	16.21	NA	NA	10.66	13.28	1.09	NA	NA	27.96	30.58	010
31294		A	Nasal/sinus endoscopy, surg	19.06	NA	NA	12.43	15.29	1.71	NA	NA	33.20	36.06	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	14.29	NA	NA	15.68	14.13	1.02	NA	NA	30.99	29.44	090
31320		A	Diagnostic incision, larynx	5.26	NA	NA	10.85	7.53	0.39	NA	NA	16.50	13.18	090
31360		A	Removal of larynx	17.08	NA	NA	17.05	18.72	1.24	NA	NA	35.37	37.04	090
31365		A	Removal of larynx	24.16	NA	NA	21.02	24.94	1.77	NA	NA	46.95	50.87	090
31367		A	Partial removal of larynx	21.86	NA	NA	21.37	20.03	1.59	NA	NA	44.82	43.48	090
31368		A	Partial removal of larynx	27.09	NA	NA	25.45	27.25	1.98	NA	NA	54.52	56.32	090
31370		A	Partial removal of larynx	21.38	NA	NA	21.33	19.99	1.60	NA	NA	44.31	42.97	090
31375		A	Partial removal of larynx	20.21	NA	NA	18.85	17.48	1.41	NA	NA	40.47	39.10	090
31380		A	Partial removal of larynx	20.21	NA	NA	18.98	18.86	1.44	NA	NA	40.63	40.51	090
31382		A	Partial removal of larynx	20.52	NA	NA	21.34	19.39	1.51	NA	NA	43.37	41.42	090
31390		A	Removal of larynx & pharynx	27.53	NA	NA	25.78	27.59	1.99	NA	NA	55.30	57.11	090
31395		A	Reconstruct larynx & pharynx	31.09	NA	NA	30.43	33.41	2.25	NA	NA	63.77	66.75	090
31400		A	Revision of larynx	10.31	NA	NA	13.45	10.97	0.74	NA	NA	24.50	22.02	090
31420		A	Removal of epiglottis	10.22	NA	NA	13.35	11.06	0.74	NA	NA	24.31	22.02	090
31500		A	Insert emergency airway	2.33	NA	NA	0.56	0.90	0.17	NA	NA	3.06	3.40	000
31502		A	Change of windpipe airway	0.65	1.58	1.11	0.27	0.45	0.04	2.27	1.80	0.96	1.14	000
31505		A	Diagnostic laryngoscopy	0.61	1.48	0.98	0.23	0.24	0.05	2.14	1.64	0.89	0.90	000
31510		A	Laryngoscopy with biopsy	1.92	2.37	1.49	1.01	0.81	0.14	4.43	3.55	3.07	2.87	000
31511		A	Remove foreign body, larynx	2.16	2.55	1.80	0.81	0.93	0.18	4.89	4.14	3.15	3.27	000
31512		A	Removal of larynx lesion	2.07	2.48	2.21	1.13	1.54	0.19	4.74	4.47	3.39	3.80	000
31513		A	Injection into vocal cord	2.10	NA	NA	1.25	1.88	0.15	NA	NA	3.50	4.13	000
31515		A	Laryngoscopy for aspiration	1.80	2.21	1.72	0.77	1.00	0.12	4.13	3.64	2.69	2.92	000
31520		A	Diagnostic laryngoscopy	2.56	NA	NA	1.34	1.56	0.18	NA	NA	4.08	4.30	000
31525		A	Diagnostic laryngoscopy	2.63	2.60	2.50	1.45	1.33	0.18	5.41	5.31	4.26	4.14	000
31526		A	Diagnostic laryngoscopy	2.57	NA	NA	1.51	2.29	0.18	NA	NA	4.26	5.04	000
31527		A	Laryngoscopy for treatment	3.27	NA	NA	1.68	2.46	0.23	NA	NA	5.18	5.96	000
31528		A	Laryngoscopy and dilatation	2.37	NA	NA	1.26	2.05	0.18	NA	NA	3.81	4.60	000
31529		A	Laryngoscopy and dilatation	2.68	NA	NA	1.46	2.07	0.19	NA	NA	4.33	4.94	000
31530		A	Operative laryngoscopy	3.39	NA	NA	1.73	2.84	0.23	NA	NA	5.35	6.46	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
31531		A	Operative laryngoscopy	3.59	NA	NA	2.13	3.21	0.26	NA	NA	5.98	7.06	000
31535		A	Operative laryngoscopy	3.16	NA	NA	1.82	2.80	0.23	NA	NA	5.21	6.19	000
31536		A	Operative laryngoscopy	3.56	NA	NA	2.09	3.17	0.26	NA	NA	5.91	6.99	000
31540		A	Operative laryngoscopy	4.13	NA	NA	2.42	3.68	0.30	NA	NA	6.85	8.11	000
31541		A	Operative laryngoscopy	4.53	NA	NA	2.65	3.80	0.32	NA	NA	7.50	8.65	000
31560		A	Operative laryngoscopy	5.46	NA	NA	3.13	4.28	0.39	NA	NA	8.98	10.13	000
31561		A	Operative laryngoscopy	6.00	NA	NA	3.47	5.14	0.43	NA	NA	9.90	11.57	000
31570		A	Laryngoscopy with injection	3.87	3.83	4.23	2.21	2.26	0.29	7.99	8.39	6.37	6.42	000
31571		A	Laryngoscopy with injection	4.27	NA	NA	2.47	3.68	0.31	NA	NA	7.05	8.26	000
31575		A	Diagnostic laryngoscopy	1.10	1.79	1.74	0.59	0.72	0.08	2.97	2.92	1.77	1.90	000
31576		A	Laryngoscopy with biopsy	1.97	1.89	2.13	1.09	1.73	0.13	3.99	4.23	3.19	3.83	000
31577		A	Remove foreign body, larynx	2.47	2.20	2.58	1.33	2.14	0.18	4.85	5.23	3.98	4.79	000
31578		A	Removal of larynx lesion	2.84	2.51	2.95	0.94	2.17	0.20	5.55	5.99	3.98	5.21	000
31579		A	Diagnostic laryngoscopy	2.26	2.56	2.55	1.26	1.27	0.16	4.98	4.97	3.68	3.69	000
31580		A	Revision of larynx	12.38	NA	NA	13.82	14.30	0.88	NA	NA	27.08	27.56	090
31582		A	Revision of larynx	21.62	NA	NA	19.80	19.60	1.54	NA	NA	42.96	42.76	090
31584		A	Treat larynx fracture	19.64	NA	NA	17.28	15.54	1.54	NA	NA	38.46	36.72	090
31585		A	Treat larynx fracture	4.64	NA	NA	7.52	5.81	0.32	NA	NA	12.48	10.77	090
31586		A	Treat larynx fracture	8.03	NA	NA	11.05	9.08	0.57	NA	NA	19.65	17.68	090
31587		A	Revision of larynx	11.99	NA	NA	12.50	10.16	0.88	NA	NA	25.37	23.03	090
31588		A	Revision of larynx	13.11	NA	NA	15.12	13.37	0.94	NA	NA	29.17	27.42	090
31590		A	Reinnervate larynx	6.97	NA	NA	10.28	8.27	0.47	NA	NA	17.72	15.71	090
31595		A	Larynx nerve surgery	8.34	NA	NA	9.81	8.62	0.61	NA	NA	18.76	17.57	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	3.62	NA	NA	1.66	2.99	0.34	NA	NA	5.62	6.95	000
31601		A	Incision of windpipe	4.45	NA	NA	2.28	3.80	0.36	NA	NA	7.09	8.61	000
31603		A	Incision of windpipe	4.15	NA	NA	1.93	3.26	0.38	NA	NA	6.46	7.79	000
31605		A	Incision of windpipe	3.58	NA	NA	1.33	2.81	0.36	NA	NA	5.27	6.75	000
31610		A	Incision of windpipe	8.76	NA	NA	9.92	8.58	0.70	NA	NA	19.38	18.04	090
31611		A	Surgery/speech prosthesis	5.64	NA	NA	8.80	7.90	0.41	NA	NA	14.85	13.95	090
31612		A	Puncture/clear windpipe	0.91	1.26	1.27	0.36	0.73	0.06	2.23	2.24	1.33	1.70	000
31613		A	Repair windpipe opening	4.59	NA	NA	8.15	5.28	0.37	NA	NA	13.11	10.24	090
31614		A	Repair windpipe opening	7.12	NA	NA	10.85	9.08	0.53	NA	NA	18.50	16.73	090
31615		A	Visualization of windpipe	2.09	3.10	2.61	0.95	1.54	0.14	5.33	4.84	3.18	3.77	000
31622		A	Dx bronchoscope/wash	2.78	3.26	3.30	0.92	2.13	0.13	6.17	6.21	3.83	5.04	000
31623		A	Dx bronchoscope/brush	2.88	3.30	3.32	0.95	2.15	0.15	6.33	6.35	3.98	5.18	000
31624		A	Dx bronchoscope/lavage	2.88	2.89	3.12	0.95	2.15	0.15	5.92	6.15	3.98	5.18	000
31625		A	Bronchoscopy with biopsy	3.37	2.88	3.46	1.07	2.55	0.16	6.41	6.99	4.60	6.08	000
31628		A	Bronchoscopy with biopsy	3.81	3.35	3.95	1.15	2.85	0.13	7.29	7.89	5.09	6.79	000
31629		A	Bronchoscopy with biopsy	3.37	NA	NA	1.03	2.53	0.11	NA	NA	4.51	6.01	000
31630		A	Bronchoscopy with repair	3.82	NA	NA	1.62	2.83	0.34	NA	NA	5.78	6.99	000
31631		A	Bronchoscopy with dilation	4.37	NA	NA	1.63	2.96	0.31	NA	NA	6.31	7.64	000
31635		A	Remove foreign body, airway	3.68	NA	NA	1.33	2.87	0.23	NA	NA	5.24	6.78	000
31640		A	Bronchoscopy & remove lesion	4.94	NA	NA	2.07	3.76	0.37	NA	NA	7.38	9.07	000
31641		A	Bronchoscopy, treat blockage	5.03	NA	NA	1.77	3.89	0.28	NA	NA	7.08	9.20	000
31643		A	Diag bronchoscope/catheter	3.50	1.83	2.59	1.27	2.31	0.20	5.53	6.29	4.97	6.01	000
31645		A	Bronchoscopy, clear airways	3.16	NA	NA	0.98	2.38	0.13	NA	NA	4.27	5.67	000
31646		A	Bronchoscopy, reclear airway	2.72	NA	NA	0.85	2.05	0.12	NA	NA	3.69	4.89	000
31656		A	Bronchoscopy, inj for xray	2.17	NA	NA	0.58	1.59	0.10	NA	NA	2.85	3.86	000
31700		A	Insertion of airway catheter	1.34	1.85	1.68	0.38	0.94	0.08	3.27	3.10	1.80	2.36	000
31708		A	Instill airway contrast dye	1.41	NA	NA	0.41	0.63	0.06	NA	NA	1.88	2.10	000
31710		A	Insertion of airway catheter	1.30	NA	NA	0.39	0.69	0.05	NA	NA	1.74	2.04	000
31715		A	Injection for bronchus x-ray	1.11	NA	NA	0.30	0.41	0.04	NA	NA	1.45	1.56	000
31717		A	Bronchial brush biopsy	2.12	3.10	1.95	0.66	0.73	0.08	5.30	4.15	2.86	2.93	000
31720		A	Clearance of airways	1.06	1.82	1.31	0.33	0.57	0.06	2.94	2.43	1.45	1.69	000
31725		A	Clearance of airways	1.96	NA	NA	0.64	1.09	0.08	NA	NA	2.68	3.13	000
31730		A	Intro, windpipe wire/tube	2.85	2.39	2.54	0.99	1.84	0.15	5.39	5.54	3.99	4.84	000
31750		A	Repair of windpipe	13.02	NA	NA	14.34	11.99	1.00	NA	NA	28.36	26.01	090
31755		A	Repair of windpipe	15.93	NA	NA	17.11	15.77	1.20	NA	NA	34.24	32.90	090
31760		A	Repair of windpipe	22.35	NA	NA	14.17	13.01	2.09	NA	NA	38.61	37.45	090
31766		A	Reconstruction of windpipe	30.43	NA	NA	16.93	18.45	3.73	NA	NA	51.09	52.61	090
31770		A	Repair/graft of bronchus	22.51	NA	NA	17.03	16.69	2.06	NA	NA	41.60	41.26	090
31775		A	Reconstruct bronchus	23.54	NA	NA	19.25	18.51	2.80	NA	NA	45.59	44.85	090
31780		A	Reconstruct windpipe	17.72	NA	NA	14.00	16.41	1.70	NA	NA	33.42	35.83	090
31781		A	Reconstruct windpipe	23.53	NA	NA	16.97	17.64	2.83	NA	NA	43.33	44.00	090
31785		A	Remove windpipe lesion	17.23	NA	NA	13.17	11.43	1.35	NA	NA	31.75	30.01	090
31786		A	Remove windpipe lesion	23.98	NA	NA	18.42	16.43	1.99	NA	NA	44.39	42.40	090
31800		A	Repair of windpipe injury	7.43	NA	NA	6.89	6.11	0.74	NA	NA	15.06	14.28	090
31805		A	Repair of windpipe injury	13.13	NA	NA	13.03	11.85	1.72	NA	NA	27.88	26.70	090
31820		A	Closure of windpipe lesion	4.49	7.27	5.58	7.25	5.57	0.34	12.10	10.41	12.08	10.40	090
31825		A	Repair of windpipe defect	6.81	9.86	7.65	9.86	7.65	0.52	17.19	14.98	17.19	14.98	090
31830		A	Revise windpipe scar	4.50	7.20	5.59	7.20	5.59	0.36	12.06	10.45	12.06	10.45	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000		A	Drainage of chest	1.54	3.17	2.08	0.47	0.73	0.07	4.78	3.69	2.08	2.34	000
32001		D	Total lung lavage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
32002		A	Treatment of collapsed lung	2.19	NA	NA	0.67	1.06	0.11	NA	NA	2.97	3.36	000
32005		A	Treat lung lining chemically	2.19	NA	NA	0.77	0.98	0.18	NA	NA	3.14	3.35	000
32020		A	Insertion of chest tube	3.98	NA	NA	1.42	2.14	0.37	NA	NA	5.77	6.49	000
32035		A	Exploration of chest	8.67	NA	NA	10.53	8.94	1.05	NA	NA	20.25	18.66	090
32036		A	Exploration of chest	9.68	NA	NA	11.78	9.76	1.19	NA	NA	22.65	20.63	090
32095		A	Biopsy through chest wall	8.36	NA	NA	10.93	9.94	0.98	NA	NA	20.27	19.28	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
32100		A	Exploration/biopsy of chest	11.84	NA	NA	12.11	12.16	1.45	NA	NA	25.40	25.45	090
32110		A	Explore/repair chest	13.62	NA	NA	12.52	12.51	1.67	NA	NA	27.81	27.80	090
32120		A	Re-exploration of chest	11.54	NA	NA	12.71	11.49	1.45	NA	NA	25.70	24.48	090
32124		A	Explore chest free adhesions	12.72	NA	NA	11.54	11.71	1.57	NA	NA	25.83	26.00	090
32140		A	Removal of lung lesion(s)	13.93	NA	NA	13.74	13.58	1.68	NA	NA	29.35	29.19	090
32141		A	Remove/treat lung lesions	14.00	NA	NA	11.53	13.05	1.74	NA	NA	27.27	28.79	090
32150		A	Removal of lung lesion(s)	14.15	NA	NA	12.78	12.00	1.71	NA	NA	28.64	27.86	090
32151		A	Remove lung foreign body	14.21	NA	NA	14.09	12.01	1.76	NA	NA	30.06	27.98	090
32160		A	Open chest heart massage	9.30	NA	NA	7.61	8.76	1.07	NA	NA	17.98	19.13	090
32200		A	Drain, open, lung lesion	15.29	NA	NA	10.89	9.19	1.25	NA	NA	27.43	25.73	090
32201		A	Drain, percut, lung lesion	4.00	NA	NA	5.64	4.47	0.32	NA	NA	9.96	8.79	000
32215		A	Treat chest lining	11.33	NA	NA	12.89	10.58	1.37	NA	NA	25.59	23.28	090
32220		A	Release of lung	19.27	NA	NA	16.10	16.63	2.28	NA	NA	37.65	38.18	090
32225		A	Partial release of lung	13.96	NA	NA	13.36	13.11	1.74	NA	NA	29.06	28.81	090
32310		A	Removal of chest lining	13.44	NA	NA	12.66	12.65	1.65	NA	NA	27.75	27.74	090
32320		A	Free/remove chest lining	20.54	NA	NA	15.49	17.57	2.50	NA	NA	38.53	40.61	090
32400		A	Needle biopsy chest lining	1.76	1.70	1.66	0.52	1.07	0.07	3.53	3.49	2.35	2.90	000
32402		A	Open biopsy chest lining	7.56	NA	NA	11.02	9.63	0.94	NA	NA	19.52	18.13	090
32405		A	Biopsy, lung or mediastinum	1.93	2.25	2.28	0.53	1.42	0.08	4.26	4.29	2.54	3.43	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.64	1.14	0.10	NA	NA	2.92	3.42	000
32440		A	Removal of lung	21.02	NA	NA	16.12	18.13	2.60	NA	NA	39.74	41.75	090
32442		A	Sleeve pneumonectomy	26.24	NA	NA	16.60	18.04	3.28	NA	NA	46.12	47.56	090
32445		A	Removal of lung	25.09	NA	NA	16.55	19.38	3.09	NA	NA	44.73	47.56	090
32480		A	Partial removal of lung	18.32	NA	NA	13.97	16.29	2.25	NA	NA	34.54	36.86	090
32482		A	Bilobectomy	19.71	NA	NA	15.10	16.86	2.38	NA	NA	37.19	38.95	090
32484		A	Segmentectomy	20.69	NA	NA	15.42	17.02	2.54	NA	NA	38.65	40.25	090
32486		A	Sleeve lobectomy	23.92	NA	NA	17.84	17.90	3.04	NA	NA	44.80	44.86	090
32488		A	Completion pneumonectomy	25.71	NA	NA	18.14	18.70	3.19	NA	NA	47.04	47.60	090
32491		R	Lung volume reduction	21.25	NA	NA	16.12	16.45	2.84	NA	NA	40.21	40.54	090
32500		A	Partial removal of lung	14.30	NA	NA	13.67	14.15	1.79	NA	NA	29.76	30.24	090
32501		A	Repair bronchus add-on	4.69	NA	NA	1.87	3.28	0.53	NA	NA	7.09	8.50	ZZZ
32520		A	Remove lung & revise chest	21.68	NA	NA	16.65	19.54	2.75	NA	NA	41.08	43.97	090
32522		A	Remove lung & revise chest	24.20	NA	NA	17.31	20.54	3.03	NA	NA	44.54	47.77	090
32525		A	Remove lung & revise chest	26.50	NA	NA	17.81	21.66	3.29	NA	NA	47.60	51.45	090
32540		A	Removal of lung lesion	14.64	NA	NA	13.89	13.28	1.81	NA	NA	30.34	29.73	090
32601		A	Thoracoscopy, diagnostic	5.46	NA	NA	4.66	4.22	0.68	NA	NA	10.80	10.36	000
32602		A	Thoracoscopy, diagnostic	5.96	NA	NA	4.86	4.53	0.74	NA	NA	11.56	11.23	000
32603		A	Thoracoscopy, diagnostic	7.81	NA	NA	5.62	4.70	0.78	NA	NA	14.21	13.29	000
32604		A	Thoracoscopy, diagnostic	8.78	NA	NA	6.22	5.21	1.07	NA	NA	16.07	15.06	000
32605		A	Thoracoscopy, diagnostic	6.93	NA	NA	5.67	4.72	0.86	NA	NA	13.46	12.51	000
32606		A	Thoracoscopy, diagnostic	8.40	NA	NA	5.86	5.03	1.04	NA	NA	15.30	14.47	000
32650		A	Thoracoscopy, surgical	10.75	NA	NA	11.21	9.74	1.26	NA	NA	23.22	21.75	090
32651		A	Thoracoscopy, surgical	12.91	NA	NA	11.23	12.04	1.55	NA	NA	25.69	26.50	090
32652		A	Thoracoscopy, surgical	18.66	NA	NA	14.31	15.74	2.30	NA	NA	35.27	36.70	090
32653		A	Thoracoscopy, surgical	12.87	NA	NA	11.96	11.59	1.55	NA	NA	26.38	26.01	090
32654		A	Thoracoscopy, surgical	12.44	NA	NA	9.46	10.98	1.48	NA	NA	23.38	24.90	090
32655		A	Thoracoscopy, surgical	13.10	NA	NA	11.28	12.92	1.54	NA	NA	25.92	27.56	090
32656		A	Thoracoscopy, surgical	12.91	NA	NA	12.02	13.26	1.61	NA	NA	26.54	27.78	090
32657		A	Thoracoscopy, surgical	13.65	NA	NA	12.09	13.36	1.65	NA	NA	27.39	28.66	090
32658		A	Thoracoscopy, surgical	11.63	NA	NA	11.87	12.88	1.45	NA	NA	24.95	25.96	090
32659		A	Thoracoscopy, surgical	11.59	NA	NA	11.94	12.89	1.46	NA	NA	24.99	25.94	090
32660		A	Thoracoscopy, surgical	17.43	NA	NA	16.64	18.72	2.29	NA	NA	36.36	38.44	090
32661		A	Thoracoscopy, surgical	13.25	NA	NA	13.12	11.58	1.65	NA	NA	28.02	26.48	090
32662		A	Thoracoscopy, surgical	16.44	NA	NA	13.61	14.70	2.03	NA	NA	32.08	33.17	090
32663		A	Thoracoscopy, surgical	18.47	NA	NA	14.31	16.46	2.25	NA	NA	35.03	37.18	090
32664		A	Thoracoscopy, surgical	14.20	NA	NA	11.27	11.36	1.64	NA	NA	27.11	27.20	090
32665		A	Thoracoscopy, surgical	15.54	NA	NA	11.56	13.56	1.80	NA	NA	28.90	30.90	090
32800		A	Repair lung hernia	13.69	NA	NA	13.79	11.39	1.41	NA	NA	28.89	26.49	090
32810		A	Close chest after drainage	13.05	NA	NA	12.87	9.96	1.66	NA	NA	27.58	24.67	090
32815		A	Close bronchial fistula	23.15	NA	NA	18.44	17.48	2.94	NA	NA	44.53	43.57	090
32820		A	Reconstruct injured chest	21.48	NA	NA	15.61	18.12	2.40	NA	NA	39.49	42.00	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant, single	38.63	NA	NA	25.49	26.61	5.21	NA	NA	69.33	70.45	090
32852		A	Lung transplant with bypass	41.80	NA	NA	26.49	28.28	5.81	NA	NA	74.10	75.89	090
32853		A	Lung transplant, double	47.81	NA	NA	29.00	31.83	6.43	NA	NA	83.24	86.07	090
32854		A	Lung transplant with bypass	50.98	NA	NA	31.09	34.05	6.75	NA	NA	88.82	91.78	090
32900		A	Removal of rib(s)	20.27	NA	NA	15.10	12.15	2.40	NA	NA	37.77	34.82	090
32905		A	Revise & repair chest wall	20.75	NA	NA	15.06	14.45	2.55	NA	NA	38.36	37.75	090
32906		A	Revise & repair chest wall	26.77	NA	NA	18.49	17.61	3.34	NA	NA	48.60	47.72	090
32940		A	Revision of lung	19.43	NA	NA	14.72	13.53	2.37	NA	NA	36.52	35.33	090
32960		A	Therapeutic pneumothorax	1.84	1.91	1.46	0.41	0.71	0.13	3.88	3.43	2.38	2.68	000
32997		A	Total lung lavage	6.00	2.28	2.28	2.28	2.28	0.58	8.86	8.86	8.86	8.86	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	NA	NA	0.84	1.26	0.27	NA	NA	3.35	3.77	000
33011		A	Repeat drainage of heart sac	2.24	NA	NA	0.86	0.73	0.26	NA	NA	3.36	3.23	000
33015		A	Incision of heart sac	6.80	NA	NA	5.25	4.94	0.88	NA	NA	12.93	12.62	090
33020		A	Incision of heart sac	12.61	NA	NA	10.68	12.54	1.63	NA	NA	24.92	26.78	090
33025		A	Incision of heart sac	12.09	NA	NA	11.23	12.83	1.55	NA	NA	24.87	26.47	090
33030		A	Partial removal of heart sac	18.71	NA	NA	16.61	19.47	2.41	NA	NA	37.73	40.59	090
33031		A	Partial removal of heart sac	21.79	NA	NA	18.80	16.59	2.90	NA	NA	43.49	41.28	090
33050		A	Removal of heart sac lesion	14.36	NA	NA	13.33	11.69	1.77	NA	NA	29.46	27.82	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
33120		A	Removal of heart lesion	24.56	NA	NA	22.33	25.83	3.19	NA	NA	50.08	53.58	090
33130		A	Removal of heart lesion	21.39	NA	NA	16.52	15.59	2.42	NA	NA	40.33	39.40	090
33140		A	Heart revascularize (tmr)	20.00	NA	NA	13.15	13.15	2.56	NA	NA	35.71	35.71	090
33200		A	Insertion of heart pacemaker	12.48	NA	NA	11.99	12.66	1.45	NA	NA	25.92	26.59	090
33201		A	Insertion of heart pacemaker	10.18	NA	NA	12.63	12.39	1.34	NA	NA	24.15	23.91	090
33206		A	Insertion of heart pacemaker	6.67	NA	NA	6.17	7.07	0.84	NA	NA	13.68	14.58	090
33207		A	Insertion of heart pacemaker	8.04	NA	NA	6.50	8.05	1.03	NA	NA	15.57	17.12	090
33208		A	Insertion of heart pacemaker	8.13	NA	NA	6.64	8.17	1.07	NA	NA	15.84	17.37	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.34	2.46	0.42	NA	NA	5.06	6.18	000
33211		A	Insertion of heart electrode	3.40	NA	NA	1.44	2.51	0.44	NA	NA	5.28	6.35	000
33212		A	Insertion of pulse generator	5.52	NA	NA	4.93	5.39	0.71	NA	NA	11.16	11.62	090
33213		A	Insertion of pulse generator	6.37	NA	NA	5.25	5.55	0.82	NA	NA	12.44	12.74	090
33214		A	Upgrade of pacemaker system	7.75	NA	NA	6.29	6.08	0.99	NA	NA	15.03	14.82	090
33216		A	Revise eltrd pacing-defib	5.39	NA	NA	5.43	5.44	0.70	NA	NA	11.52	11.53	090
33217		A	Revise eltrd pacing-defib	5.75	NA	NA	5.54	5.50	0.76	NA	NA	12.05	12.01	090
33218		A	Revise eltrd pacing-defib	5.44	NA	NA	4.93	4.96	0.70	NA	NA	11.07	11.10	090
33220		A	Revise eltrd pacing-defib	5.52	NA	NA	4.98	4.98	0.71	NA	NA	11.21	11.21	090
33222		A	Revise pocket, pacemaker	4.96	NA	NA	4.31	5.12	0.62	NA	NA	9.89	10.70	090
33223		A	Revise pocket, pacing-defib	6.46	NA	NA	5.70	5.95	0.88	NA	NA	13.04	13.29	090
33233		A	Removal of pacemaker system	3.29	NA	NA	4.24	3.56	0.44	NA	NA	7.97	7.29	090
33234		A	Removal of pacemaker system	7.82	NA	NA	6.33	4.71	1.05	NA	NA	15.20	13.58	090
33235		A	Removal pacemaker electrode	9.40	NA	NA	6.96	5.19	1.26	NA	NA	17.62	15.85	090
33236		A	Remove electrode/thoracotomy	12.60	NA	NA	11.48	7.90	1.63	NA	NA	25.71	22.13	090
33237		A	Remove electrode/thoracotomy	13.71	NA	NA	12.46	11.44	1.77	NA	NA	27.94	26.92	090
33238		A	Remove electrode/thoracotomy	15.22	NA	NA	11.68	11.43	1.41	NA	NA	28.31	28.06	090
33240		A	Insert pulse generator	7.60	NA	NA	6.36	6.10	1.03	NA	NA	14.99	14.73	090
33241		A	Remove pulse generator	3.24	NA	NA	3.95	3.15	0.44	NA	NA	7.63	6.83	090
33242		D	Repair pulse generator/leads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
33243		A	Remove eltrd/thoracotomy	22.64	NA	NA	13.87	11.83	3.03	NA	NA	39.54	37.50	090
33244		A	Remove eltrd, transven	13.76	NA	NA	9.22	9.51	1.83	NA	NA	24.81	25.10	090
33245		A	Insert epic eltrd pace-defib	14.30	NA	NA	14.30	15.69	1.83	NA	NA	30.43	31.82	090
33246		A	Insert epic eltrd/generator	20.71	NA	NA	16.35	19.46	2.74	NA	NA	39.80	42.91	090
33247		D	Insert/replace leads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
33249		A	Eltrd/insert pace-defib	14.23	NA	NA	9.87	12.87	1.79	NA	NA	25.89	28.89	090
33250		A	Ablate heart dysrhythm focus	21.85	NA	NA	14.51	13.53	2.97	NA	NA	39.33	38.35	090
33251		A	Ablate heart dysrhythm focus	24.88	NA	NA	20.04	18.93	3.26	NA	NA	48.18	47.07	090
33253		A	Reconstruct atria	31.06	NA	NA	22.48	23.08	4.12	NA	NA	57.66	58.26	090
33261		A	Ablate heart dysrhythm focus	24.88	NA	NA	19.80	17.48	2.94	NA	NA	47.62	45.30	090
33282		A	Implant pat-active ht record	4.17	NA	NA	5.99	5.99	0.53	NA	NA	10.69	10.69	090
33284		A	Remove pat-active ht record	2.50	NA	NA	5.46	5.46	0.33	NA	NA	8.29	8.29	090
33300		A	Repair of heart wound	17.92	NA	NA	15.54	15.56	2.33	NA	NA	35.79	35.81	090
33305		A	Repair of heart wound	21.44	NA	NA	18.48	18.68	2.81	NA	NA	42.73	42.93	090
33310		A	Exploratory heart surgery	18.51	NA	NA	17.47	14.86	2.48	NA	NA	38.46	35.85	090
33315		A	Exploratory heart surgery	22.37	NA	NA	18.77	17.24	3.00	NA	NA	44.14	42.61	090
33320		A	Repair major blood vessel(s)	16.79	NA	NA	14.26	14.81	2.14	NA	NA	33.19	33.74	090
33321		A	Repair major vessel	20.20	NA	NA	17.18	20.39	2.36	NA	NA	39.74	42.95	090
33322		A	Repair major blood vessel(s)	20.62	NA	NA	17.70	20.65	2.70	NA	NA	41.02	43.97	090
33330		A	Insert major vessel graft	21.43	NA	NA	16.24	15.00	2.79	NA	NA	40.46	39.22	090
33332		A	Insert major vessel graft	23.96	NA	NA	16.19	16.27	3.29	NA	NA	43.44	43.52	090
33335		A	Insert major vessel graft	30.01	NA	NA	21.84	19.10	3.99	NA	NA	55.84	53.10	090
33400		A	Repair of aortic valve	25.34	NA	NA	23.32	25.88	3.34	NA	NA	52.00	54.56	090
33401		A	Valvuloplasty, open	23.91	NA	NA	18.63	23.54	3.19	NA	NA	45.73	50.64	090
33403		A	Valvuloplasty, w/cp bypass	24.89	NA	NA	22.49	25.47	3.47	NA	NA	50.85	53.83	090
33404		A	Prepare heart-aorta conduit	28.54	NA	NA	24.27	29.09	3.68	NA	NA	56.49	61.31	090
33405		A	Replacement of aortic valve	30.61	NA	NA	22.51	27.80	3.97	NA	NA	57.09	62.38	090
33406		A	Replacement of aortic valve	32.30	NA	NA	23.12	30.84	4.18	NA	NA	59.60	67.32	090
33410		A	Replacement of aortic valve	32.46	NA	NA	23.27	23.27	4.21	NA	NA	59.94	59.94	090
33411		A	Replacement of aortic valve	32.47	NA	NA	23.37	31.07	4.21	NA	NA	60.05	67.75	090
33412		A	Replacement of aortic valve	34.79	NA	NA	26.56	34.05	4.18	NA	NA	65.53	73.02	090
33413		A	Replacement of aortic valve	35.24	NA	NA	27.44	34.75	4.59	NA	NA	67.27	74.58	090
33414		A	Repair of aortic valve	30.35	NA	NA	27.32	31.78	3.88	NA	NA	61.55	66.01	090
33415		A	Revision, subvalvular tissue	27.15	NA	NA	24.07	28.25	2.84	NA	NA	54.06	58.24	090
33416		A	Revise ventricle muscle	30.35	NA	NA	22.76	26.65	4.00	NA	NA	57.11	61.00	090
33417		A	Repair of aortic valve	28.53	NA	NA	26.71	30.39	3.72	NA	NA	58.96	62.64	090
33420		A	Revision of mitral valve	22.70	NA	NA	11.55	16.53	1.58	NA	NA	35.83	40.81	090
33422		A	Revision of mitral valve	25.94	NA	NA	21.00	25.98	3.34	NA	NA	50.28	55.26	090
33425		A	Repair of mitral valve	27.00	NA	NA	20.88	26.56	3.47	NA	NA	51.35	57.03	090
33426		A	Repair of mitral valve	31.03	NA	NA	22.76	28.72	4.03	NA	NA	57.82	63.78	090
33427		A	Repair of mitral valve	33.72	NA	NA	23.61	30.64	4.42	NA	NA	61.75	68.78	090
33430		A	Replacement of mitral valve	31.43	NA	NA	22.84	30.18	4.09	NA	NA	58.36	65.70	090
33460		A	Revision of tricuspid valve	23.60	NA	NA	19.32	23.75	3.00	NA	NA	45.92	50.35	090
33463		A	Valvuloplasty, tricuspid	25.62	NA	NA	20.41	25.50	3.34	NA	NA	49.37	54.46	090
33464		A	Valvuloplasty, tricuspid	27.33	NA	NA	21.36	26.99	3.57	NA	NA	52.26	57.89	090
33465		A	Replace tricuspid valve	28.79	NA	NA	21.88	28.13	3.65	NA	NA	54.32	60.57	090
33468		A	Revision of tricuspid valve	30.12	NA	NA	30.14	33.05	3.93	NA	NA	64.19	67.10	090
33470		A	Revision of pulmonary valve	20.81	NA	NA	11.39	16.45	2.50	NA	NA	34.70	39.76	090
33471		A	Valvotomy, pulmonary valve	22.25	NA	NA	13.10	19.84	1.75	NA	NA	37.10	43.84	090
33472		A	Revision of pulmonary valve	22.25	NA	NA	14.82	20.70	2.53	NA	NA	39.60	45.48	090
33474		A	Revision of pulmonary valve	23.04	NA	NA	19.95	23.73	2.62	NA	NA	45.61	49.39	090
33475		A	Replacement, pulmonary valve	28.41	NA	NA	23.01	28.46	3.73	NA	NA	55.15	60.60	090
33476		A	Revision of heart chamber	25.77	NA	NA	16.31	23.43	2.38	NA	NA	44.46	51.58	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
33478		A	Revision of heart chamber	26.74	NA	NA	22.86	27.39	3.68	NA	NA	53.28	57.81	090
33496		A	Repair, prosth valve clot	27.25	NA	NA	23.63	28.09	3.63	NA	NA	54.51	58.97	090
33500		A	Repair heart vessel fistula	25.55	NA	NA	19.92	25.22	3.10	NA	NA	48.57	53.87	090
33501		A	Repair heart vessel fistula	17.78	NA	NA	15.19	15.27	2.09	NA	NA	35.06	35.14	090
33502		A	Coronary artery correction	21.04	NA	NA	24.95	20.15	2.86	NA	NA	48.85	44.05	090
33503		A	Coronary artery graft	21.78	NA	NA	15.16	20.58	2.70	NA	NA	39.64	45.06	090
33504		A	Coronary artery graft	24.66	NA	NA	25.77	27.61	2.63	NA	NA	53.06	54.90	090
33505		A	Repair artery w/tunnel	26.84	NA	NA	18.09	25.07	3.16	NA	NA	48.09	55.07	090
33506		A	Repair artery, translocation	26.71	NA	NA	20.10	25.99	2.94	NA	NA	49.75	55.64	090
33510		A	CABG, vein, single	25.12	NA	NA	20.20	25.10	3.27	NA	NA	48.59	53.49	090
33511		A	CABG, vein, two	27.40	NA	NA	21.09	26.90	3.56	NA	NA	52.05	57.86	090
33512		A	CABG, vein, three	29.67	NA	NA	21.86	28.64	3.79	NA	NA	55.32	62.10	090
33513		A	CABG, vein, four	31.95	NA	NA	23.05	30.60	4.11	NA	NA	59.11	66.66	090
33514		A	CABG, vein, five	35.00	NA	NA	24.57	33.18	4.49	NA	NA	64.06	72.67	090
33516		A	Cabg, vein, six or more	37.40	NA	NA	25.70	35.18	4.78	NA	NA	67.88	77.36	090
33517		A	CABG, artery-vein, single	2.57	NA	NA	1.08	2.08	0.33	NA	NA	3.98	4.98	ZZZ
33518		A	CABG, artery-vein, two	4.85	NA	NA	2.04	3.92	0.63	NA	NA	7.52	9.40	ZZZ
33519		A	CABG, artery-vein, three	7.12	NA	NA	2.99	5.75	0.92	NA	NA	11.03	13.79	ZZZ
33521		A	CABG, artery-vein, four	9.40	NA	NA	3.95	7.59	1.21	NA	NA	14.56	18.20	ZZZ
33522		A	CABG, artery-vein, five	11.67	NA	NA	4.92	9.43	1.49	NA	NA	18.08	22.59	ZZZ
33523		A	Cabg, art-vein, six or more	13.95	NA	NA	5.91	11.29	1.78	NA	NA	21.64	27.02	ZZZ
33530		A	Coronary artery, bypass/reop	5.86	NA	NA	2.45	4.73	0.76	NA	NA	9.07	11.35	ZZZ
33533		A	CABG, arterial, single	25.83	NA	NA	20.61	25.72	3.33	NA	NA	49.77	54.88	090
33534		A	CABG, arterial, two	28.82	NA	NA	21.24	27.82	3.68	NA	NA	53.74	60.32	090
33535		A	CABG, arterial, three	31.81	NA	NA	22.27	30.12	3.96	NA	NA	58.04	65.89	090
33536		A	Cabg, arterial, four or more	34.79	NA	NA	22.99	32.26	4.39	NA	NA	62.17	71.44	090
33542		A	Removal of heart lesion	28.85	NA	NA	23.85	28.60	3.76	NA	NA	56.46	61.21	090
33545		A	Repair of heart damage	36.78	NA	NA	26.66	32.28	4.80	NA	NA	68.24	73.86	090
33572		A	Open coronary endarterectomy	4.45	NA	NA	1.86	2.69	0.58	NA	NA	6.89	7.72	ZZZ
33600		A	Closure of valve	29.51	NA	NA	20.75	27.99	2.58	NA	NA	52.84	60.08	090
33602		A	Closure of valve	28.54	NA	NA	20.34	26.71	2.84	NA	NA	51.72	58.09	090
33606		A	Anastomosis/artery-aorta	30.74	NA	NA	22.57	29.63	3.97	NA	NA	57.28	64.34	090
33608		A	Repair anomaly w/conduit	31.09	NA	NA	25.80	31.46	4.27	NA	NA	61.16	66.82	090
33610		A	Repair by enlargement	30.61	NA	NA	25.46	31.00	3.64	NA	NA	59.71	65.25	090
33611		A	Repair double ventricle	32.30	NA	NA	23.66	31.11	4.44	NA	NA	60.40	67.85	090
33612		A	Repair double ventricle	33.26	NA	NA	28.03	33.87	4.51	NA	NA	65.80	71.64	090
33615		A	Repair, simple fontan	32.06	NA	NA	28.54	33.41	3.88	NA	NA	64.48	69.35	090
33617		A	Repair, modified fontan	34.03	NA	NA	30.55	35.59	4.75	NA	NA	69.33	74.37	090
33619		A	Repair single ventricle	37.57	NA	NA	37.15	41.00	5.03	NA	NA	79.75	83.60	090
33641		A	Repair heart septum defect	21.39	NA	NA	16.18	20.86	2.78	NA	NA	40.35	45.03	090
33645		A	Revision of heart veins	24.82	NA	NA	20.99	25.31	3.32	NA	NA	49.13	53.45	090
33647		A	Repair heart septum defects	28.73	NA	NA	24.78	29.54	3.81	NA	NA	57.32	62.08	090
33660		A	Repair of heart defects	25.54	NA	NA	23.25	26.87	3.13	NA	NA	51.92	55.54	090
33665		A	Repair of heart defects	28.60	NA	NA	23.59	28.77	4.00	NA	NA	56.19	61.37	090
33670		A	Repair of heart chambers	32.73	NA	NA	16.95	28.01	3.35	NA	NA	53.03	64.09	090
33681		A	Repair heart septum defect	27.67	NA	NA	25.17	29.11	3.60	NA	NA	56.44	60.38	090
33684		A	Repair heart septum defect	29.65	NA	NA	22.59	29.00	3.63	NA	NA	55.87	62.28	090
33688		A	Repair heart septum defect	30.62	NA	NA	13.00	24.78	3.74	NA	NA	47.36	59.14	090
33690		A	Reinforce pulmonary artery	19.55	NA	NA	18.43	20.89	2.38	NA	NA	40.36	42.82	090
33692		A	Repair of heart defects	30.75	NA	NA	21.37	29.04	4.22	NA	NA	56.34	64.01	090
33694		A	Repair of heart defects	31.73	NA	NA	21.76	29.82	3.36	NA	NA	56.85	64.91	090
33697		A	Repair of heart defects	33.71	NA	NA	22.55	31.40	4.52	NA	NA	60.78	69.63	090
33702		A	Repair of heart defects	26.54	NA	NA	23.99	27.84	3.55	NA	NA	54.08	57.93	090
33710		A	Repair of heart defects	29.71	NA	NA	20.95	28.21	4.15	NA	NA	54.81	62.07	090
33720		A	Repair of heart defect	26.56	NA	NA	22.02	26.87	3.56	NA	NA	52.14	56.99	090
33722		A	Repair of heart defect	28.41	NA	NA	25.06	29.07	3.97	NA	NA	57.44	61.45	090
33730		A	Repair heart-vein defect(s)	31.67	NA	NA	16.96	27.39	4.24	NA	NA	52.87	63.30	090
33732		A	Repair heart-vein defect	28.16	NA	NA	21.40	27.51	3.93	NA	NA	53.49	59.60	090
33735		A	Revision of heart chamber	21.39	NA	NA	17.48	22.68	2.21	NA	NA	41.08	46.28	090
33736		A	Revision of heart chamber	23.52	NA	NA	23.03	25.46	3.03	NA	NA	49.58	52.01	090
33737		A	Revision of heart chamber	21.76	NA	NA	18.63	22.31	0.86	NA	NA	41.25	44.93	090
33750		A	Major vessel shunt	21.41	NA	NA	13.10	18.54	2.72	NA	NA	37.23	42.67	090
33755		A	Major vessel shunt	21.79	NA	NA	12.92	18.45	1.37	NA	NA	36.08	41.61	090
33762		A	Major vessel shunt	21.79	NA	NA	12.92	18.45	2.95	NA	NA	37.66	43.19	090
33764		A	Major vessel shunt & graft	21.79	NA	NA	14.44	19.21	2.07	NA	NA	38.30	43.07	090
33766		A	Major vessel shunt	22.76	NA	NA	20.65	22.32	3.08	NA	NA	46.49	48.16	090
33767		A	Major vessel shunt	24.50	NA	NA	14.91	21.40	3.49	NA	NA	42.90	49.39	090
33770		A	Repair great vessels defect	33.29	NA	NA	22.43	31.09	2.76	NA	NA	58.48	67.14	090
33771		A	Repair great vessels defect	34.65	NA	NA	16.50	28.94	2.87	NA	NA	54.02	66.46	090
33774		A	Repair great vessels defect	30.98	NA	NA	23.62	28.78	1.18	NA	NA	55.78	60.94	090
33775		A	Repair great vessels defect	32.20	NA	NA	16.95	25.45	2.67	NA	NA	51.82	60.32	090
33776		A	Repair great vessels defect	34.04	NA	NA	17.66	27.78	2.82	NA	NA	54.52	64.64	090
33777		A	Repair great vessels defect	33.46	NA	NA	17.44	25.69	2.77	NA	NA	53.67	61.92	090
33778		A	Repair great vessels defect	35.82	NA	NA	25.08	33.92	2.97	NA	NA	63.87	72.71	090
33779		A	Repair great vessels defect	36.21	NA	NA	16.77	30.00	4.72	NA	NA	57.70	70.93	090
33780		A	Repair great vessels defect	36.94	NA	NA	18.78	31.44	5.08	NA	NA	60.80	73.46	090
33781		A	Repair great vessels defect	36.45	NA	NA	16.47	30.00	3.02	NA	NA	55.94	69.47	090
33786		A	Repair arterial trunk	34.84	NA	NA	17.97	29.78	2.88	NA	NA	55.69	67.50	090
33788		A	Revision of pulmonary artery	26.62	NA	NA	14.54	23.16	2.21	NA	NA	43.37	51.99	090
33800		A	Aortic suspension	16.24	NA	NA	18.55	16.95	1.95	NA	NA	36.74	35.14	090
33802		A	Repair vessel defect	17.66	NA	NA	18.40	19.75	2.40	NA	NA	38.46	39.81	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
33803		A	Repair vessel defect	19.60	NA	NA	12.08	17.74	2.35	NA	NA	34.03	39.69	090
33813		A	Repair septal defect	20.65	NA	NA	16.82	20.40	2.92	NA	NA	40.39	43.97	090
33814		A	Repair septal defect	25.77	NA	NA	22.73	26.75	3.47	NA	NA	51.97	55.99	090
33820		A	Revise major vessel	16.29	NA	NA	17.44	18.45	2.05	NA	NA	35.78	36.79	090
33822		A	Revise major vessel	17.32	NA	NA	11.19	15.93	2.19	NA	NA	30.70	35.44	090
33824		A	Revise major vessel	19.52	NA	NA	18.40	20.85	2.45	NA	NA	40.37	42.82	090
33840		A	Remove aorta constriction	20.63	NA	NA	20.55	22.59	2.89	NA	NA	44.07	46.11	090
33845		A	Remove aorta constriction	22.12	NA	NA	19.92	23.16	3.10	NA	NA	45.14	48.38	090
33851		A	Remove aorta constriction	21.27	NA	NA	23.00	24.20	2.92	NA	NA	47.19	48.39	090
33852		A	Repair septal defect	23.71	NA	NA	23.20	25.75	3.07	NA	NA	49.98	52.53	090
33853		A	Repair septal defect	31.72	NA	NA	29.49	33.68	4.07	NA	NA	65.28	69.47	090
33860		A	Ascending aortic graft	33.96	NA	NA	23.85	30.76	4.46	NA	NA	62.27	69.18	090
33861		A	Ascending aortic graft	34.52	NA	NA	23.62	30.65	4.58	NA	NA	62.72	69.75	090
33863		A	Ascending aortic graft	36.47	NA	NA	24.53	31.10	4.77	NA	NA	65.77	72.34	090
33870		A	Transverse aortic arch graft	40.31	NA	NA	25.91	37.00	5.38	NA	NA	71.60	82.69	090
33875		A	Thoracic aortic graft	33.06	NA	NA	22.17	28.04	4.27	NA	NA	59.50	65.37	090
33877		A	Thoracoabdominal graft	42.60	NA	NA	27.20	37.54	5.48	NA	NA	75.28	85.62	090
33910		A	Remove lung artery emboli	24.59	NA	NA	19.00	17.45	3.12	NA	NA	46.71	45.16	090
33915		A	Remove lung artery emboli	21.02	NA	NA	12.58	12.81	2.26	NA	NA	35.86	36.09	090
33916		A	Surgery of great vessel	25.83	NA	NA	18.00	18.54	3.27	NA	NA	47.10	47.64	090
33917		A	Repair pulmonary artery	24.50	NA	NA	21.74	25.50	3.30	NA	NA	49.54	53.30	090
33918		A	Repair pulmonary atresia	26.45	NA	NA	14.73	23.16	3.77	NA	NA	44.95	53.38	090
33919		A	Repair pulmonary atresia	32.67	NA	NA	17.13	28.07	4.56	NA	NA	54.36	65.30	090
33920		A	Repair pulmonary atresia	31.95	NA	NA	24.52	31.34	4.47	NA	NA	60.94	67.76	090
33922		A	Transect pulmonary artery	23.52	NA	NA	21.31	24.70	2.40	NA	NA	47.23	50.62	090
33924		A	Remove pulmonary shunt	5.50	NA	NA	2.24	3.29	0.77	NA	NA	8.51	9.56	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	60.96	NA	NA	35.30	54.04	8.06	NA	NA	104.32	123.06	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	42.10	NA	NA	27.65	38.96	5.60	NA	NA	75.35	86.66	090
33960		A	External circulation assist	19.36	NA	NA	5.96	6.79	1.59	NA	NA	26.91	27.74	XXX
33961		A	External circulation assist	10.93	NA	NA	4.18	5.90	1.35	NA	NA	16.46	18.18	ZZZ
33968		A	Remove aortic assist device	0.64	0.25	0.25	0.25	0.25	0.27	1.16	1.16	1.16	1.16	090
33970		A	Aortic circulation assist	6.75	NA	NA	2.81	5.44	0.91	NA	NA	10.47	13.10	000
33971		A	Aortic circulation assist	9.69	NA	NA	10.07	7.84	1.29	NA	NA	21.05	18.82	090
33973		A	Insert balloon device	9.76	NA	NA	4.01	6.10	1.32	NA	NA	15.09	17.18	000
33974		A	Remove intra-aortic balloon	14.41	NA	NA	13.03	9.53	1.94	NA	NA	29.38	25.88	090
33975		A	Implant ventricular device	39.00	NA	NA	22.02	18.71	2.86	NA	NA	63.88	60.57	XXX
33976		A	Implant ventricular device	43.00	NA	NA	23.99	22.49	3.91	NA	NA	70.90	69.40	XXX
33977		A	Remove ventricular device	19.29	NA	NA	13.77	13.62	2.56	NA	NA	35.62	35.47	090
33978		A	Remove ventricular device	21.73	NA	NA	15.09	15.25	2.89	NA	NA	39.71	39.87	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	12.91	NA	NA	6.63	8.52	1.56	NA	NA	21.10	22.99	090
34051		A	Removal of artery clot	15.21	NA	NA	7.88	8.72	1.85	NA	NA	24.94	25.78	090
34101		A	Removal of artery clot	9.97	NA	NA	5.10	7.08	1.13	NA	NA	16.20	18.18	090
34111		A	Removal of arm artery clot	8.07	NA	NA	4.35	6.30	0.84	NA	NA	13.26	15.21	090
34151		A	Removal of artery clot	16.86	NA	NA	8.09	10.54	1.87	NA	NA	26.82	29.27	090
34201		A	Removal of artery clot	9.13	NA	NA	5.25	7.46	1.06	NA	NA	15.44	17.65	090
34203		A	Removal of leg artery clot	12.21	NA	NA	6.47	7.92	1.43	NA	NA	20.11	21.56	090
34401		A	Removal of vein clot	12.86	NA	NA	6.32	7.54	1.25	NA	NA	20.43	21.65	090
34421		A	Removal of vein clot	9.93	NA	NA	5.53	6.81	0.97	NA	NA	16.43	17.71	090
34451		A	Removal of vein clot	14.44	NA	NA	7.10	9.35	1.60	NA	NA	23.14	25.39	090
34471		A	Removal of vein clot	10.18	NA	NA	4.97	4.39	1.00	NA	NA	16.15	15.57	090
34490		A	Removal of vein clot	7.60	NA	NA	5.38	6.64	0.76	NA	NA	13.74	15.00	090
34501		A	Repair valve, femoral vein	10.93	NA	NA	8.66	8.32	1.43	NA	NA	21.02	20.68	090
34502		A	Reconstruct vena cava	26.95	NA	NA	12.81	16.53	2.97	NA	NA	42.73	46.45	090
34510		A	Transposition of vein valve	13.25	NA	NA	10.92	10.29	1.64	NA	NA	25.81	25.18	090
34520		A	Cross-over vein graft	13.74	NA	NA	8.07	9.10	1.64	NA	NA	23.45	24.48	090
34530		A	Leg vein fusion	17.61	NA	NA	9.56	11.48	2.00	NA	NA	29.17	31.09	090
35001		A	Repair defect of artery	19.64	NA	NA	9.54	13.40	2.51	NA	NA	31.69	35.55	090
35002		A	Repair artery rupture, neck	21.00	NA	NA	9.75	11.74	2.43	NA	NA	33.18	35.17	090
35005		A	Repair defect of artery	18.12	NA	NA	7.42	9.29	1.40	NA	NA	26.94	28.81	090
35011		A	Repair defect of artery	11.65	NA	NA	5.84	9.88	1.36	NA	NA	18.85	22.89	090
35013		A	Repair artery rupture, arm	17.40	NA	NA	7.80	11.88	2.00	NA	NA	27.20	31.28	090
35021		A	Repair defect of artery	19.65	NA	NA	10.50	15.09	2.42	NA	NA	32.57	37.16	090
35022		A	Repair artery rupture, chest	23.18	NA	NA	9.92	12.98	2.15	NA	NA	35.25	38.31	090
35045		A	Repair defect of arm artery	11.26	NA	NA	6.77	10.09	1.26	NA	NA	19.29	22.61	090
35081		A	Repair defect of artery	28.01	NA	NA	12.98	18.13	3.30	NA	NA	44.29	49.44	090
35082		A	Repair artery rupture, aorta	36.35	NA	NA	15.12	19.99	4.14	NA	NA	55.61	60.48	090
35091		A	Repair defect of artery	35.40	NA	NA	15.78	20.19	4.28	NA	NA	55.46	59.87	090
35092		A	Repair artery rupture, aorta	38.39	NA	NA	16.31	22.41	4.48	NA	NA	59.18	65.28	090
35102		A	Repair defect of artery	30.76	NA	NA	13.76	18.90	3.65	NA	NA	48.17	53.31	090
35103		A	Repair artery rupture, groin	33.57	NA	NA	14.39	21.39	3.84	NA	NA	51.80	58.80	090
35111		A	Repair defect of artery	16.43	NA	NA	7.93	13.52	1.82	NA	NA	26.18	31.77	090
35112		A	Repair artery rupture, spleen	18.69	NA	NA	8.41	9.88	2.14	NA	NA	29.24	30.71	090
35121		A	Repair defect of artery	25.99	NA	NA	11.98	16.37	3.10	NA	NA	41.07	45.46	090
35122		A	Repair artery rupture, belly	33.45	NA	NA	14.53	16.99	3.69	NA	NA	51.67	54.13	090
35131		A	Repair defect of artery	18.55	NA	NA	9.20	13.22	2.20	NA	NA	29.95	33.97	090
35132		A	Repair artery rupture, groin	21.95	NA	NA	10.05	15.16	2.47	NA	NA	34.47	39.58	090
35141		A	Repair defect of artery	14.46	NA	NA	7.61	11.78	1.73	NA	NA	23.80	27.97	090
35142		A	Repair artery rupture, thigh	15.86	NA	NA	7.83	12.65	1.92	NA	NA	25.61	30.43	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
35151		A	Repair defect of artery	17.00	NA	NA	8.50	12.59	2.01	NA	NA	27.51	31.60	090
35152		A	Repair artery rupture, knee	16.70	NA	NA	8.40	9.23	2.01	NA	NA	27.11	27.94	090
35161		A	Repair defect of artery	18.76	NA	NA	9.76	13.50	2.19	NA	NA	30.71	34.45	090
35162		A	Repair artery rupture	19.78	NA	NA	9.89	15.08	2.26	NA	NA	31.93	37.12	090
35180		A	Repair blood vessel lesion	13.62	NA	NA	7.04	7.52	1.53	NA	NA	22.19	22.67	090
35182		A	Repair blood vessel lesion	17.74	NA	NA	9.71	10.64	2.19	NA	NA	29.64	30.57	090
35184		A	Repair blood vessel lesion	12.25	NA	NA	6.40	8.48	1.45	NA	NA	20.10	22.18	090
35188		A	Repair blood vessel lesion	14.28	NA	NA	6.86	7.83	1.70	NA	NA	22.84	23.81	090
35189		A	Repair blood vessel lesion	18.43	NA	NA	9.24	10.77	2.17	NA	NA	29.84	31.37	090
35190		A	Repair blood vessel lesion	12.75	NA	NA	6.57	8.90	1.48	NA	NA	20.80	23.13	090
35201		A	Repair blood vessel lesion	9.99	NA	NA	5.36	8.15	1.23	NA	NA	16.58	19.37	090
35206		A	Repair blood vessel lesion	9.25	NA	NA	6.29	8.66	1.06	NA	NA	16.60	18.97	090
35207		A	Repair blood vessel lesion	10.15	NA	NA	8.37	10.05	1.06	NA	NA	19.58	21.26	090
35211		A	Repair blood vessel lesion	22.12	NA	NA	18.73	16.63	2.91	NA	NA	43.76	41.66	090
35216		A	Repair blood vessel lesion	18.75	NA	NA	14.34	12.97	2.24	NA	NA	35.33	33.96	090
35221		A	Repair blood vessel lesion	16.42	NA	NA	7.99	10.02	1.81	NA	NA	26.22	28.25	090
35226		A	Repair blood vessel lesion	9.06	NA	NA	6.97	8.90	1.15	NA	NA	17.18	19.11	090
35231		A	Repair blood vessel lesion	12.00	NA	NA	6.76	10.55	1.38	NA	NA	20.14	23.93	090
35236		A	Repair blood vessel lesion	10.54	NA	NA	6.94	9.76	1.23	NA	NA	18.71	21.53	090
35241		A	Repair blood vessel lesion	23.12	NA	NA	21.00	17.82	2.84	NA	NA	46.96	43.78	090
35246		A	Repair blood vessel lesion	19.84	NA	NA	14.39	16.40	2.42	NA	NA	36.65	38.66	090
35251		A	Repair blood vessel lesion	17.49	NA	NA	8.12	9.27	1.87	NA	NA	27.48	28.63	090
35256		A	Repair blood vessel lesion	11.38	NA	NA	7.25	10.36	1.37	NA	NA	20.00	23.11	090
35261		A	Repair blood vessel lesion	11.63	NA	NA	5.93	9.91	1.38	NA	NA	18.94	22.92	090
35266		A	Repair blood vessel lesion	10.30	NA	NA	6.47	9.39	1.24	NA	NA	18.01	20.93	090
35271		A	Repair blood vessel lesion	22.12	NA	NA	18.70	16.15	2.95	NA	NA	43.77	41.22	090
35276		A	Repair blood vessel lesion	18.75	NA	NA	15.75	13.77	2.50	NA	NA	37.00	35.02	090
35281		A	Repair blood vessel lesion	16.48	NA	NA	8.06	13.41	1.84	NA	NA	26.38	31.73	090
35286		A	Repair blood vessel lesion	11.87	NA	NA	7.84	10.28	1.39	NA	NA	21.10	23.54	090
35301		A	Rechanneling of artery	18.70	NA	NA	9.86	12.78	2.29	NA	NA	30.85	33.77	090
35311		A	Rechanneling of artery	23.85	NA	NA	12.98	18.46	3.12	NA	NA	39.95	45.43	090
35321		A	Rechanneling of artery	11.97	NA	NA	6.06	10.06	1.40	NA	NA	19.43	23.43	090
35331		A	Rechanneling of artery	23.52	NA	NA	11.10	12.79	2.88	NA	NA	37.50	39.19	090
35341		A	Rechanneling of artery	25.11	NA	NA	11.52	15.19	3.07	NA	NA	39.70	43.37	090
35351		A	Rechanneling of artery	20.11	NA	NA	9.57	12.90	2.33	NA	NA	32.01	35.34	090
35355		A	Rechanneling of artery	16.09	NA	NA	8.08	12.41	1.86	NA	NA	26.03	30.36	090
35361		A	Rechanneling of artery	23.59	NA	NA	10.84	15.93	2.74	NA	NA	37.17	42.26	090
35363		A	Rechanneling of artery	24.66	NA	NA	11.54	18.13	2.81	NA	NA	39.01	45.60	090
35371		A	Rechanneling of artery	11.64	NA	NA	6.12	9.85	1.37	NA	NA	19.13	22.86	090
35372		A	Rechanneling of artery	13.56	NA	NA	6.85	9.50	1.59	NA	NA	22.00	24.65	090
35381		A	Rechanneling of artery	15.81	NA	NA	7.94	11.39	1.85	NA	NA	25.60	29.05	090
35390		A	Reoperation, carotid add-on	3.19	NA	NA	1.24	1.53	0.40	NA	NA	4.83	5.12	ZZZ
35400		A	Angioscopy	3.00	NA	NA	1.15	1.81	0.27	NA	NA	4.42	5.08	ZZZ
35450		A	Repair arterial blockage	10.07	NA	NA	4.45	8.24	1.17	NA	NA	15.69	19.48	000
35452		A	Repair arterial blockage	6.91	NA	NA	3.34	4.03	0.83	NA	NA	11.08	11.77	000
35454		A	Repair arterial blockage	6.04	NA	NA	2.93	5.07	0.71	NA	NA	9.68	11.82	000
35456		A	Repair arterial blockage	7.35	NA	NA	3.48	6.13	0.87	NA	NA	11.70	14.35	000
35458		A	Repair arterial blockage	9.49	NA	NA	4.30	7.65	1.13	NA	NA	14.92	18.27	000
35459		A	Repair arterial blockage	8.63	NA	NA	3.90	7.10	0.99	NA	NA	13.52	16.72	000
35460		A	Repair venous blockage	6.04	NA	NA	2.74	3.09	0.64	NA	NA	9.42	9.77	000
35470		A	Repair arterial blockage	8.63	NA	NA	3.59	6.95	0.68	NA	NA	12.90	16.26	000
35471		A	Repair arterial blockage	10.07	NA	NA	4.15	8.09	0.82	NA	NA	15.04	18.98	000
35472		A	Repair arterial blockage	6.91	NA	NA	2.97	3.45	0.55	NA	NA	10.43	10.91	000
35473		A	Repair arterial blockage	6.04	NA	NA	2.60	4.91	0.41	NA	NA	9.05	11.36	000
35474		A	Repair arterial blockage	7.36	NA	NA	3.07	5.93	0.53	NA	NA	10.96	13.82	000
35475		R	Repair arterial blockage	9.49	NA	NA	3.48	7.24	0.51	NA	NA	13.48	17.24	000
35476		A	Repair venous blockage	6.04	NA	NA	2.34	2.89	0.26	NA	NA	8.64	9.19	000
35480		A	Atherectomy, open	11.08	NA	NA	4.76	9.00	1.16	NA	NA	17.00	21.24	000
35481		A	Atherectomy, open	7.61	NA	NA	3.85	4.29	0.95	NA	NA	12.41	12.85	000
35482		A	Atherectomy, open	6.65	NA	NA	3.31	5.63	0.83	NA	NA	10.79	13.11	000
35483		A	Atherectomy, open	8.10	NA	NA	3.80	6.74	0.98	NA	NA	12.88	15.82	000
35484		A	Atherectomy, open	10.44	NA	NA	4.69	7.84	1.11	NA	NA	16.24	19.39	000
35485		A	Atherectomy, open	9.49	NA	NA	4.26	4.59	1.15	NA	NA	14.90	15.23	000
35490		A	Atherectomy, percutaneous	11.08	NA	NA	4.42	8.83	1.03	NA	NA	16.53	20.94	000
35491		A	Atherectomy, percutaneous	7.61	NA	NA	3.09	3.91	0.77	NA	NA	11.47	12.29	000
35492		A	Atherectomy, percutaneous	6.65	NA	NA	2.97	5.46	0.71	NA	NA	10.33	12.82	000
35493		A	Atherectomy, percutaneous	8.10	NA	NA	3.98	6.83	0.91	NA	NA	12.99	15.84	000
35494		A	Atherectomy, percutaneous	10.44	NA	NA	3.77	7.38	0.50	NA	NA	14.71	18.32	000
35495		A	Atherectomy, percutaneous	9.49	NA	NA	4.64	4.78	1.09	NA	NA	15.22	15.36	000
35500		C	Harvest vein for bypass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
35501		A	Artery bypass graft	19.19	NA	NA	7.16	14.08	2.39	NA	NA	28.74	35.66	090
35506		A	Artery bypass graft	19.67	NA	NA	9.61	15.21	2.41	NA	NA	31.69	37.29	090
35507		A	Artery bypass graft	19.67	NA	NA	9.34	14.40	2.43	NA	NA	31.44	36.50	090
35508		A	Artery bypass graft	18.65	NA	NA	9.30	14.48	2.42	NA	NA	30.37	35.55	090
35509		A	Artery bypass graft	18.07	NA	NA	8.42	14.47	2.21	NA	NA	28.70	34.75	090
35511		A	Artery bypass graft	16.83	NA	NA	8.12	9.71	2.00	NA	NA	26.95	28.54	090
35515		A	Artery bypass graft	18.65	NA	NA	8.74	10.48	2.39	NA	NA	29.78	31.52	090
35516		A	Artery bypass graft	16.32	NA	NA	7.73	13.29	2.00	NA	NA	26.05	31.61	090
35518		A	Artery bypass graft	15.42	NA	NA	6.97	12.69	1.74	NA	NA	24.13	29.85	090
35521		A	Artery bypass graft	16.17	NA	NA	8.17	13.60	1.88	NA	NA	26.22	31.65	090
35526		A	Artery bypass graft	20.00	NA	NA	10.39	12.22	2.48	NA	NA	32.87	34.70	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
35531		A	Artery bypass graft	25.61	NA	NA	11.64	16.81	3.04	NA	NA	40.29	45.46	090
35533		A	Artery bypass graft	20.52	NA	NA	9.61	16.22	2.27	NA	NA	32.40	39.01	090
35536		A	Artery bypass graft	23.11	NA	NA	10.58	16.89	2.90	NA	NA	36.59	42.90	090
35541		A	Artery bypass graft	25.80	NA	NA	12.16	16.69	3.08	NA	NA	41.04	45.57	090
35546		A	Artery bypass graft	25.54	NA	NA	11.80	17.51	2.91	NA	NA	40.25	45.96	090
35548		A	Artery bypass graft	21.57	NA	NA	10.54	15.88	2.34	NA	NA	34.45	39.79	090
35549		A	Artery bypass graft	23.35	NA	NA	11.16	17.19	2.69	NA	NA	37.20	43.23	090
35551		A	Artery bypass graft	26.67	NA	NA	12.61	16.75	2.85	NA	NA	42.13	46.27	090
35556		A	Artery bypass graft	21.76	NA	NA	10.32	15.32	2.57	NA	NA	34.65	39.65	090
35558		A	Artery bypass graft	14.04	NA	NA	7.36	12.06	1.61	NA	NA	23.01	27.71	090
35560		A	Artery bypass graft	23.56	NA	NA	11.55	16.75	2.84	NA	NA	37.95	43.15	090
35563		A	Artery bypass graft	15.14	NA	NA	7.95	8.49	1.71	NA	NA	24.80	25.34	090
35565		A	Artery bypass graft	15.14	NA	NA	7.71	12.89	1.78	NA	NA	24.63	29.81	090
35566		A	Artery bypass graft	26.92	NA	NA	15.55	18.97	3.22	NA	NA	45.69	49.11	090
35571		A	Artery bypass graft	18.58	NA	NA	10.67	15.84	2.22	NA	NA	31.47	36.64	090
35582		A	Vein bypass graft	27.13	NA	NA	12.13	18.95	3.14	NA	NA	42.40	49.22	090
35583		A	Vein bypass graft	22.37	NA	NA	11.58	16.88	2.63	NA	NA	36.58	41.88	090
35585		A	Vein bypass graft	28.39	NA	NA	15.14	20.03	3.33	NA	NA	46.86	51.75	090
35587		A	Vein bypass graft	19.05	NA	NA	11.88	17.32	2.23	NA	NA	33.16	38.60	090
35601		A	Artery bypass graft	17.50	NA	NA	8.20	14.32	2.16	NA	NA	27.86	33.98	090
35606		A	Artery bypass graft	18.71	NA	NA	8.94	14.00	2.27	NA	NA	29.92	34.98	090
35612		A	Artery bypass graft	15.76	NA	NA	7.81	13.00	1.90	NA	NA	25.47	30.66	090
35616		A	Artery bypass graft	15.70	NA	NA	7.67	12.95	1.93	NA	NA	25.30	30.58	090
35621		A	Artery bypass graft	14.54	NA	NA	7.57	12.46	1.74	NA	NA	23.85	28.74	090
35623		A	Bypass graft, not vein	16.62	NA	NA	8.22	8.49	2.00	NA	NA	26.84	27.11	090
35626		A	Artery bypass graft	23.63	NA	NA	11.85	17.06	2.98	NA	NA	38.46	43.67	090
35631		A	Artery bypass graft	24.60	NA	NA	11.36	15.38	3.00	NA	NA	38.96	42.98	090
35636		A	Artery bypass graft	22.46	NA	NA	10.28	12.47	2.70	NA	NA	35.44	37.63	090
35641		A	Artery bypass graft	24.57	NA	NA	11.93	17.12	3.00	NA	NA	39.50	44.69	090
35642		A	Artery bypass graft	17.98	NA	NA	7.51	9.36	2.16	NA	NA	27.65	29.50	090
35645		A	Artery bypass graft	17.47	NA	NA	8.52	10.31	1.85	NA	NA	27.84	29.63	090
35646		A	Artery bypass graft	25.81	NA	NA	12.08	18.95	3.08	NA	NA	40.97	47.84	090
35650		A	Artery bypass graft	14.36	NA	NA	6.90	12.03	1.71	NA	NA	22.97	28.10	090
35651		A	Artery bypass graft	25.04	NA	NA	11.56	18.85	2.81	NA	NA	39.41	46.70	090
35654		A	Artery bypass graft	18.61	NA	NA	9.01	15.62	2.20	NA	NA	29.82	36.43	090
35656		A	Artery bypass graft	19.53	NA	NA	9.37	14.31	2.27	NA	NA	31.17	36.11	090
35661		A	Artery bypass graft	13.18	NA	NA	6.85	11.30	1.55	NA	NA	21.58	26.03	090
35663		A	Artery bypass graft	14.17	NA	NA	7.54	12.23	1.72	NA	NA	23.43	28.12	090
35665		A	Artery bypass graft	15.40	NA	NA	7.72	13.05	1.84	NA	NA	24.96	30.29	090
35666		A	Artery bypass graft	19.19	NA	NA	11.92	16.85	2.28	NA	NA	33.39	38.32	090
35671		A	Artery bypass graft	14.80	NA	NA	9.75	13.34	1.75	NA	NA	26.30	29.89	090
35681		A	Composite bypass graft	1.60	NA	NA	2.58	6.10	0.19	NA	NA	4.37	7.89	ZZZ
35682		A	Composite bypass graft	7.20	2.77	6.20	2.71	6.17	0.85	10.82	14.25	10.76	14.22	ZZZ
35683		A	Composite bypass graft	8.50	3.27	6.45	3.20	6.41	1.01	12.78	15.96	12.71	15.92	ZZZ
35691		A	Arterial transposition	18.05	NA	NA	8.33	14.81	2.27	NA	NA	28.65	35.13	090
35693		A	Arterial transposition	15.36	NA	NA	7.01	8.61	1.94	NA	NA	24.31	25.91	090
35694		A	Arterial transposition	19.16	NA	NA	8.39	9.26	2.33	NA	NA	29.88	30.75	090
35695		A	Arterial transposition	19.16	NA	NA	8.64	9.39	2.16	NA	NA	29.96	30.71	090
35700		A	Reoperation, bypass graft	3.08	NA	NA	3.34	2.55	0.38	NA	NA	6.80	6.01	ZZZ
35701		A	Exploration, carotid artery	5.55	NA	NA	3.74	5.03	0.64	NA	NA	9.93	11.22	090
35721		A	Exploration, femoral artery	5.28	NA	NA	4.90	5.47	0.62	NA	NA	10.80	11.37	090
35741		A	Exploration popliteal artery	5.37	NA	NA	4.47	5.35	0.62	NA	NA	10.46	11.34	090
35761		A	Exploration of artery/vein	5.37	NA	NA	4.43	5.37	0.61	NA	NA	10.41	11.35	090
35800		A	Explore neck vessels	7.02	NA	NA	4.34	5.04	0.82	NA	NA	12.18	12.88	090
35820		A	Explore chest vessels	12.88	NA	NA	5.45	7.03	1.70	NA	NA	20.03	21.61	090
35840		A	Explore abdominal vessels	9.77	NA	NA	5.50	6.68	1.08	NA	NA	16.35	17.53	090
35860		A	Explore limb vessels	5.55	NA	NA	3.85	5.08	0.65	NA	NA	10.05	11.28	090
35870		A	Repair vessel graft defect	22.17	NA	NA	10.81	11.18	2.63	NA	NA	35.61	35.98	090
35875		A	Removal of clot in graft	10.13	NA	NA	6.26	7.59	1.08	NA	NA	17.47	18.80	090
35876		A	Removal of clot in graft	17.00	NA	NA	9.24	9.08	1.92	NA	NA	28.16	28.00	090
35879		A	Revise graft w/vein	16.00	NA	NA	8.46	8.46	1.97	NA	NA	26.43	26.43	090
35881		A	Revise graft w/vein	18.00	NA	NA	8.77	8.77	2.21	NA	NA	28.98	28.98	090
35901		A	Excision, graft, neck	8.19	NA	NA	6.10	6.95	0.97	NA	NA	15.26	16.11	090
35903		A	Excision, graft, extremity	9.39	NA	NA	8.44	8.12	1.08	NA	NA	18.91	18.59	090
35905		A	Excision, graft, thorax	18.19	NA	NA	12.59	10.19	2.15	NA	NA	32.93	30.53	090
35907		A	Excision, graft, abdomen	19.24	NA	NA	9.84	8.82	2.29	NA	NA	31.37	30.35	090
36000		A	Place needle in vein	0.18	0.53	0.40	0.05	0.08	0.01	0.72	0.59	0.24	0.27	XXX
36005		A	Injection, venography	0.95	15.15	7.83	0.27	0.39	0.05	16.15	8.83	1.27	1.39	000
36010		A	Place catheter in vein	2.43	NA	NA	0.79	1.54	0.16	NA	NA	3.38	4.13	XXX
36011		A	Place catheter in vein	3.14	NA	NA	1.00	1.53	0.20	NA	NA	4.34	4.87	XXX
36012		A	Place catheter in vein	3.52	NA	NA	1.01	1.96	0.15	NA	NA	4.68	5.63	XXX
36013		A	Place catheter in artery	2.52	NA	NA	0.78	1.54	0.21	NA	NA	3.51	4.27	XXX
36014		A	Place catheter in artery	3.02	NA	NA	0.88	1.68	0.12	NA	NA	4.02	4.82	XXX
36015		A	Place catheter in artery	3.52	NA	NA	1.03	1.97	0.15	NA	NA	4.70	5.64	XXX
36100		A	Establish access to artery	3.02	NA	NA	1.17	1.99	0.32	NA	NA	4.51	5.33	XXX
36120		A	Establish access to artery	2.01	NA	NA	0.64	1.52	0.12	NA	NA	2.77	3.65	XXX
36140		A	Establish access to artery	2.01	NA	NA	0.63	1.08	0.13	NA	NA	2.77	3.22	XXX
36145		A	Artery to vein shunt	2.01	NA	NA	0.59	1.50	0.09	NA	NA	2.69	3.60	XXX
36160		A	Establish access to aorta	2.52	NA	NA	0.89	1.71	0.23	NA	NA	3.64	4.46	XXX
36200		A	Place catheter in aorta	3.02	NA	NA	0.90	1.93	0.16	NA	NA	4.08	5.11	XXX
36215		A	Place catheter in artery	4.68	NA	NA	1.42	2.22	0.28	NA	NA	6.38	7.18	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
36216		A	Place catheter in artery	5.28	NA	NA	1.54	2.56	0.25	NA	NA	7.07	8.09	XXX
36217		A	Place catheter in artery	6.30	NA	NA	1.93	3.09	0.36	NA	NA	8.59	9.75	XXX
36218		A	Place catheter in artery	1.01	NA	NA	0.34	0.51	0.06	NA	NA	1.41	1.58	ZZZ
36245		A	Place catheter in artery	4.68	NA	NA	1.60	2.51	0.35	NA	NA	6.63	7.54	XXX
36246		A	Place catheter in artery	5.28	NA	NA	1.66	2.62	0.33	NA	NA	7.27	8.23	XXX
36247		A	Place catheter in artery	6.30	NA	NA	1.91	3.08	0.35	NA	NA	8.56	9.73	XXX
36248		A	Place catheter in artery	1.01	NA	NA	0.36	0.52	0.07	NA	NA	1.44	1.60	ZZZ
36260		A	Insertion of infusion pump	9.71	NA	NA	5.47	6.39	0.93	NA	NA	16.11	17.03	090
36261		A	Revision of infusion pump	5.45	NA	NA	3.23	2.83	0.53	NA	NA	9.21	8.81	090
36262		A	Removal of infusion pump	4.02	NA	NA	2.52	2.31	0.41	NA	NA	6.95	6.74	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.18	0.58	0.34	0.05	0.05	0.02	0.78	0.54	0.25	0.25	XXX
36405		A	Drawing blood	0.18	0.47	0.48	0.05	0.15	0.01	0.66	0.67	0.24	0.34	XXX
36406		A	Drawing blood	0.18	0.53	0.35	0.05	0.07	0.01	0.72	0.54	0.24	0.26	XXX
36410		A	Drawing blood	0.18	0.44	0.34	0.05	0.08	0.01	0.63	0.53	0.24	0.27	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	NA	NA	0.33	0.44	0.10	NA	NA	1.44	1.55	XXX
36425		A	Establish access to vein	0.76	2.62	1.36	0.18	0.14	0.06	3.44	2.18	1.00	0.96	XXX
36430		A	Blood transfusion service	0.00	1.01	1.03	1.01	0.77	0.05	1.06	1.08	1.06	0.82	XXX
36440		A	Blood transfusion service	1.03	NA	NA	0.27	0.65	0.10	NA	NA	1.40	1.78	XXX
36450		A	Exchange transfusion service	2.23	NA	NA	0.71	0.87	0.14	NA	NA	3.08	3.24	XXX
36455		A	Exchange transfusion service	2.43	NA	NA	0.93	1.70	0.14	NA	NA	3.50	4.27	XXX
36460		A	Transfusion service, fetal	6.59	NA	NA	2.30	3.71	0.60	NA	NA	9.49	10.90	XXX
36468		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470		A	Injection therapy of vein	1.09	2.69	1.49	0.40	0.28	0.11	3.89	2.69	1.60	1.48	010
36471		A	Injection therapy of veins	1.57	3.13	1.78	0.58	0.40	0.14	4.84	3.49	2.29	2.11	010
36481		A	Insertion of catheter, vein	6.99	NA	NA	2.12	3.94	0.40	NA	NA	9.51	11.33	000
36488		A	Insertion of catheter, vein	1.35	NA	NA	0.43	0.74	0.11	NA	NA	1.89	2.20	000
36489		A	Insertion of catheter, vein	1.22	3.45	2.34	0.34	0.78	0.09	4.76	3.65	1.65	2.09	000
36490		A	Insertion of catheter, vein	1.67	NA	NA	0.56	1.03	0.13	NA	NA	2.36	2.83	000
36491		A	Insertion of catheter, vein	1.43	NA	NA	0.47	1.09	0.13	NA	NA	2.03	2.65	000
36493		A	Repositioning of cvc	1.21	NA	NA	0.35	0.52	0.06	NA	NA	1.62	1.79	000
36500		A	Insertion of catheter, vein	3.52	NA	NA	1.14	0.62	0.17	NA	NA	4.83	4.31	000
36510		A	Insertion of catheter, vein	1.09	NA	NA	0.39	0.29	0.07	NA	NA	1.55	1.45	000
36520		A	Plasma and/or cell exchange	1.74	NA	NA	0.65	1.36	0.10	NA	NA	2.49	3.20	000
36521		A	Apheresis w/ adsorp/reinfuse	1.74	NA	NA	0.65	0.65	0.09	NA	NA	2.48	2.48	000
36522		A	Photopheresis	1.67	8.21	5.45	0.81	1.41	0.06	9.94	7.18	2.54	3.14	000
36530		R	Insertion of infusion pump	6.20	NA	NA	3.51	4.37	0.63	NA	NA	10.34	11.20	010
36531		R	Revision of infusion pump	4.87	NA	NA	3.26	4.00	0.49	NA	NA	8.62	9.36	010
36532		R	Removal of infusion pump	3.30	NA	NA	1.59	1.76	0.33	NA	NA	5.22	5.39	010
36533		A	Insertion of access device	5.32	4.03	4.35	3.25	3.96	0.52	9.87	10.19	9.09	9.80	010
36534		A	Revision of access device	2.80	NA	NA	1.32	2.33	0.22	NA	NA	4.34	5.35	010
36535		A	Removal of access device	2.27	2.72	2.34	1.89	1.93	0.23	5.22	4.84	4.39	4.43	010
36550		A	Declot vascular device	0.00	0.51	0.51	0.06	0.06	0.32	0.83	0.83	0.38	0.38	XXX
36600		A	Withdrawal of arterial blood	0.32	0.40	0.35	0.09	0.20	0.02	0.74	0.69	0.43	0.54	XXX
36620		A	Insertion catheter, artery	1.15	NA	NA	0.23	0.48	0.08	NA	NA	1.46	1.71	000
36625		A	Insertion catheter, artery	2.11	NA	NA	0.53	0.73	0.17	NA	NA	2.81	3.01	000
36640		A	Insertion catheter, artery	2.10	NA	NA	0.76	1.64	0.19	NA	NA	3.05	3.93	000
36660		A	Insertion catheter, artery	1.40	NA	NA	0.45	0.49	0.07	NA	NA	1.92	1.96	000
36680		A	Insert needle, bone cavity	1.20	NA	NA	0.40	0.88	0.11	NA	NA	1.71	2.19	000
36800		A	Insertion of cannula	2.43	NA	NA	1.57	1.99	0.21	NA	NA	4.21	4.63	000
36810		A	Insertion of cannula	3.97	NA	NA	2.21	3.48	0.39	NA	NA	6.57	7.84	000
36815		A	Insertion of cannula	2.62	NA	NA	1.83	2.48	0.27	NA	NA	4.72	5.37	000
36819		A	Av fusion by basilic vein	14.00	NA	NA	6.65	6.65	1.55	NA	NA	22.20	22.20	090
36821		A	Av fusion direct any site	8.93	NA	NA	5.08	6.47	0.99	NA	NA	15.00	16.39	090
36822		A	Insertion of cannula(s)	5.42	NA	NA	10.32	8.20	0.70	NA	NA	16.44	14.32	090
36823		C	Insertion of cannula(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36825		A	Artery-vein graft	9.84	NA	NA	5.80	8.77	1.10	NA	NA	16.74	19.71	090
36830		A	Artery-vein graft	12.00	NA	NA	6.41	8.61	1.36	NA	NA	19.77	21.97	090
36831		A	Av fistula excision	8.00	2.23	2.23	2.23	2.23	0.85	11.08	11.08	11.08	11.08	090
36832		A	Av fistula revision	10.50	NA	NA	5.77	6.74	1.16	NA	NA	17.43	18.40	090
36833		A	Av fistula revision	11.95	4.45	4.45	4.45	4.45	1.33	17.73	17.73	17.73	17.73	090
36834		A	Repair A-V aneurysm	9.93	NA	NA	3.98	6.23	1.13	NA	NA	15.04	17.29	090
36835		A	Artery to vein shunt	7.15	NA	NA	5.01	4.36	0.80	NA	NA	12.96	12.31	090
36860		A	External cannula declotting	2.01	1.95	2.37	1.43	1.92	0.13	4.09	4.51	3.57	4.06	000
36861		A	Cannula declotting	2.52	NA	NA	1.55	2.28	0.22	NA	NA	4.29	5.02	000
37140		A	Revision of circulation	23.60	NA	NA	8.71	13.20	1.06	NA	NA	33.37	37.86	090
37145		A	Revision of circulation	24.61	NA	NA	9.42	14.01	0.95	NA	NA	34.98	39.57	090
37160		A	Revision of circulation	21.60	NA	NA	9.38	14.32	2.29	NA	NA	33.27	38.21	090
37180		A	Revision of circulation	24.61	NA	NA	10.89	13.15	2.45	NA	NA	37.95	40.21	090
37181		A	Splice spleen/kidney veins	26.68	NA	NA	11.10	14.46	2.56	NA	NA	40.34	43.70	090
37195		A	Thrombolytic therapy, stroke	0.00	8.09	8.21	8.09	8.21	0.39	8.48	8.60	8.48	8.60	XXX
37200		A	Transcatheter biopsy	4.56	NA	NA	1.31	1.52	0.25	NA	NA	6.12	6.33	000
37201		A	Transcatheter therapy infuse	5.00	NA	NA	2.09	4.03	0.25	NA	NA	7.34	9.28	000
37202		A	Transcatheter therapy infuse	5.68	NA	NA	3.03	3.85	0.74	NA	NA	9.45	10.27	000
37203		A	Transcatheter retrieval	5.03	NA	NA	2.12	3.14	0.25	NA	NA	7.40	8.42	000
37204		A	Transcatheter occlusion	18.14	NA	NA	5.23	10.08	0.77	NA	NA	24.14	28.99	000
37205		A	Transcatheter stent	8.28	NA	NA	3.40	4.50	0.61	NA	NA	12.29	13.39	000
37206		A	Transcatheter stent add-on	4.13	NA	NA	1.40	2.10	0.32	NA	NA	5.85	6.55	ZZZ
37207		A	Transcatheter stent	8.28	NA	NA	3.75	4.68	0.97	NA	NA	13.00	13.93	000

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
37208		A	Transcatheter stent add-on	4.13	NA	NA	1.56	2.18	0.49	NA	NA	6.18	6.80	ZZZ
37209		A	Exchange arterial catheter	2.27	NA	NA	0.68	1.11	0.11	NA	NA	3.06	3.49	000
37250		A	Iv us first vessel add-on	2.10	NA	NA	0.85	1.05	0.24	NA	NA	3.19	3.39	ZZZ
37251		A	Iv us each add vessel add-on	1.60	NA	NA	0.66	0.80	0.19	NA	NA	2.45	2.59	ZZZ
37565		A	Ligation of neck vein	4.44	NA	NA	2.67	3.39	0.44	NA	NA	7.55	8.27	090
37600		A	Ligation of neck artery	4.57	NA	NA	3.44	4.42	0.42	NA	NA	8.43	9.41	090
37605		A	Ligation of neck artery	6.19	NA	NA	3.79	4.91	0.75	NA	NA	10.73	11.85	090
37606		A	Ligation of neck artery	6.28	NA	NA	4.39	5.41	1.11	NA	NA	11.78	12.80	090
37607		A	Ligation of a-v fistula	6.16	NA	NA	3.69	3.51	0.69	NA	NA	10.54	10.36	090
37609		A	Temporal artery procedure	2.30	6.21	4.31	2.17	2.29	0.22	8.73	6.83	4.69	4.81	010
37615		A	Ligation of neck artery	5.73	NA	NA	3.80	4.95	0.58	NA	NA	10.11	11.26	090
37616		A	Ligation of chest artery	16.49	NA	NA	13.37	8.97	1.70	NA	NA	31.56	27.16	090
37617		A	Ligation of abdomen artery	15.95	NA	NA	7.63	8.16	1.61	NA	NA	25.19	25.72	090
37618		A	Ligation of extremity artery	4.84	NA	NA	3.52	4.46	0.54	NA	NA	8.90	9.84	090
37620		A	Revision of major vein	10.56	NA	NA	4.96	7.26	0.78	NA	NA	16.30	18.60	090
37650		A	Revision of major vein	5.13	NA	NA	3.74	4.05	0.60	NA	NA	9.47	9.78	090
37660		A	Revision of major vein	10.61	NA	NA	6.01	6.13	1.19	NA	NA	17.81	17.93	090
37700		A	Revise leg vein	3.73	NA	NA	3.03	3.49	0.41	NA	NA	7.17	7.63	090
37720		A	Removal of leg vein	5.66	NA	NA	3.69	4.62	0.62	NA	NA	9.97	10.90	090
37730		A	Removal of leg veins	7.33	NA	NA	4.57	6.06	0.80	NA	NA	12.70	14.19	090
37735		A	Removal of leg veins/lesion	10.53	NA	NA	6.07	7.56	1.16	NA	NA	17.76	19.25	090
37760		A	Revision of leg veins	10.47	NA	NA	5.74	6.93	1.08	NA	NA	17.29	18.48	090
37780		A	Revision of leg vein	3.84	NA	NA	3.07	2.56	0.43	NA	NA	7.34	6.83	090
37785		A	Revise secondary varicosity	3.88	6.73	3.90	2.86	1.96	0.40	11.01	8.18	7.14	6.24	090
37788		A	Revascularization, penis	22.01	NA	NA	11.87	14.15	1.43	NA	NA	35.31	37.59	090
37790		A	Penile venous occlusion	8.34	NA	NA	7.42	6.81	0.53	NA	NA	16.29	15.68	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	13.01	NA	NA	6.35	7.82	1.30	NA	NA	20.66	22.13	090
38101		A	Removal of spleen, partial	13.74	NA	NA	6.77	7.18	1.39	NA	NA	21.90	22.31	090
38102		A	Removal of spleen, total	4.80	NA	NA	1.81	2.27	0.48	NA	NA	7.09	7.55	ZZZ
38115		A	Repair of ruptured spleen	14.19	NA	NA	6.82	7.56	1.43	NA	NA	22.44	23.18	090
38120		C	Laparoscopy, splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
38129		C	Laparoscope proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	NA	NA	0.82	1.34	0.12	NA	NA	3.58	4.10	000
38230		R	Bone marrow collection	4.54	NA	NA	2.36	2.69	0.23	NA	NA	7.13	7.46	010
38231		R	Stem cell collection	1.50	NA	NA	0.60	1.05	0.06	NA	NA	2.16	2.61	000
38240		R	Bone marrow/stem transplant	2.24	NA	NA	0.82	1.54	0.11	NA	NA	3.17	3.89	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	NA	0.87	1.54	0.10	NA	NA	3.21	3.88	XXX
38300		A	Drainage, lymph node lesion	1.53	3.76	2.20	2.22	1.27	0.14	5.43	3.87	3.89	2.94	010
38305		A	Drainage, lymph node lesion	4.61	7.52	4.83	5.83	3.98	0.36	12.49	9.80	10.80	8.95	090
38308		A	Incision of lymph channels	4.95	NA	NA	4.92	4.29	0.43	NA	NA	10.30	9.67	090
38380		A	Thoracic duct procedure	7.46	NA	NA	7.61	6.22	0.60	NA	NA	15.67	14.28	090
38381		A	Thoracic duct procedure	12.88	NA	NA	12.11	10.16	1.66	NA	NA	26.65	24.70	090
38382		A	Thoracic duct procedure	10.08	NA	NA	8.74	7.00	1.06	NA	NA	19.88	18.14	090
38500		A	Biopsy/removal, lymph nodes	2.88	2.56	2.15	2.15	1.94	0.28	5.72	5.31	5.31	5.10	010
38505		A	Needle biopsy, lymph nodes	1.14	2.86	2.04	0.98	0.80	0.09	4.09	3.27	2.21	2.03	000
38510		A	Biopsy/removal, lymph nodes	4.14	NA	NA	4.05	3.41	0.38	NA	NA	8.57	7.93	090
38520		A	Biopsy/removal, lymph nodes	5.12	NA	NA	5.06	4.15	0.53	NA	NA	10.71	9.80	090
38525		A	Biopsy/removal, lymph nodes	4.66	NA	NA	3.71	3.26	0.47	NA	NA	8.84	8.39	090
38530		A	Biopsy/removal, lymph nodes	6.13	NA	NA	6.45	4.95	0.66	NA	NA	13.24	11.74	090
38542		A	Explore deep node(s), neck	5.91	NA	NA	5.61	5.12	0.50	NA	NA	12.02	11.53	090
38550		A	Removal, neck/armpit lesion	6.73	NA	NA	5.24	4.38	0.50	NA	NA	12.47	11.61	090
38555		A	Removal, neck/armpit lesion	14.27	NA	NA	11.47	9.68	1.53	NA	NA	27.27	25.48	090
38562		A	Removal, pelvic lymph nodes	10.49	NA	NA	6.17	6.82	0.84	NA	NA	17.50	18.15	090
38564		A	Removal, abdomen lymph nodes	10.83	NA	NA	6.09	7.06	1.00	NA	NA	17.92	18.89	090
38570		A	Laparoscopy, lymph node biop	9.25	NA	NA	4.55	5.74	0.81	NA	NA	14.61	15.80	010
38571		A	Laparoscopy, lymphadenectomy	12.38	NA	NA	5.36	7.33	0.78	NA	NA	18.52	20.49	010
38572		A	Laparoscopy, lymphadenectomy	14.32	NA	NA	6.12	8.49	1.04	NA	NA	21.48	23.85	010
38589		C	Laparoscope proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes, neck	8.24	NA	NA	11.66	10.75	0.63	NA	NA	20.53	19.62	090
38720		A	Removal of lymph nodes, neck	13.61	NA	NA	14.83	15.54	1.03	NA	NA	29.47	30.18	090
38724		A	Removal of lymph nodes, neck	14.54	NA	NA	15.22	15.40	1.11	NA	NA	30.87	31.05	090
38740		A	Remove armpit lymph nodes	6.77	NA	NA	4.52	4.82	0.67	NA	NA	11.96	12.26	090
38745		A	Remove armpit lymph nodes	8.84	NA	NA	6.60	7.80	0.86	NA	NA	16.30	17.50	090
38746		A	Remove thoracic lymph nodes	4.39	NA	NA	1.79	2.14	0.56	NA	NA	6.74	7.09	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	NA	NA	1.83	2.31	0.45	NA	NA	7.17	7.65	ZZZ
38760		A	Remove groin lymph nodes	8.74	NA	NA	5.42	6.31	0.83	NA	NA	14.99	15.88	090
38765		A	Remove groin lymph nodes	16.06	NA	NA	9.74	11.75	1.34	NA	NA	27.14	29.15	090
38770		A	Remove pelvis lymph nodes	13.23	NA	NA	6.57	11.18	0.85	NA	NA	20.65	25.26	090
38780		A	Remove abdomen lymph nodes	16.59	NA	NA	8.57	13.00	1.26	NA	NA	26.42	30.85	090
38790		A	Inject for lymphatic x-ray	1.29	24.03	12.91	0.46	1.00	0.09	25.41	14.29	1.84	2.38	000
38792		C	Identify sentinel node	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
38794		A	Access thoracic lymph duct	4.45	NA	NA	1.21	2.15	0.17	NA	NA	5.83	6.77	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	6.10	NA	NA	9.93	8.25	0.75	NA	NA	16.78	15.10	090
39010		A	Exploration of chest	11.79	NA	NA	13.11	12.78	1.52	NA	NA	26.42	26.09	090
39200		A	Removal chest lesion	13.62	NA	NA	13.66	13.12	1.65	NA	NA	28.93	28.39	090
39220		A	Removal chest lesion	17.42	NA	NA	14.71	15.46	2.16	NA	NA	34.29	35.04	090
39400		A	Visualization of chest	5.61	NA	NA	9.70	7.63	0.72	NA	NA	16.03	13.96	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.19	NA	NA	8.57	10.07	1.35	NA	NA	23.11	24.61	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
39502		A	Repair paraesophageal hernia	16.33	NA	NA	8.74	10.85	1.64	NA	NA	26.71	28.82	090
39503		A	Repair of diaphragm hernia	34.85	NA	NA	14.98	21.16	3.26	NA	NA	53.09	59.27	090
39520		A	Repair of diaphragm hernia	16.10	NA	NA	11.70	12.65	1.82	NA	NA	29.62	30.57	090
39530		A	Repair of diaphragm hernia	15.41	NA	NA	9.44	12.35	1.68	NA	NA	26.53	29.44	090
39531		A	Repair of diaphragm hernia	16.42	NA	NA	9.21	10.03	1.79	NA	NA	27.42	28.24	090
39540		A	Repair of diaphragm hernia	13.32	NA	NA	9.09	11.05	1.39	NA	NA	23.80	25.76	090
39541		A	Repair of diaphragm hernia	14.41	NA	NA	8.62	10.91	1.47	NA	NA	24.50	26.79	090
39545		A	Revision of diaphragm	13.37	NA	NA	11.61	10.09	1.59	NA	NA	26.57	25.05	090
39560		A	Resect diaphragm, simple	12.00	NA	NA	8.79	8.79	1.22	NA	NA	22.01	22.01	090
39561		A	Resect diaphragm, complex	17.50	NA	NA	6.43	6.43	1.79	NA	NA	30.18	30.18	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	1.56	1.18	0.62	0.51	0.06	2.84	2.46	1.90	1.79	000
40500		A	Partial excision of lip	4.28	4.91	5.01	4.69	4.90	0.31	9.50	9.60	9.28	9.49	090
40510		A	Partial excision of lip	4.70	5.58	5.60	5.37	5.49	0.37	10.65	10.67	10.44	10.56	090
40520		A	Partial excision of lip	4.67	6.19	5.54	5.47	5.18	0.41	11.27	10.62	10.55	10.26	090
40525		A	Reconstruct lip with flap	7.55	NA	NA	6.95	7.99	0.69	NA	NA	15.19	16.23	090
40527		A	Reconstruct lip with flap	9.13	NA	NA	7.96	9.43	0.79	NA	NA	17.88	19.35	090
40530		A	Partial removal of lip	5.40	5.55	5.54	5.20	5.37	0.45	11.40	11.39	11.05	11.22	090
40650		A	Repair lip	3.64	4.47	4.41	3.92	4.13	0.32	8.43	8.37	7.88	8.09	090
40652		A	Repair lip	4.26	5.55	5.32	5.23	5.16	0.40	10.21	9.98	9.89	9.82	090
40654		A	Repair lip	5.31	6.12	6.23	5.80	6.07	0.48	11.91	12.02	11.59	11.86	090
40700		A	Repair cleft lip/nasal	12.79	NA	NA	9.15	9.17	0.98	NA	NA	22.92	22.94	090
40701		A	Repair cleft lip/nasal	15.85	NA	NA	10.54	15.76	1.38	NA	NA	27.77	32.99	090
40702		A	Repair cleft lip/nasal	13.04	NA	NA	8.68	9.43	0.95	NA	NA	22.67	23.42	090
40720		A	Repair cleft lip/nasal	13.55	NA	NA	10.18	10.30	1.31	NA	NA	25.04	25.16	090
40761		A	Repair cleft lip/nasal	14.72	NA	NA	10.79	11.28	1.31	NA	NA	26.82	27.31	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.17	1.65	1.23	0.48	0.44	0.09	2.91	2.49	1.74	1.70	010
40801		A	Drainage of mouth lesion	2.53	2.19	2.02	1.69	1.31	0.18	4.90	4.73	4.40	4.02	010
40804		A	Removal, foreign body, mouth	1.24	2.22	1.43	2.05	1.19	0.09	3.55	2.76	3.38	2.52	010
40805		A	Removal, foreign body, mouth	2.69	2.64	2.68	2.33	2.52	0.19	5.52	5.56	5.21	5.40	010
40806		A	Incision of lip fold	0.31	0.67	0.53	0.44	0.42	0.03	1.01	0.87	0.78	0.76	000
40808		A	Biopsy of mouth lesion	0.96	1.73	1.28	1.71	1.06	0.07	2.76	2.31	2.74	2.09	010
40810		A	Excision of mouth lesion	1.31	2.30	1.79	1.92	1.28	0.10	3.71	3.20	3.33	2.69	010
40812		A	Excise/repair mouth lesion	2.31	2.59	2.11	2.45	1.64	0.17	5.07	4.59	4.93	4.12	010
40814		A	Excise/repair mouth lesion	3.42	NA	NA	3.85	3.68	0.25	NA	NA	7.52	7.35	090
40816		A	Excision of mouth lesion	3.67	3.93	3.71	3.93	2.84	0.26	7.86	7.64	7.86	6.77	090
40818		A	Excise oral mucosa for graft	2.41	3.77	3.11	3.77	3.11	0.14	6.32	5.66	6.32	5.66	090
40819		A	Excise lip or cheek fold	2.41	3.17	2.25	3.01	1.84	0.17	5.75	4.83	5.59	4.42	090
40820		A	Treatment of mouth lesion	1.28	2.02	1.30	1.85	1.07	0.09	3.39	2.67	3.22	2.44	010
40830		A	Repair mouth laceration	1.76	2.12	1.43	2.12	1.43	0.15	4.03	3.34	4.03	3.34	010
40831		A	Repair mouth laceration	2.46	2.22	2.17	2.22	2.17	0.21	4.89	4.84	4.89	4.84	010
40840		R	Reconstruction of mouth	8.73	5.61	6.22	5.61	6.22	0.66	15.00	15.61	15.00	15.61	090
40842		R	Reconstruction of mouth	8.73	5.38	6.10	5.38	6.10	0.71	14.82	15.54	14.82	15.54	090
40843		R	Reconstruction of mouth	12.10	8.04	8.80	6.27	7.91	0.63	20.77	21.53	19.00	20.64	090
40844		R	Reconstruction of mouth	16.01	8.48	10.55	8.48	10.55	1.44	25.93	28.00	25.93	28.00	090
40845		R	Reconstruction of mouth	18.58	9.95	16.07	9.95	16.07	1.56	30.09	36.21	30.09	36.21	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.30	1.96	1.39	1.28	0.85	0.10	3.36	2.79	2.68	2.25	010
41005		A	Drainage of mouth lesion	1.26	1.80	1.24	1.28	0.98	0.10	3.16	2.60	2.64	2.34	010
41006		A	Drainage of mouth lesion	3.24	3.54	2.32	2.97	2.04	0.24	7.02	5.80	6.45	5.52	090
41007		A	Drainage of mouth lesion	3.10	3.19	3.17	2.82	2.99	0.16	6.45	6.43	6.08	6.25	090
41008		A	Drainage of mouth lesion	3.37	3.08	2.12	2.95	1.77	0.24	6.69	5.73	6.56	5.38	090
41009		A	Drainage of mouth lesion	3.59	3.21	3.40	2.77	3.18	0.27	7.07	7.26	6.63	7.04	090
41010		A	Incision of tongue fold	1.06	2.70	1.55	2.70	1.55	0.06	3.82	2.67	3.82	2.67	010
41015		A	Drainage of mouth lesion	3.96	3.70	2.32	2.95	1.95	0.29	7.95	6.57	7.20	6.20	090
41016		A	Drainage of mouth lesion	4.07	3.46	3.73	3.00	3.50	0.32	7.85	8.12	7.39	7.89	090
41017		A	Drainage of mouth lesion	4.07	3.68	2.60	3.03	2.28	0.32	8.07	6.99	7.42	6.67	090
41018		A	Drainage of mouth lesion	5.10	4.11	4.19	3.44	3.86	0.34	9.55	9.63	8.88	9.30	090
41100		A	Biopsy of tongue	1.63	2.22	1.55	2.14	1.29	0.11	3.96	3.29	3.88	3.03	010
41105		A	Biopsy of tongue	1.42	2.00	1.56	2.00	1.28	0.11	3.53	3.09	3.53	2.81	010
41108		A	Biopsy of floor of mouth	1.05	1.91	1.42	1.82	1.14	0.08	3.04	2.55	2.95	2.27	010
41110		A	Excision of tongue lesion	1.51	2.57	1.99	2.12	1.42	0.11	4.19	3.61	3.74	3.04	010
41112		A	Excision of tongue lesion	2.73	3.13	2.86	3.13	2.22	0.20	6.06	5.79	6.06	5.15	090
41113		A	Excision of tongue lesion	3.19	3.13	3.42	3.13	2.49	0.23	6.55	6.84	6.55	5.91	090
41114		A	Excision of tongue lesion	8.47	NA	NA	5.87	6.40	0.62	NA	NA	14.96	15.49	090
41115		A	Excision of tongue fold	1.74	2.36	2.15	2.13	2.03	0.12	4.22	4.01	3.99	3.89	010
41116		A	Excision of mouth lesion	2.44	3.03	2.87	2.98	2.84	0.18	5.65	5.49	5.60	5.46	090
41120		A	Partial removal of tongue	9.77	NA	NA	8.03	7.97	0.73	NA	NA	18.53	18.47	090
41130		A	Partial removal of tongue	11.15	NA	NA	8.83	9.33	0.82	NA	NA	20.80	21.30	090
41135		A	Tongue and neck surgery	23.09	NA	NA	15.49	17.68	1.71	NA	NA	40.29	42.48	090
41140		A	Removal of tongue	25.50	NA	NA	15.83	18.17	1.90	NA	NA	43.23	45.57	090
41145		A	Tongue removal, neck surgery	30.06	NA	NA	20.11	22.42	2.20	NA	NA	52.37	54.68	090
41150		A	Tongue, mouth, jaw surgery	23.04	NA	NA	16.17	18.38	1.70	NA	NA	40.91	43.12	090
41153		A	Tongue, mouth, neck surgery	23.77	NA	NA	16.78	21.96	1.79	NA	NA	42.34	47.52	090
41155		A	Tongue, jaw, & neck surgery	27.72	NA	NA	19.27	25.89	2.03	NA	NA	49.02	55.64	090
41250		A	Repair tongue laceration	1.91	2.33	1.75	1.52	1.34	0.16	4.40	3.82	3.59	3.41	010
41251		A	Repair tongue laceration	2.27	2.10	2.18	1.77	2.01	0.17	4.54	4.62	4.21	4.45	010
41252		A	Repair tongue laceration	2.97	2.89	2.72	2.14	2.35	0.24	6.10	5.93	5.35	5.56	010
41500		A	Fixation of tongue	3.71	NA	NA	3.68	3.63	0.25	NA	NA	7.64	7.59	090
41510		A	Tongue to lip surgery	3.42	NA	NA	4.22	3.49	0.21	NA	NA	7.85	7.12	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
41520		A	Reconstruction, tongue fold	2.73	2.58	2.86	2.58	2.86	0.20	5.51	5.79	5.51	5.79	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.17	1.66	1.21	1.17	0.78	0.10	2.93	2.48	2.44	2.05	010
41805		A	Removal foreign body, gum	1.24	1.66	1.29	1.65	1.28	0.09	2.99	2.62	2.98	2.61	010
41806		A	Removal foreign body, jawbone	2.69	2.30	2.04	2.10	1.50	0.20	5.19	4.93	4.99	4.39	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822		R	Excision of gum lesion	2.31	2.50	2.90	0.98	2.14	0.18	4.99	5.39	3.47	4.63	010
41823		R	Excision of gum lesion	3.30	3.17	3.56	2.66	3.30	0.23	6.70	7.09	6.19	6.83	090
41825		A	Excision of gum lesion	1.31	2.10	1.86	1.88	1.35	0.10	3.51	3.27	3.29	2.76	010
41826		A	Excision of gum lesion	2.31	2.39	2.32	2.33	1.73	0.17	4.87	4.80	4.81	4.21	010
41827		A	Excision of gum lesion	3.42	3.22	3.65	3.22	2.63	0.25	6.89	7.32	6.89	6.30	090
41828		R	Excision of gum lesion	3.09	2.80	3.61	2.13	3.28	0.21	6.10	6.91	5.43	6.58	010
41830		R	Removal of gum tissue	3.35	2.86	3.43	2.56	3.28	0.24	6.45	7.02	6.15	6.87	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872		R	Repair gum	2.59	2.68	2.89	2.13	2.61	0.19	5.46	5.67	4.91	5.39	090
41874		R	Repair tooth socket	3.09	2.58	3.14	2.15	2.92	0.24	5.91	6.47	5.48	6.25	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.23	2.06	1.37	1.33	0.84	0.09	3.38	2.69	2.65	2.16	010
42100		A	Biopsy roof of mouth	1.31	2.00	1.43	1.98	1.21	0.10	3.41	2.84	3.39	2.62	010
42104		A	Excision lesion, mouth roof	1.64	2.07	1.92	2.07	1.48	0.11	3.82	3.67	3.82	3.23	010
42106		A	Excision lesion, mouth roof	2.10	2.37	2.39	2.37	1.79	0.15	4.62	4.64	4.62	4.04	010
42107		A	Excision lesion, mouth roof	4.44	3.76	4.53	3.76	3.21	0.32	8.52	9.29	8.52	7.97	090
42120		A	Remove palate/lesion	6.17	NA	NA	5.43	6.40	0.45	NA	NA	12.05	13.02	090
42140		A	Excision of uvula	1.62	2.99	2.23	2.63	2.05	0.11	4.72	3.96	4.36	3.78	090
42145		A	Repair palate, pharynx/uvula	8.05	NA	NA	6.80	8.21	0.57	NA	NA	15.42	16.83	090
42160		A	Treatment mouth roof lesion	1.80	2.49	2.08	2.17	1.50	0.13	4.42	4.01	4.10	3.43	010
42180		A	Repair palate	2.50	2.31	2.37	1.88	2.16	0.18	4.99	5.05	4.56	4.84	010
42182		A	Repair palate	3.83	2.73	3.25	2.73	3.25	0.29	6.85	7.37	6.85	7.37	010
42200		A	Reconstruct cleft palate	12.00	NA	NA	9.14	8.47	1.03	NA	NA	22.17	21.50	090
42205		A	Reconstruct cleft palate	9.59	NA	NA	6.88	9.17	0.85	NA	NA	17.32	19.61	090
42210		A	Reconstruct cleft palate	14.50	NA	NA	8.47	11.03	1.15	NA	NA	24.12	26.68	090
42215		A	Reconstruct cleft palate	8.82	NA	NA	7.34	7.84	0.76	NA	NA	16.92	17.42	090
42220		A	Reconstruct cleft palate	7.02	NA	NA	5.73	5.80	0.49	NA	NA	13.24	13.31	090
42225		A	Reconstruct cleft palate	9.54	NA	NA	8.34	7.92	0.80	NA	NA	18.68	18.26	090
42226		A	Lengthening of palate	10.01	NA	NA	8.40	8.48	0.79	NA	NA	19.20	19.28	090
42227		A	Lengthening of palate	9.52	NA	NA	6.00	7.02	0.78	NA	NA	16.30	17.32	090
42235		A	Repair palate	7.87	NA	NA	5.72	5.87	0.59	NA	NA	14.18	14.33	090
42260		A	Repair nose to lip fistula	9.80	6.56	5.44	6.56	5.44	0.76	17.12	16.00	17.12	16.00	090
42280		A	Preparation, palate mold	1.54	1.30	1.73	0.74	1.45	0.10	2.94	3.37	2.38	3.09	010
42281		A	Insertion, palate prosthesis	1.93	1.54	1.57	1.00	1.30	0.13	3.60	3.63	3.06	3.36	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.93	2.29	1.67	1.70	1.11	0.14	4.36	3.74	3.77	3.18	010
42305		A	Drainage of salivary gland	6.07	NA	NA	4.92	3.65	0.46	NA	NA	11.45	10.18	090
42310		A	Drainage of salivary gland	1.56	2.11	1.62	1.41	0.99	0.11	3.78	3.29	3.08	2.66	010
42320		A	Drainage of salivary gland	2.35	2.43	2.21	1.98	1.99	0.17	4.95	4.73	4.50	4.51	010
42325		A	Create salivary cyst drain	2.75	2.90	2.60	1.01	1.66	0.22	5.87	5.57	3.98	4.63	090
42326		A	Create salivary cyst drain	3.78	4.15	4.33	1.59	3.05	0.27	8.20	8.38	5.64	7.10	090
42330		A	Removal of salivary stone	2.21	2.43	1.81	1.19	0.90	0.16	4.80	4.18	3.56	3.27	010
42335		A	Removal of salivary stone	3.31	3.26	2.97	3.26	2.30	0.24	6.81	6.52	6.81	5.85	090
42340		A	Removal of salivary stone	4.60	4.25	4.43	4.25	3.28	0.32	9.17	9.35	9.17	8.20	090
42400		A	Biopsy of salivary gland	0.78	2.05	1.46	0.40	0.42	0.06	2.89	2.30	1.24	1.26	000
42405		A	Biopsy of salivary gland	3.29	2.98	2.33	2.91	1.88	0.24	6.51	5.86	6.44	5.41	010
42408		A	Excision of salivary cyst	4.54	3.83	3.68	3.83	3.68	0.34	8.71	8.56	8.71	8.56	090
42409		A	Drainage of salivary cyst	2.81	3.02	3.04	3.02	3.04	0.20	6.03	6.05	6.03	6.05	090
42410		A	Excise parotid gland/lesion	9.34	NA	NA	7.23	6.84	0.78	NA	NA	17.35	16.96	090
42415		A	Excise parotid gland/lesion	16.89	NA	NA	11.85	12.81	1.30	NA	NA	30.04	31.00	090
42420		A	Excise parotid gland/lesion	19.59	NA	NA	13.47	14.78	1.48	NA	NA	34.54	35.85	090
42425		A	Excise parotid gland/lesion	13.02	NA	NA	9.80	10.93	0.99	NA	NA	23.81	24.94	090
42426		A	Excise parotid gland/lesion	21.26	NA	NA	14.46	19.92	1.60	NA	NA	37.32	42.78	090
42440		A	Excise submaxillary gland	6.97	NA	NA	5.50	6.91	0.53	NA	NA	13.00	14.41	090
42450		A	Excise sublingual gland	4.62	4.31	4.01	4.31	4.01	0.34	9.27	8.97	9.27	8.97	090
42500		A	Repair salivary duct	4.30	4.27	4.64	4.27	4.64	0.32	8.89	9.26	8.89	9.26	090
42505		A	Repair salivary duct	6.18	4.73	6.06	4.73	6.06	0.47	11.38	12.71	11.38	12.71	090
42507		A	Parotid duct diversion	6.11	NA	NA	5.54	5.30	0.46	NA	NA	12.11	11.87	090
42508		A	Parotid duct diversion	9.10	NA	NA	7.05	7.66	0.68	NA	NA	16.83	17.44	090
42509		A	Parotid duct diversion	11.54	NA	NA	8.95	8.44	0.82	NA	NA	21.31	20.80	090
42510		A	Parotid duct diversion	8.15	NA	NA	6.11	7.21	0.81	NA	NA	15.07	16.17	090
42550		A	Injection for salivary x-ray	1.25	11.04	5.76	0.34	0.41	0.05	12.34	7.06	1.64	1.71	000
42600		A	Closure of salivary fistula	4.82	5.64	4.93	4.80	4.51	0.37	10.83	10.12	9.99	9.70	090
42650		A	Dilation of salivary duct	0.77	0.95	0.69	0.41	0.31	0.06	1.78	1.52	1.24	1.14	000
42660		A	Dilation of salivary duct	1.13	1.10	0.82	1.06	0.67	0.07	2.30	2.02	2.26	1.87	000
42665		A	Ligation of salivary duct	2.53	3.17	2.69	3.00	2.61	0.18	5.88	5.40	5.71	5.32	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	1.62	2.53	1.73	1.64	1.05	0.11	4.26	3.46	3.37	2.78	010
42720		A	Drainage of throat abscess	5.42	4.50	3.28	4.36	3.21	0.39	10.31	9.09	10.17	9.02	010
42725		A	Drainage of throat abscess	10.72	NA	NA	8.08	6.46	0.84	NA	NA	19.64	18.02	090
42800		A	Biopsy of throat	1.39	2.37	1.59	2.08	1.24	0.10	3.86	3.08	3.57	2.73	010
42802		A	Biopsy of throat	1.54	2.44	1.78	2.15	1.63	0.11	4.09	3.43	3.80	3.28	010
42804		A	Biopsy of upper nose/throat	1.24	2.31	1.75	2.00	1.59	0.09	3.64	3.08	3.33	2.92	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
42806		A	Biopsy of upper nose/throat	1.58	2.67	2.10	2.21	1.87	0.11	4.36	3.79	3.90	3.56	010
42808		A	Excise pharynx lesion	2.30	3.73	3.23	2.62	2.68	0.16	6.19	5.69	5.08	5.14	010
42809		A	Remove pharynx foreign body	1.81	2.72	1.81	1.57	1.23	0.14	4.67	3.76	3.52	3.18	010
42810		A	Excision of neck cyst	3.33	4.77	4.09	3.83	3.62	0.27	8.37	7.69	7.43	7.22	090
42815		A	Excision of neck cyst	7.23	NA	NA	6.06	7.35	0.55	NA	NA	13.84	15.13	090
42820		A	Remove tonsils and adenoids	3.91	NA	NA	3.52	3.47	0.26	NA	NA	7.69	7.64	090
42821		A	Remove tonsils and adenoids	4.29	NA	NA	3.73	4.00	0.31	NA	NA	8.33	8.60	090
42825		A	Removal of tonsils	3.42	NA	NA	3.30	3.09	0.25	NA	NA	6.97	6.76	090
42826		A	Removal of tonsils	3.38	NA	NA	3.25	3.65	0.24	NA	NA	6.87	7.27	090
42830		A	Removal of adenoids	2.57	NA	NA	2.22	2.12	0.18	NA	NA	4.97	4.87	090
42831		A	Removal of adenoids	2.71	NA	NA	2.32	2.44	0.19	NA	NA	5.22	5.34	090
42835		A	Removal of adenoids	2.30	NA	NA	2.52	2.27	0.16	NA	NA	4.98	4.73	090
42836		A	Removal of adenoids	3.18	NA	NA	3.16	3.10	0.23	NA	NA	6.57	6.51	090
42842		A	Extensive surgery of throat	8.76	NA	NA	7.09	7.18	0.63	NA	NA	16.48	16.57	090
42844		A	Extensive surgery of throat	14.31	NA	NA	10.79	11.29	1.07	NA	NA	26.17	26.67	090
42845		A	Extensive surgery of throat	24.29	NA	NA	16.59	18.40	1.82	NA	NA	42.70	44.51	090
42860		A	Excision of tonsil tags	2.22	NA	NA	2.58	2.32	0.16	NA	NA	4.96	4.70	090
42870		A	Excision of lingual tonsil	5.40	NA	NA	5.33	3.93	0.38	NA	NA	11.11	9.71	090
42890		A	Partial removal of pharynx	12.94	NA	NA	10.05	9.91	0.94	NA	NA	23.93	23.79	090
42892		A	Revision of pharyngeal walls	15.83	NA	NA	11.56	11.71	1.15	NA	NA	28.54	28.69	090
42894		A	Revision of pharyngeal walls	22.88	NA	NA	16.37	16.90	1.69	NA	NA	40.94	41.47	090
42900		A	Repair throat wound	5.25	NA	NA	3.59	4.11	0.39	NA	NA	9.23	9.75	010
42950		A	Reconstruction of throat	8.10	NA	NA	6.74	8.21	0.62	NA	NA	15.46	16.93	090
42953		A	Repair throat, esophagus	8.96	NA	NA	7.90	7.39	0.75	NA	NA	17.61	17.10	090
42955		A	Surgical opening of throat	7.39	NA	NA	5.91	4.76	0.59	NA	NA	13.89	12.74	090
42960		A	Control throat bleeding	2.33	NA	NA	1.91	1.54	0.17	NA	NA	4.41	4.04	010
42961		A	Control throat bleeding	5.59	NA	NA	4.73	3.32	0.40	NA	NA	10.72	9.31	090
42962		A	Control throat bleeding	7.14	NA	NA	5.55	6.02	0.52	NA	NA	13.21	13.68	090
42970		A	Control nose/throat bleeding	5.43	NA	NA	3.44	2.28	0.34	NA	NA	9.21	8.05	090
42971		A	Control nose/throat bleeding	6.21	NA	NA	4.97	4.06	0.45	NA	NA	11.63	10.72	090
42972		A	Control nose/throat bleeding	7.20	NA	NA	5.16	5.05	0.53	NA	NA	12.89	12.78	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	8.09	NA	NA	6.77	6.96	0.76	NA	NA	15.62	15.81	090
43030		A	Throat muscle surgery	7.69	NA	NA	6.56	7.87	0.62	NA	NA	14.87	16.18	090
43045		A	Incision of esophagus	20.12	NA	NA	13.13	13.32	2.34	NA	NA	35.59	35.78	090
43100		A	Excision of esophagus lesion	9.19	NA	NA	6.96	6.84	0.87	NA	NA	17.02	16.90	090
43101		A	Excision of esophagus lesion	16.24	NA	NA	10.21	10.25	1.88	NA	NA	28.33	28.37	090
43107		A	Removal of esophagus	28.79	NA	NA	17.08	20.75	3.29	NA	NA	49.16	52.83	090
43108		A	Removal of esophagus	34.19	NA	NA	17.69	22.56	3.79	NA	NA	55.67	60.54	090
43112		A	Removal of esophagus	31.22	NA	NA	19.13	21.32	3.63	NA	NA	53.98	56.17	090
43113		A	Removal of esophagus	35.27	NA	NA	18.89	23.16	4.18	NA	NA	58.34	62.61	090
43116		A	Partial removal of esophagus	31.22	NA	NA	18.18	22.80	3.01	NA	NA	52.41	57.03	090
43117		A	Partial removal of esophagus	30.02	NA	NA	17.85	22.64	3.45	NA	NA	51.32	56.11	090
43118		A	Partial removal of esophagus	33.20	NA	NA	17.87	22.65	3.39	NA	NA	54.46	59.24	090
43121		A	Partial removal of esophagus	29.19	NA	NA	18.44	20.81	3.40	NA	NA	51.03	53.40	090
43122		A	Parital removal of esophagus	29.11	NA	NA	16.14	19.66	3.21	NA	NA	48.46	51.98	090
43123		A	Partial removal of esophagus	33.20	NA	NA	19.97	23.70	3.58	NA	NA	56.75	60.48	090
43124		A	Removal of esophagus	27.32	NA	NA	16.97	20.70	2.94	NA	NA	47.23	50.96	090
43130		A	Removal of esophagus pouch	11.75	NA	NA	9.33	10.37	1.06	NA	NA	22.14	23.18	090
43135		A	Removal of esophagus pouch	16.10	NA	NA	11.84	12.28	1.90	NA	NA	29.84	30.28	090
43200		A	Esophagus endoscopy	1.59	4.90	3.56	0.79	1.35	0.11	6.60	5.26	2.49	3.05	000
43202		A	Esophagus endoscopy, biopsy	1.89	4.46	3.54	0.75	1.51	0.13	6.48	5.56	2.77	3.53	000
43204		A	Esophagus endoscopy & inject	3.77	NA	NA	1.31	2.91	0.24	NA	NA	5.32	6.92	000
43205		A	Esophagus endoscopy/ligation	3.79	NA	NA	1.30	2.12	0.23	NA	NA	5.32	6.14	000
43215		A	Esophagus endoscopy	2.60	NA	NA	1.04	2.07	0.19	NA	NA	3.83	4.86	000
43216		A	Esophagus endoscopy/lesion	2.40	NA	NA	0.86	1.87	0.17	NA	NA	3.43	4.44	000
43217		A	Esophagus endoscopy	2.90	NA	NA	1.03	2.25	0.19	NA	NA	4.12	5.34	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.03	2.19	0.20	NA	NA	4.03	5.19	000
43220		A	Esoph endoscopy, dilation	2.10	NA	NA	0.77	1.64	0.13	NA	NA	3.00	3.87	000
43226		A	Esoph endoscopy, dilation	2.34	NA	NA	0.82	1.81	0.15	NA	NA	3.31	4.30	000
43227		A	Esoph endoscopy, repair	3.60	NA	NA	1.25	2.78	0.23	NA	NA	5.08	6.61	000
43228		A	Esoph endoscopy, ablation	3.77	NA	NA	1.35	2.93	0.26	NA	NA	5.38	6.96	000
43234		A	Upper GI endoscopy, exam	2.01	3.41	3.10	0.71	1.56	0.14	5.56	5.25	2.86	3.71	000
43235		A	Upper GI endoscopy, diagnosis	2.39	4.46	3.90	0.83	1.84	0.15	7.00	6.44	3.37	4.38	000
43239		A	Upper GI endoscopy, biopsy	2.69	3.88	3.81	0.93	2.07	0.17	6.74	6.67	3.79	4.93	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	0.90	2.00	0.17	NA	NA	3.66	4.76	000
43243		A	Upper GI endoscopy & inject	4.57	NA	NA	1.57	3.52	0.28	NA	NA	6.42	8.37	000
43244		A	Upper GI endoscopy/ligation	4.59	NA	NA	1.58	2.68	0.28	NA	NA	6.45	7.55	000
43245		A	Operative upper GI endoscopy	3.39	NA	NA	1.18	2.62	0.22	NA	NA	4.79	6.23	000
43246		A	Place gastrostomy tube	4.33	NA	NA	1.51	3.34	0.30	NA	NA	6.14	7.97	000
43247		A	Operative upper GI endoscopy	3.39	NA	NA	1.18	2.62	0.22	NA	NA	4.79	6.23	000
43248		A	Upper GI endoscopy/guide wire	3.15	NA	NA	1.09	2.43	0.20	NA	NA	4.44	5.78	000
43249		A	Esoph endoscopy, dilation	2.90	NA	NA	1.00	2.23	0.18	NA	NA	4.08	5.31	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.11	2.47	0.21	NA	NA	4.52	5.88	000
43251		A	Operative upper GI endoscopy	3.70	NA	NA	1.28	2.85	0.24	NA	NA	5.22	6.79	000
43255		A	Operative upper GI endoscopy	4.40	NA	NA	1.51	3.38	0.27	NA	NA	6.18	8.05	000
43258		A	Operative upper GI endoscopy	4.55	NA	NA	1.57	3.51	0.29	NA	NA	6.41	8.35	000
43259		A	Endoscopic ultrasound exam	4.89	NA	NA	1.66	3.01	0.30	NA	NA	6.85	8.20	000
43260		A	Endo cholangiopancreatograph	5.96	NA	NA	2.04	4.27	0.36	NA	NA	8.36	10.59	000
43261		A	Endo cholangiopancreatograph	6.27	NA	NA	2.15	4.32	0.38	NA	NA	8.80	10.97	000
43262		A	Endo cholangiopancreatograph	7.39	NA	NA	2.55	5.69	0.46	NA	NA	10.40	13.54	000

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
43263		A	Endo cholangiopancreatograph	6.19	NA	NA	2.13	4.23	0.38	NA	NA	8.70	10.80	000
43264		A	Endo cholangiopancreatograph	8.90	NA	NA	3.07	6.38	0.54	NA	NA	12.51	15.82	000
43265		A	Endo cholangiopancreatograph	8.90	NA	NA	3.06	5.23	0.54	NA	NA	12.50	14.67	000
43267		A	Endo cholangiopancreatograph	7.39	NA	NA	2.55	5.30	0.46	NA	NA	10.40	13.15	000
43268		A	Endo cholangiopancreatograph	7.39	NA	NA	2.54	5.68	0.46	NA	NA	10.39	13.53	000
43269		A	Endo cholangiopancreatograph	6.04	NA	NA	2.08	4.65	0.37	NA	NA	8.49	11.06	000
43271		A	Endo cholangiopancreatograph	7.39	NA	NA	2.54	5.41	0.44	NA	NA	10.37	13.24	000
43272		A	Endo cholangiopancreatograph	7.39	NA	NA	2.53	4.31	0.44	NA	NA	10.36	12.14	000
43280		A	Laparoscopy, fundoplasty	17.25	NA	NA	8.90	10.90	1.72	NA	NA	27.87	29.87	090
43289		C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.14	NA	NA	7.10	9.01	0.88	NA	NA	17.12	19.03	090
43305		A	Repair esophagus and fistula	17.15	NA	NA	12.60	13.74	1.32	NA	NA	31.07	32.21	090
43310		A	Repair of esophagus	25.39	NA	NA	17.64	18.04	3.07	NA	NA	46.10	46.50	090
43312		A	Repair esophagus and fistula	28.42	NA	NA	23.15	19.02	3.46	NA	NA	55.03	50.90	090
43320		A	Fuse esophagus & stomach	16.07	NA	NA	10.83	11.76	1.69	NA	NA	28.59	29.52	090
43324		A	Revise esophagus & stomach	16.58	NA	NA	8.80	10.85	1.66	NA	NA	27.04	29.09	090
43325		A	Revise esophagus & stomach	16.17	NA	NA	9.05	10.83	1.66	NA	NA	26.88	28.66	090
43326		A	Revise esophagus & stomach	15.91	NA	NA	10.78	9.47	1.84	NA	NA	28.53	27.22	090
43330		A	Repair of esophagus	15.94	NA	NA	8.86	10.60	1.54	NA	NA	26.34	28.08	090
43331		A	Repair of esophagus	16.23	NA	NA	11.16	13.36	1.72	NA	NA	29.11	31.31	090
43340		A	Fuse esophagus & intestine	15.81	NA	NA	10.20	11.85	1.70	NA	NA	27.71	29.36	090
43341		A	Fuse esophagus & intestine	16.81	NA	NA	14.40	12.57	1.33	NA	NA	32.54	30.71	090
43350		A	Surgical opening, esophagus	12.72	NA	NA	8.43	8.49	1.19	NA	NA	22.34	22.40	090
43351		A	Surgical opening, esophagus	14.79	NA	NA	11.02	10.27	1.76	NA	NA	27.57	26.82	090
43352		A	Surgical opening, esophagus	12.30	NA	NA	9.94	9.78	1.29	NA	NA	23.53	23.37	090
43360		A	Gastrointestinal repair	28.78	NA	NA	16.83	20.01	2.97	NA	NA	48.58	51.76	090
43361		A	Gastrointestinal repair	32.65	NA	NA	18.83	23.13	3.21	NA	NA	54.69	58.99	090
43400		A	Ligate esophagus veins	17.09	NA	NA	8.63	10.19	1.39	NA	NA	27.11	28.67	090
43401		A	Esophagus surgery for veins	17.81	NA	NA	9.49	9.95	1.76	NA	NA	29.06	29.52	090
43405		A	Ligate/staple esophagus	16.13	NA	NA	9.11	12.33	1.77	NA	NA	27.01	30.23	090
43410		A	Repair esophagus wound	10.86	NA	NA	9.32	9.49	1.16	NA	NA	21.34	21.51	090
43415		A	Repair esophagus wound	17.06	NA	NA	11.08	12.46	1.90	NA	NA	30.04	31.42	090
43420		A	Repair esophagus opening	11.57	NA	NA	7.61	7.00	0.85	NA	NA	20.03	19.42	090
43425		A	Repair esophagus opening	16.95	NA	NA	12.11	11.45	2.00	NA	NA	31.06	30.40	090
43450		A	Dilate esophagus	1.38	1.28	1.01	0.48	0.61	0.09	2.75	2.48	1.95	2.08	000
43453		A	Dilate esophagus	1.51	NA	NA	0.52	1.08	0.10	NA	NA	2.13	2.69	000
43456		A	Dilate esophagus	2.57	NA	NA	0.90	1.79	0.16	NA	NA	3.63	4.52	000
43458		A	Dilate esophagus	3.06	NA	NA	1.08	1.37	0.20	NA	NA	4.34	4.63	000
43460		A	Pressure treatment esophagus	3.80	NA	NA	1.45	1.63	0.28	NA	NA	5.53	5.71	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	8.44	NA	NA	4.33	5.49	0.82	NA	NA	13.59	14.75	090
43501		A	Surgical repair of stomach	15.31	NA	NA	7.25	8.28	1.53	NA	NA	24.09	25.12	090
43502		A	Surgical repair of stomach	17.67	NA	NA	8.45	8.88	1.80	NA	NA	27.92	28.35	090
43510		A	Surgical opening of stomach	9.99	NA	NA	6.20	7.60	0.77	NA	NA	16.96	18.36	090
43520		A	Incision of pyloric muscle	7.63	NA	NA	5.34	5.10	0.88	NA	NA	13.85	13.61	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.66	0.60	0.12	NA	NA	2.69	2.63	000
43605		A	Biopsy of stomach	9.15	NA	NA	4.66	5.54	0.90	NA	NA	14.71	15.59	090
43610		A	Excision of stomach lesion	11.15	NA	NA	5.72	7.30	1.11	NA	NA	17.98	19.56	090
43611		A	Excision of stomach lesion	13.63	NA	NA	6.73	7.80	1.33	NA	NA	21.69	22.76	090
43620		A	Removal of stomach	22.54	NA	NA	10.59	13.64	2.25	NA	NA	35.38	38.43	090
43621		A	Removal of stomach	23.06	NA	NA	10.69	13.69	2.29	NA	NA	36.04	39.04	090
43622		A	Removal of stomach	24.41	NA	NA	11.34	14.02	2.44	NA	NA	38.19	40.87	090
43631		A	Removal of stomach, partial	19.66	NA	NA	8.93	11.21	1.96	NA	NA	30.55	32.83	090
43632		A	Removal of stomach, partial	19.66	NA	NA	8.87	11.18	1.95	NA	NA	30.48	32.79	090
43633		A	Removal of stomach, partial	20.10	NA	NA	9.02	11.25	2.00	NA	NA	31.12	33.35	090
43634		A	Removal of stomach, partial	21.86	NA	NA	10.43	16.52	2.21	NA	NA	34.50	40.59	090
43635		A	Removal of stomach, partial	2.06	NA	NA	0.78	0.98	0.20	NA	NA	3.04	3.24	ZZZ
43638		A	Removal of stomach, partial	21.76	NA	NA	9.84	11.84	2.19	NA	NA	33.79	35.79	090
43639		A	Removal of stomach, partial	22.25	NA	NA	10.12	11.98	2.25	NA	NA	34.62	36.48	090
43640		A	Vagotomy & pylorus repair	14.81	NA	NA	7.07	9.15	1.47	NA	NA	23.35	25.43	090
43641		A	Vagotomy & pylorus repair	15.03	NA	NA	7.46	9.34	1.50	NA	NA	23.99	25.87	090
43651		A	Laparoscopy, vagus nerve	10.15	NA	NA	4.71	5.11	1.01	NA	NA	15.87	16.27	090
43652		A	Laparoscopy, vagus nerve	12.15	NA	NA	5.93	6.27	1.03	NA	NA	19.11	19.45	090
43653		A	Laparoscopy, gastrostomy	7.73	NA	NA	4.40	5.56	0.74	NA	NA	12.87	14.03	090
43659		C	Laparoscope proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43750		A	Place gastrostomy tube	4.49	NA	NA	2.47	3.60	0.34	NA	NA	7.30	8.43	010
43760		A	Change gastrostomy tube	1.10	1.30	1.03	0.36	0.56	0.08	2.48	2.21	1.54	1.74	000
43761		A	Reposition gastrostomy tube	2.01	NA	NA	0.58	0.87	0.10	NA	NA	2.69	2.98	000
43800		A	Reconstruction of pylorus	10.46	NA	NA	5.61	6.52	1.04	NA	NA	17.11	18.02	090
43810		A	Fusion of stomach and bowel	11.19	NA	NA	5.64	6.97	1.07	NA	NA	17.90	19.23	090
43820		A	Fusion of stomach and bowel	11.74	NA	NA	5.91	7.46	1.16	NA	NA	18.81	20.36	090
43825		A	Fusion of stomach and bowel	14.68	NA	NA	6.98	9.50	1.45	NA	NA	23.11	25.63	090
43830		A	Place gastrostomy tube	7.28	NA	NA	4.23	5.48	0.70	NA	NA	12.21	13.46	090
43831		A	Place gastrostomy tube	7.33	NA	NA	4.15	4.90	0.74	NA	NA	12.22	12.97	090
43832		A	Place gastrostomy tube	11.92	NA	NA	6.33	7.48	1.14	NA	NA	19.39	20.54	090
43840		A	Repair of stomach lesion	11.89	NA	NA	5.95	7.23	1.18	NA	NA	19.02	20.30	090
43842		A	Gastroplasty for obesity	14.71	NA	NA	9.97	12.43	1.49	NA	NA	26.17	28.63	090
43843		A	Gastroplasty for obesity	14.85	NA	NA	9.22	12.06	1.47	NA	NA	25.54	28.38	090
43846		A	Gastric bypass for obesity	19.15	NA	NA	11.28	13.67	1.90	NA	NA	32.33	34.72	090
43847		A	Gastric bypass for obesity	21.44	NA	NA	13.21	14.64	2.06	NA	NA	36.71	38.14	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
43848		A	Revision gastroplasty	23.41	NA	NA	14.02	15.04	2.34	NA	NA	39.77	40.79	090
43850		A	Revise stomach-bowel fusion	19.69	NA	NA	8.92	10.78	1.91	NA	NA	30.52	32.38	090
43855		A	Revise stomach-bowel fusion	20.83	NA	NA	9.26	10.30	1.92	NA	NA	32.01	33.05	090
43860		A	Revise stomach-bowel fusion	19.91	NA	NA	9.01	10.73	1.98	NA	NA	30.90	32.62	090
43865		A	Revise stomach-bowel fusion	21.12	NA	NA	9.41	11.97	2.12	NA	NA	32.65	35.21	090
43870		A	Repair stomach opening	7.40	NA	NA	4.31	5.29	0.72	NA	NA	12.43	13.41	090
43880		A	Repair stomach-bowel fistula	19.63	NA	NA	9.29	9.12	1.97	NA	NA	30.89	30.72	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	13.84	NA	NA	6.62	7.81	1.37	NA	NA	21.83	23.02	090
44010		A	Incision of small bowel	10.68	NA	NA	5.80	6.65	1.06	NA	NA	17.54	18.39	090
44015		A	Insert needle cath bowel	2.62	NA	NA	0.96	2.05	0.25	NA	NA	3.83	4.92	ZZZ
44020		A	Exploration of small bowel	11.93	NA	NA	5.87	7.18	1.15	NA	NA	18.95	20.26	090
44021		A	Decompress small bowel	12.01	NA	NA	6.39	7.00	1.17	NA	NA	19.57	20.18	090
44025		A	Incision of large bowel	12.18	NA	NA	5.98	7.19	1.20	NA	NA	19.36	20.57	090
44050		A	Reduce bowel obstruction	11.40	NA	NA	5.68	7.06	1.13	NA	NA	18.21	19.59	090
44055		A	Correct malrotation of bowel	13.14	NA	NA	6.35	7.33	1.28	NA	NA	20.77	21.75	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.71	1.11	0.14	NA	NA	2.86	3.26	000
44110		A	Excision of bowel lesion(s)	10.07	NA	NA	5.22	6.77	0.97	NA	NA	16.26	17.81	090
44111		A	Excision of bowel lesion(s)	12.19	NA	NA	6.55	8.52	1.17	NA	NA	19.91	21.88	090
44120		A	Removal of small intestine	14.50	NA	NA	6.85	8.56	1.43	NA	NA	22.78	24.49	090
44121		A	Removal of small intestine	4.45	NA	NA	1.68	2.10	0.44	NA	NA	6.57	6.99	ZZZ
44125		A	Removal of small intestine	14.96	NA	NA	7.04	9.36	1.48	NA	NA	23.48	25.80	090
44130		A	Bowel to bowel fusion	12.36	NA	NA	6.04	7.73	1.22	NA	NA	19.62	21.31	090
44139		A	Mobilization of colon	2.23	NA	NA	0.84	1.06	0.22	NA	NA	3.29	3.51	ZZZ
44140		A	Partial removal of colon	18.35	NA	NA	8.72	10.53	1.81	NA	NA	28.88	30.69	090
44141		A	Partial removal of colon	19.51	NA	NA	11.87	12.37	1.94	NA	NA	33.32	33.82	090
44143		A	Partial removal of colon	20.17	NA	NA	12.17	12.74	2.00	NA	NA	34.34	34.91	090
44144		A	Partial removal of colon	18.89	NA	NA	10.90	12.00	1.88	NA	NA	31.67	32.77	090
44145		A	Partial removal of colon	23.18	NA	NA	10.91	12.65	2.30	NA	NA	36.39	38.13	090
44146		A	Partial removal of colon	24.16	NA	NA	14.23	15.25	2.40	NA	NA	40.79	41.81	090
44147		A	Partial removal of colon	18.17	NA	NA	9.37	13.01	1.81	NA	NA	29.35	32.99	090
44150		A	Removal of colon	21.01	NA	NA	13.14	14.63	2.11	NA	NA	36.26	37.75	090
44151		A	Removal of colon/ileostomy	20.04	NA	NA	13.02	12.05	1.98	NA	NA	35.04	34.07	090
44152		A	Removal of colon/ileostomy	24.41	NA	NA	15.54	16.15	2.39	NA	NA	42.34	42.95	090
44153		A	Removal of colon/ileostomy	26.83	NA	NA	15.80	18.40	2.72	NA	NA	45.35	47.95	090
44155		A	Removal of colon/ileostomy	24.44	NA	NA	14.14	16.11	2.44	NA	NA	41.02	42.99	090
44156		A	Removal of colon/ileostomy	23.01	NA	NA	14.63	13.50	2.33	NA	NA	39.97	38.84	090
44160		A	Removal of colon	15.88	NA	NA	7.77	10.64	1.58	NA	NA	25.23	28.10	090
44200		A	Laparoscopy, enterolysis	14.44	NA	NA	6.85	7.92	1.41	NA	NA	22.70	23.77	090
44201		C	Laparoscopy, jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44202		A	Laparo, resect intestine	22.04	NA	NA	10.07	12.23	2.17	NA	NA	34.28	36.44	090
44209		C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	8.88	NA	NA	5.61	6.08	0.88	NA	NA	15.37	15.84	090
44310		A	Ileostomy/jejunostomy	11.70	NA	NA	8.90	8.73	1.16	NA	NA	21.76	21.59	090
44312		A	Revision of ileostomy	5.88	NA	NA	4.44	3.89	0.53	NA	NA	10.85	10.30	090
44314		A	Revision of ileostomy	11.04	NA	NA	9.11	8.18	1.05	NA	NA	21.20	20.27	090
44316		A	Devise bowel pouch	15.47	NA	NA	11.53	11.00	1.47	NA	NA	28.47	27.94	090
44320		A	Colostomy	12.94	NA	NA	10.21	9.16	1.28	NA	NA	24.43	23.38	090
44322		A	Colostomy with biopsies	11.98	NA	NA	9.98	9.91	1.18	NA	NA	23.14	23.07	090
44340		A	Revision of colostomy	5.66	NA	NA	4.03	2.93	0.55	NA	NA	10.24	9.14	090
44345		A	Revision of colostomy	11.32	NA	NA	6.96	6.11	1.12	NA	NA	19.40	18.55	090
44346		A	Revision of colostomy	12.46	NA	NA	7.34	7.28	1.23	NA	NA	21.03	20.97	090
44360		A	Small bowel endoscopy	2.92	NA	NA	1.01	2.25	0.18	NA	NA	4.11	5.35	000
44361		A	Small bowel endoscopy/biopsy	3.23	NA	NA	1.10	2.48	0.19	NA	NA	4.52	5.90	000
44363		A	Small bowel endoscopy	3.94	NA	NA	1.34	2.29	0.23	NA	NA	5.51	6.46	000
44364		A	Small bowel endoscopy	4.22	NA	NA	1.46	3.25	0.27	NA	NA	5.95	7.74	000
44365		A	Small bowel endoscopy	3.73	NA	NA	1.29	2.87	0.24	NA	NA	5.26	6.84	000
44366		A	Small bowel endoscopy	4.97	NA	NA	1.70	3.82	0.31	NA	NA	6.98	9.10	000
44369		A	Small bowel endoscopy	5.09	NA	NA	1.76	3.92	0.32	NA	NA	7.17	9.33	000
44372		A	Small bowel endoscopy	4.97	NA	NA	1.72	3.83	0.33	NA	NA	7.02	9.13	000
44373		A	Small bowel endoscopy	3.94	NA	NA	1.34	3.02	0.25	NA	NA	5.53	7.21	000
44376		A	Small bowel endoscopy	5.69	NA	NA	1.96	3.18	0.37	NA	NA	8.02	9.24	000
44377		A	Small bowel endoscopy/biopsy	5.98	NA	NA	2.06	3.34	0.37	NA	NA	8.41	9.69	000
44378		A	Small bowel endoscopy	7.71	NA	NA	2.68	4.20	0.50	NA	NA	10.89	12.41	000
44380		A	Small bowel endoscopy	1.51	NA	NA	0.52	1.16	0.10	NA	NA	2.13	2.77	000
44382		A	Small bowel endoscopy	1.82	NA	NA	0.63	1.40	0.11	NA	NA	2.56	3.33	000
44385		A	Endoscopy of bowel pouch	1.82	3.52	3.03	0.63	1.40	0.13	5.47	4.98	2.58	3.35	000
44386		A	Endoscopy, bowel pouch/biop	2.12	4.75	3.21	0.75	1.21	0.17	7.04	5.50	3.04	3.50	000
44388		A	Colon endoscopy	2.82	4.80	4.36	1.01	2.19	0.22	7.84	7.40	4.05	5.23	000
44389		A	Colonoscopy with biopsy	3.13	5.23	4.79	1.10	2.42	0.22	8.58	8.14	4.45	5.77	000
44390		A	Colonoscopy for foreign body	3.83	6.13	4.49	1.34	2.10	0.31	10.27	8.63	5.48	6.24	000
44391		A	Colonoscopy for bleeding	4.32	5.43	5.57	1.50	3.33	0.29	10.04	10.18	6.11	7.94	000
44392		A	Colonoscopy & polypectomy	3.82	5.60	5.60	1.35	2.96	0.28	9.70	9.70	5.45	7.06	000
44393		A	Colonoscopy, lesion removal	4.84	6.07	5.97	1.69	3.73	0.34	11.25	11.15	6.87	8.91	000
44394		A	Colonoscopy w/snare	4.43	6.24	5.92	1.56	3.43	0.32	10.99	10.67	6.31	8.18	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.13	0.26	0.02	NA	NA	0.64	0.77	000
44602		A	Suture, small intestine	10.61	NA	NA	5.41	6.86	1.05	NA	NA	17.07	18.52	090
44603		A	Suture, small intestine	14.00	NA	NA	6.69	8.28	1.38	NA	NA	22.07	23.66	090
44604		A	Suture, large intestine	14.28	NA	NA	6.78	7.66	1.39	NA	NA	22.45	23.33	090
44605		A	Repair of bowel lesion	15.37	NA	NA	7.54	8.86	1.50	NA	NA	24.41	25.73	090
44615		A	Intestinal stricturoplasty	14.19	NA	NA	6.72	7.02	1.39	NA	NA	22.30	22.60	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
44620		A	Repair bowel opening	10.87	NA	NA	5.43	5.96	1.08	NA	NA	17.38	17.91	090
44625		A	Repair bowel opening	13.41	NA	NA	6.40	8.40	1.33	NA	NA	21.14	23.14	090
44626		A	Repair bowel opening	22.59	NA	NA	9.89	11.12	2.23	NA	NA	34.71	35.94	090
44640		A	Repair bowel-skin fistula	14.83	NA	NA	7.36	7.23	1.48	NA	NA	23.67	23.54	090
44650		A	Repair bowel fistula	15.25	NA	NA	7.45	7.70	1.50	NA	NA	24.20	24.45	090
44660		A	Repair bowel-bladder fistula	14.63	NA	NA	6.94	8.00	1.24	NA	NA	22.81	23.87	090
44661		A	Repair bowel-bladder fistula	16.99	NA	NA	8.01	11.57	1.57	NA	NA	26.57	30.13	090
44680		A	Surgical revision, intestine	13.72	NA	NA	6.97	8.76	1.37	NA	NA	22.06	23.85	090
44700		A	Suspend bowel w/prosthesis	14.35	NA	NA	7.11	9.73	1.25	NA	NA	22.71	25.33	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	NA	NA	5.63	5.66	1.09	NA	NA	17.95	17.98	090
44820		A	Excision of mesentery lesion	10.31	NA	NA	5.38	5.84	1.01	NA	NA	16.70	17.16	090
44850		A	Repair of mesentery	9.57	NA	NA	5.03	5.56	0.95	NA	NA	15.55	16.08	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	8.82	NA	NA	5.36	5.00	0.81	NA	NA	14.99	14.63	090
44901		A	Drain app abscess, percut	3.38	NA	NA	3.92	3.35	0.32	NA	NA	7.62	7.05	000
44950		A	Appendectomy	8.70	NA	NA	4.80	5.06	0.86	NA	NA	14.36	14.62	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.58	1.20	0.14	NA	NA	2.25	2.87	ZZZ
44960		A	Appendectomy	10.74	NA	NA	5.88	6.14	1.07	NA	NA	17.69	17.95	090
44970		A	Laparoscopy, appendectomy	8.70	NA	NA	4.27	4.79	0.86	NA	NA	13.83	14.35	090
44979		C	Laparoscope proc, app	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	4.52	NA	NA	3.42	2.58	0.38	NA	NA	8.32	7.48	090
45005		A	Drainage of rectal abscess	1.99	4.22	2.81	1.47	1.44	0.19	6.40	4.99	3.65	3.62	010
45020		A	Drainage of rectal abscess	4.72	NA	NA	3.38	3.11	0.45	NA	NA	8.55	8.28	090
45100		A	Biopsy of rectum	3.68	4.57	3.31	2.01	2.03	0.35	8.60	7.34	6.04	6.06	090
45108		A	Removal of anorectal lesion	4.76	5.66	4.28	3.05	2.97	0.48	10.90	9.52	8.29	8.21	090
45110		A	Removal of rectum	23.80	NA	NA	11.89	14.80	2.33	NA	NA	38.02	40.93	090
45111		A	Partial removal of rectum	16.48	NA	NA	8.73	10.75	1.63	NA	NA	26.84	28.86	090
45112		A	Removal of rectum	25.96	NA	NA	12.09	14.76	2.55	NA	NA	40.60	43.27	090
45113		A	Partial proctectomy	25.99	NA	NA	11.30	14.37	2.48	NA	NA	39.77	42.84	090
45114		A	Partial removal of rectum	23.22	NA	NA	10.99	13.85	2.29	NA	NA	36.50	39.36	090
45116		A	Partial removal of rectum	20.89	NA	NA	9.95	10.82	2.04	NA	NA	32.88	33.75	090
45119		A	Remove rectum w/reservoir	26.21	NA	NA	11.87	14.65	2.58	NA	NA	40.66	43.44	090
45120		A	Removal of rectum	24.60	NA	NA	11.45	14.62	2.31	NA	NA	38.36	41.53	090
45121		A	Removal of rectum and colon	27.04	NA	NA	12.98	12.35	2.65	NA	NA	42.67	42.04	090
45123		A	Partial proctectomy	14.20	NA	NA	7.18	9.98	1.41	NA	NA	22.79	25.59	090
45126		A	Pelvic exenteration	38.39	14.43	14.43	13.83	13.83	2.73	55.55	55.55	54.95	54.95	090
45130		A	Excision of rectal prolapse	13.97	NA	NA	6.88	8.28	1.41	NA	NA	22.26	23.66	090
45135		A	Excision of rectal prolapse	16.39	NA	NA	8.21	12.76	1.62	NA	NA	26.22	30.77	090
45150		A	Excision of rectal stricture	5.67	5.46	4.57	3.09	3.38	0.56	11.69	10.80	9.32	9.61	090
45160		A	Excision of rectal lesion	13.02	NA	NA	6.40	7.25	1.30	NA	NA	20.72	21.57	090
45170		A	Excision of rectal lesion	9.77	NA	NA	5.18	5.10	0.98	NA	NA	15.93	15.85	090
45190		A	Destruction, rectal tumor	8.28	NA	NA	4.57	5.05	0.83	NA	NA	13.68	14.16	090
45300		A	Proctosigmoidoscopy	0.70	1.34	0.97	0.25	0.28	0.06	2.10	1.73	1.01	1.04	000
45303		A	Proctosigmoidoscopy	0.80	1.52	1.11	0.29	0.32	0.07	2.39	1.98	1.16	1.19	000
45305		A	Proctosigmoidoscopy & biopsy	1.01	1.50	1.21	0.37	0.42	0.10	2.61	2.32	1.48	1.53	000
45307		A	Proctosigmoidoscopy	1.71	2.67	2.03	0.61	1.00	0.16	4.54	3.90	2.48	2.87	000
45308		A	Proctosigmoidoscopy	1.51	1.69	1.46	0.56	0.59	0.14	3.34	3.11	2.21	2.24	000
45309		A	Proctosigmoidoscopy	2.01	2.28	1.76	0.74	0.68	0.19	4.48	3.96	2.94	2.88	000
45315		A	Proctosigmoidoscopy	2.54	2.76	2.03	0.92	1.11	0.23	5.53	4.80	3.69	3.88	000
45317		A	Proctosigmoidoscopy	2.73	2.16	1.77	1.00	1.19	0.25	5.14	4.75	3.98	4.17	000
45320		A	Proctosigmoidoscopy	2.88	2.14	2.09	1.05	1.54	0.26	5.28	5.23	4.19	4.68	000
45321		A	Proctosigmoidoscopy	2.12	NA	NA	0.77	1.19	0.18	NA	NA	3.07	3.49	000
45330		A	Diagnostic sigmoidoscopy	0.96	1.35	1.34	0.33	0.46	0.07	2.38	2.37	1.36	1.49	000
45331		A	Sigmoidoscopy and biopsy	1.26	2.01	1.88	0.43	0.97	0.09	3.36	3.23	1.78	2.32	000
45332		A	Sigmoidoscopy	1.96	3.36	2.64	0.68	1.30	0.14	5.46	4.74	2.78	3.40	000
45333		A	Sigmoidoscopy & polypectomy	1.96	2.96	2.70	0.68	1.51	0.14	5.06	4.80	2.78	3.61	000
45334		A	Sigmoidoscopy for bleeding	2.99	NA	NA	1.04	1.99	0.20	NA	NA	4.23	5.18	000
45337		A	Sigmoidoscopy & decompress	2.36	NA	NA	0.83	1.83	0.17	NA	NA	3.36	4.36	000
45338		A	Sigmoidoscopy	2.57	3.54	2.99	0.90	1.67	0.18	6.29	5.74	3.65	4.42	000
45339		A	Sigmoidoscopy	3.14	2.59	3.06	1.09	2.31	0.22	5.95	6.42	4.45	5.67	000
45355		A	Surgical colonoscopy	3.52	NA	NA	1.25	1.26	0.28	NA	NA	5.05	5.06	000
45378		A	Diagnostic colonoscopy	3.70	5.99	5.24	1.29	2.86	0.26	9.95	9.20	5.25	6.82	000
45378	53	A	Diagnostic colonoscopy	0.96	1.25	1.29	0.57	0.86	0.07	2.28	2.32	1.60	1.89	000
45379		A	Colonoscopy	4.72	6.52	6.15	1.64	3.64	0.34	11.58	11.21	6.70	8.70	000
45380		A	Colonoscopy and biopsy	4.01	6.21	5.71	1.39	3.09	0.26	10.48	9.98	5.66	7.36	000
45382		A	Colonoscopy/control bleeding	5.73	7.42	6.90	1.98	4.18	0.36	13.51	12.99	8.07	10.27	000
45383		A	Lesion removal colonoscopy	5.87	7.12	6.77	2.05	4.24	0.40	13.39	13.04	8.32	10.51	000
45384		A	Colonoscopy	4.70	6.77	6.19	1.63	3.62	0.32	11.79	11.21	6.65	8.64	000
45385		A	Lesion removal colonoscopy	5.31	6.96	7.09	1.85	4.10	0.35	12.62	12.75	7.51	9.76	000
45500		A	Repair of rectum	7.29	NA	NA	4.04	5.25	0.73	NA	NA	12.06	13.27	090
45505		A	Repair of rectum	6.02	NA	NA	3.13	4.98	0.60	NA	NA	9.75	11.60	090
45520		A	Treatment of rectal prolapse	0.55	0.67	0.67	0.18	0.26	0.06	1.28	1.28	0.79	0.87	000
45540		A	Correct rectal prolapse	12.92	NA	NA	6.78	8.76	1.26	NA	NA	20.96	22.94	090
45541		A	Correct rectal prolapse	10.64	NA	NA	5.90	8.47	1.07	NA	NA	17.61	20.18	090
45550		A	Repair rectum/remove sigmoid	18.26	NA	NA	8.75	10.61	1.82	NA	NA	28.83	30.69	090
45560		A	Repair of rectocele	8.40	NA	NA	4.73	4.97	0.68	NA	NA	13.81	14.05	090
45562		A	Exploration/repair of rectum	12.21	NA	NA	6.11	7.45	1.14	NA	NA	19.46	20.80	090
45563		A	Exploration/repair of rectum	18.63	NA	NA	9.48	11.67	1.80	NA	NA	29.91	32.10	090
45800		A	Repair rect/bladder fistula	14.11	NA	NA	6.61	8.64	1.11	NA	NA	21.83	23.86	090
45805		A	Repair fistula w/colostomy	16.50	NA	NA	8.53	10.95	1.49	NA	NA	26.52	28.94	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
45820		A	Repair rectourethral fistula	14.67	NA	NA	6.81	8.28	1.28	NA	NA	22.76	24.23	090
45825		A	Repair fistula w/colostomy	16.87	NA	NA	8.98	9.85	1.49	NA	NA	27.34	28.21	090
45900		A	Reduction of rectal prolapse	1.83	NA	NA	0.78	0.71	0.18	NA	NA	2.79	2.72	010
45905		A	Dilation of anal sphincter	1.61	2.96	1.87	0.70	0.74	0.15	4.72	3.63	2.46	2.50	010
45910		A	Dilation of rectal narrowing	1.96	4.02	2.48	0.83	0.89	0.16	6.14	4.60	2.95	3.01	010
45915		A	Remove rectal obstruction	2.20	4.06	2.46	0.81	0.83	0.19	6.45	4.85	3.20	3.22	010
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030		A	Removal of rectal marker	1.23	2.74	1.59	1.10	0.77	0.12	4.09	2.94	2.45	2.12	010
46040		A	Incision of rectal abscess	4.96	5.13	3.48	2.99	2.41	0.50	10.59	8.94	8.45	7.87	090
46045		A	Incision of rectal abscess	4.32	NA	NA	2.68	2.35	0.43	NA	NA	7.43	7.10	090
46050		A	Incision of anal abscess	1.19	3.29	1.97	1.20	0.77	0.11	4.59	3.27	2.50	2.07	010
46060		A	Incision of rectal abscess	5.69	NA	NA	3.56	4.69	0.57	NA	NA	9.82	10.95	090
46070		A	Incision of anal septum	2.71	NA	NA	2.59	2.04	0.28	NA	NA	5.58	5.03	090
46080		A	Incision of anal sphincter	2.49	3.40	2.86	1.58	1.95	0.25	6.14	5.60	4.32	4.69	010
46083		A	Incise external hemorrhoid	1.40	4.39	2.54	1.39	0.87	0.11	5.90	4.05	2.90	2.38	010
46200		A	Removal of anal fissure	3.42	3.58	3.58	2.26	2.92	0.34	7.34	7.34	6.02	6.68	090
46210		A	Removal of anal crypt	2.67	5.00	2.92	2.06	1.45	0.25	7.92	5.84	4.98	4.37	090
46211		A	Removal of anal crypts	4.25	4.67	3.37	2.71	2.39	0.41	9.33	8.03	7.37	7.05	090
46220		A	Removal of anal tab	1.56	1.26	0.97	0.58	0.63	0.15	2.97	2.68	2.29	2.34	010
46221		A	Ligation of hemorrhoid(s)	1.43	2.91	1.82	0.53	0.45	0.14	4.48	3.39	2.10	2.02	010
46230		A	Removal of anal tabs	2.57	4.00	2.45	1.62	1.04	0.25	6.82	5.27	4.44	3.86	010
46250		A	Hemorrhoidectomy	4.53	5.18	4.13	2.81	2.95	0.44	10.15	9.10	7.78	7.92	090
46255		A	Hemorrhoidectomy	5.36	5.85	5.49	3.09	4.11	0.53	11.74	11.38	8.98	10.00	090
46257		A	Remove hemorrhoids & fissure	6.28	NA	NA	3.40	4.54	0.63	NA	NA	10.31	11.45	090
46258		A	Remove hemorrhoids & fistula	6.67	NA	NA	3.49	4.93	0.66	NA	NA	10.82	12.26	090
46260		A	Hemorrhoidectomy	7.42	NA	NA	4.24	5.42	0.74	NA	NA	12.40	13.58	090
46261		A	Remove hemorrhoids & fissure	8.24	NA	NA	4.46	5.82	0.83	NA	NA	13.53	14.89	090
46262		A	Remove hemorrhoids & fistula	8.73	NA	NA	4.70	6.00	0.87	NA	NA	14.30	15.60	090
46270		A	Removal of anal fistula	3.72	4.77	3.40	2.48	2.26	0.37	8.86	7.49	6.57	6.35	090
46275		A	Removal of anal fistula	4.56	4.58	5.02	2.69	4.07	0.46	9.60	10.04	7.71	9.09	090
46280		A	Removal of anal fistula	5.98	NA	NA	3.60	5.10	0.61	NA	NA	10.19	11.69	090
46285		A	Removal of anal fistula	4.09	3.75	3.11	2.49	2.48	0.41	8.25	7.61	6.99	6.98	090
46288		A	Repair anal fistula	7.13	NA	NA	4.14	4.01	0.71	NA	NA	11.98	11.85	090
46320		A	Removal of hemorrhoid clot	1.61	3.61	2.19	1.44	0.91	0.15	5.37	3.95	3.20	2.67	010
46500		A	Injection into hemorrhoids	1.61	2.51	1.43	0.58	0.38	0.16	4.28	3.20	2.35	2.15	010
46600		A	Diagnostic anoscopy	0.50	0.74	0.52	0.15	0.15	0.04	1.28	1.06	0.69	0.69	000
46604		A	Anoscopy and dilation	1.31	0.94	0.68	0.48	0.35	0.11	2.36	2.10	1.90	1.77	000
46606		A	Anoscopy and biopsy	0.81	0.83	0.61	0.30	0.25	0.08	1.72	1.50	1.19	1.14	000
46608		A	Anoscopy/ remove for body	1.51	1.78	1.47	0.49	0.83	0.13	3.42	3.11	2.13	2.47	000
46610		A	Anoscopy/remove lesion	1.32	1.38	1.15	0.49	0.71	0.11	2.81	2.58	1.92	2.14	000
46611		A	Anoscopy	1.81	1.91	1.42	0.67	0.57	0.16	3.88	3.39	2.64	2.54	000
46612		A	Anoscopy/ remove lesions	2.34	2.32	1.92	0.87	1.19	0.20	4.86	4.46	3.41	3.73	000
46614		A	Anoscopy/control bleeding	2.01	1.65	1.67	0.72	0.78	0.17	3.83	3.85	2.90	2.96	000
46615		A	Anoscopy	2.68	1.68	1.68	1.00	0.92	0.23	4.59	4.59	3.91	3.83	000
46700		A	Repair of anal stricture	7.25	NA	NA	3.96	5.31	0.74	NA	NA	11.95	13.30	090
46705		A	Repair of anal stricture	7.17	NA	NA	4.21	4.06	0.73	NA	NA	12.11	11.96	090
46715		A	Repair of anovaginal fistula	7.46	NA	NA	4.31	4.06	0.86	NA	NA	12.63	12.38	090
46716		A	Repair of anovaginal fistula	12.15	NA	NA	6.50	6.54	1.21	NA	NA	19.86	19.90	090
46730		A	Construction of absent anus	21.57	NA	NA	11.74	11.70	1.91	NA	NA	35.22	35.18	090
46735		A	Construction of absent anus	25.94	NA	NA	12.15	13.15	2.59	NA	NA	40.68	41.68	090
46740		A	Construction of absent anus	23.11	NA	NA	10.40	11.47	2.31	NA	NA	35.82	36.89	090
46742		A	Repair of imperforated anus	29.67	NA	NA	14.87	18.15	3.00	NA	NA	47.54	50.82	090
46744		A	Repair of cloacal anomaly	33.21	NA	NA	14.11	19.09	2.51	NA	NA	49.83	54.81	090
46746		A	Repair of cloacal anomaly	36.74	NA	NA	17.61	21.97	3.23	NA	NA	57.58	61.94	090
46748		A	Repair of cloacal anomaly	40.52	NA	NA	19.07	24.20	1.94	NA	NA	61.53	66.66	090
46750		A	Repair of anal sphincter	8.14	NA	NA	4.62	5.57	0.74	NA	NA	13.50	14.45	090
46751		A	Repair of anal sphincter	8.56	NA	NA	5.53	4.98	0.86	NA	NA	14.95	14.40	090
46753		A	Reconstruction of anus	6.58	NA	NA	3.41	4.36	0.67	NA	NA	10.66	11.61	090
46754		A	Removal of suture from anus	1.54	4.74	3.18	1.09	1.35	0.13	6.41	4.85	2.76	3.02	010
46760		A	Repair of anal sphincter	11.46	NA	NA	5.98	6.68	1.08	NA	NA	18.52	19.22	090
46761		A	Repair of anal sphincter	10.99	NA	NA	5.43	6.42	1.06	NA	NA	17.48	18.47	090
46762		A	Implant artificial sphincter	10.09	NA	NA	4.99	5.60	0.93	NA	NA	16.01	16.62	090
46900		A	Destruction, anal lesion(s)	1.91	3.26	1.84	0.76	0.49	0.16	5.33	3.91	2.83	2.56	010
46910		A	Destruction, anal lesion(s)	1.86	3.48	2.09	1.38	0.87	0.15	5.49	4.10	3.39	2.88	010
46916		A	Cryosurgery, anal lesion(s)	1.86	3.22	1.98	1.52	0.95	0.09	5.17	3.93	3.47	2.90	010
46917		A	Laser surgery, anal lesions	1.86	4.22	3.17	1.40	1.23	0.16	6.24	5.19	3.42	3.25	010
46922		A	Excision of anal lesion(s)	1.86	3.51	2.45	1.37	1.38	0.18	5.55	4.49	3.41	3.42	010
46924		A	Destruction, anal lesion(s)	2.76	4.73	3.76	1.65	2.22	0.22	7.71	6.74	4.63	5.20	010
46934		A	Destruction of hemorrhoids	4.08	5.70	3.50	3.43	2.04	0.33	10.11	7.91	7.84	6.45	090
46935		A	Destruction of hemorrhoids	2.43	3.90	2.83	0.88	0.88	0.22	6.55	5.48	3.53	3.53	010
46936		A	Destruction of hemorrhoids	4.30	5.26	3.88	3.38	2.32	0.37	9.93	8.55	8.05	6.99	090
46937		A	Cryotherapy of rectal lesion	2.69	3.98	3.27	1.75	2.15	0.12	6.79	6.08	4.56	4.96	010
46938		A	Cryotherapy of rectal lesion	4.66	5.44	4.08	2.97	2.84	0.47	10.57	9.21	8.10	7.97	090
46940		A	Treatment of anal fissure	2.32	2.82	1.69	0.86	0.57	0.23	5.37	4.24	3.41	3.12	010
46942		A	Treatment of anal fissure	2.04	2.57	1.54	0.72	0.49	0.21	4.82	3.79	2.97	2.74	010
46945		A	Ligation of hemorrhoids	2.14	3.67	2.18	2.04	1.19	0.20	6.01	4.52	4.38	3.53	090
46946		A	Ligation of hemorrhoids	3.00	4.69	2.86	2.33	1.42	0.27	7.96	6.13	5.60	4.69	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	7.62	4.57	0.56	1.04	0.09	9.61	6.56	2.55	3.03	000
47001		A	Needle biopsy, liver add-on	1.90	NA	NA	0.71	1.12	0.18	NA	NA	2.79	3.20	ZZZ
47010		A	Open drainage, liver lesion	10.28	NA	NA	6.85	7.09	0.54	NA	NA	17.67	17.91	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
47011		A	Percut drain, liver lesion	3.70	NA	NA	4.92	3.98	0.20	NA	NA	8.82	7.88	000
47015		A	Inject/aspirate liver cyst	9.70	NA	NA	5.87	6.60	0.85	NA	NA	16.42	17.15	090
47100		A	Wedge biopsy of liver	7.49	NA	NA	4.96	4.27	0.74	NA	NA	13.19	12.50	090
47120		A	Partial removal of liver	22.79	NA	NA	12.57	12.80	2.21	NA	NA	37.57	37.80	090
47122		A	Extensive removal of liver	35.39	NA	NA	17.53	18.31	3.39	NA	NA	56.31	57.09	090
47125		A	Partial removal of liver	31.58	NA	NA	16.04	17.48	3.05	NA	NA	50.67	52.11	090
47130		A	Partial removal of liver	34.25	NA	NA	16.84	18.84	3.31	NA	NA	54.40	56.40	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	NA	NA	15.14	18.69	3.78	NA	NA	58.07	61.62	XXX
47135		R	Transplantation of liver	81.52	NA	NA	41.96	50.54	8.02	NA	NA	131.50	140.08	090
47136		R	Transplantation of liver	68.60	NA	NA	39.78	38.07	6.62	NA	NA	115.00	113.29	090
47300		A	Surgery for liver lesion	9.68	NA	NA	5.80	7.06	0.95	NA	NA	16.43	17.69	090
47350		A	Repair liver wound	12.56	NA	NA	7.16	7.63	1.23	NA	NA	20.95	21.42	090
47360		A	Repair liver wound	17.28	NA	NA	9.49	10.68	1.70	NA	NA	28.47	29.66	090
47361		A	Repair liver wound	30.25	NA	NA	14.44	15.17	2.96	NA	NA	47.65	48.38	090
47362		A	Repair liver wound	11.88	NA	NA	6.90	6.29	1.12	NA	NA	19.90	19.29	090
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	20.86	NA	NA	10.32	9.79	1.96	NA	NA	33.14	32.61	090
47420		A	Incision of bile duct	16.72	NA	NA	8.47	9.38	1.67	NA	NA	26.86	27.77	090
47425		A	Incision of bile duct	16.68	NA	NA	8.60	10.66	1.63	NA	NA	26.91	28.97	090
47460		A	Incise bile duct sphincter	15.17	NA	NA	7.88	12.37	1.26	NA	NA	24.31	28.80	090
47480		A	Incision of gallbladder	9.10	NA	NA	6.09	7.17	0.89	NA	NA	16.08	17.16	090
47490		A	Incision of gallbladder	7.23	NA	NA	6.30	5.09	0.30	NA	NA	13.83	12.62	090
47500		A	Injection for liver x-rays	1.96	NA	NA	0.54	1.09	0.08	NA	NA	2.58	3.13	000
47505		A	Injection for liver x-rays	0.76	13.86	7.46	0.21	0.56	0.03	14.65	8.25	1.00	1.35	000
47510		A	Insert catheter, bile duct	7.83	NA	NA	9.26	6.19	0.32	NA	NA	17.41	14.34	090
47511		A	Insert bile duct drain	10.50	NA	NA	10.29	6.70	0.41	NA	NA	21.20	17.61	090
47525		A	Change bile duct catheter	5.55	NA	NA	2.66	2.20	0.22	NA	NA	8.43	7.97	010
47530		A	Revise/reinsert bile tube	5.85	NA	NA	4.08	2.86	0.28	NA	NA	10.21	8.99	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	1.14	1.42	0.30	NA	NA	4.46	4.74	ZZZ
47552		A	Biliary endoscopy thru skin	6.04	NA	NA	2.00	1.74	0.49	NA	NA	8.53	8.27	000
47553		A	Biliary endoscopy thru skin	6.35	NA	NA	1.78	2.95	0.28	NA	NA	8.41	9.58	000
47554		A	Biliary endoscopy thru skin	9.06	NA	NA	3.13	3.70	0.74	NA	NA	12.93	13.50	000
47555		A	Biliary endoscopy thru skin	7.56	NA	NA	2.09	2.47	0.31	NA	NA	9.96	10.34	000
47556		A	Biliary endoscopy thru skin	8.56	NA	NA	2.33	2.59	0.33	NA	NA	11.22	11.48	000
47560		A	Laparoscopy w/cholangio	4.89	NA	NA	1.95	2.48	0.46	NA	NA	7.30	7.83	090
47561		A	Laparo w/cholangio/biopsy	5.18	NA	NA	2.05	3.16	0.47	NA	NA	7.70	8.81	000
47562		A	Laparoscopic cholecystectomy	11.09	NA	NA	5.00	6.84	1.09	NA	NA	17.18	19.02	090
47563		A	Laparo cholecystectomy/graph	11.94	NA	NA	5.54	7.35	1.17	NA	NA	18.65	20.46	090
47564		A	Laparo cholecystectomy/explr	14.23	NA	NA	7.20	8.69	1.37	NA	NA	22.80	24.29	090
47570		A	Laparo cholecystoenterostomy	12.58	NA	NA	6.05	8.00	1.27	NA	NA	19.90	21.85	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	11.42	NA	NA	6.17	7.17	1.14	NA	NA	18.73	19.73	090
47605		A	Removal of gallbladder	12.36	NA	NA	6.50	7.67	1.22	NA	NA	20.08	21.25	090
47610		A	Removal of gallbladder	15.83	NA	NA	7.92	9.05	1.57	NA	NA	25.32	26.45	090
47612		A	Removal of gallbladder	15.80	NA	NA	7.79	11.62	1.58	NA	NA	25.17	29.00	090
47620		A	Removal of gallbladder	17.36	NA	NA	8.50	10.35	1.73	NA	NA	27.59	29.44	090
47630		A	Remove bile duct stone	9.11	NA	NA	2.65	3.36	0.47	NA	NA	12.23	12.94	090
47700		A	Exploration of bile ducts	14.93	NA	NA	8.23	8.26	1.37	NA	NA	24.53	24.56	090
47701		A	Bile duct revision	27.81	NA	NA	13.21	11.06	2.87	NA	NA	43.89	41.74	090
47711		A	Excision of bile duct tumor	19.37	NA	NA	9.98	11.54	1.86	NA	NA	31.21	32.77	090
47712		A	Excision of bile duct tumor	25.44	NA	NA	12.16	12.63	2.67	NA	NA	40.27	40.74	090
47715		A	Excision of bile duct cyst	15.81	NA	NA	8.94	8.93	1.55	NA	NA	26.30	26.29	090
47716		A	Fusion of bile duct cyst	13.83	NA	NA	7.56	7.34	1.30	NA	NA	22.69	22.47	090
47720		A	Fuse gallbladder & bowel	13.38	NA	NA	7.89	8.92	1.33	NA	NA	22.60	23.63	090
47721		A	Fuse upper gi structures	16.08	NA	NA	9.02	10.71	1.58	NA	NA	26.68	28.37	090
47740		A	Fuse gallbladder & bowel	15.54	NA	NA	8.72	9.90	1.57	NA	NA	25.83	27.01	090
47741		A	Fuse gallbladder & bowel	17.95	NA	NA	9.75	12.66	1.78	NA	NA	29.48	32.39	090
47760		A	Fuse bile ducts and bowel	21.74	NA	NA	10.86	11.73	2.17	NA	NA	34.77	35.64	090
47765		A	Fuse liver ducts & bowel	20.93	NA	NA	11.98	13.92	2.07	NA	NA	34.98	36.92	090
47780		A	Fuse bile ducts and bowel	22.29	NA	NA	11.16	12.67	2.21	NA	NA	35.66	37.17	090
47785		A	Fuse bile ducts and bowel	26.23	NA	NA	13.14	13.66	2.63	NA	NA	42.00	42.52	090
47800		A	Reconstruction of bile ducts	19.60	NA	NA	10.15	12.25	1.91	NA	NA	31.66	33.76	090
47801		A	Placement, bile duct support	12.76	NA	NA	8.20	7.08	0.74	NA	NA	21.70	20.58	090
47802		A	Fuse liver duct & intestine	18.13	NA	NA	10.35	10.75	1.85	NA	NA	30.33	30.73	090
47900		A	Suture bile duct injury	16.74	NA	NA	9.28	11.82	1.68	NA	NA	27.70	30.24	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	14.91	NA	NA	7.74	7.70	1.32	NA	NA	23.97	23.93	090
48001		A	Placement of drain, pancreas	18.83	NA	NA	9.12	8.97	1.85	NA	NA	29.80	29.65	090
48005		A	Resect/debride pancreas	22.40	NA	NA	10.48	10.23	2.21	NA	NA	35.09	34.84	090
48020		A	Removal of pancreatic stone	14.22	NA	NA	6.86	7.11	1.02	NA	NA	22.10	22.35	090
48100		A	Biopsy of pancreas	11.08	NA	NA	6.51	5.54	1.08	NA	NA	18.67	17.70	090
48102		A	Needle biopsy, pancreas	4.68	6.99	4.81	1.94	2.28	0.19	11.86	9.68	6.81	7.15	010
48120		A	Removal of pancreas lesion	14.36	NA	NA	7.11	8.83	1.42	NA	NA	22.89	24.61	090
48140		A	Partial removal of pancreas	20.78	NA	NA	10.17	12.30	2.05	NA	NA	33.00	35.13	090
48145		A	Partial removal of pancreas	21.76	NA	NA	10.59	13.82	2.16	NA	NA	34.51	37.74	090
48146		A	Pancreatectomy	23.91	NA	NA	12.57	15.24	2.44	NA	NA	38.92	41.59	090
48148		A	Removal of pancreatic duct	15.71	NA	NA	8.79	8.86	1.54	NA	NA	26.04	26.11	090
48150		A	Partial removal of pancreas	43.48	NA	NA	20.98	22.72	4.28	NA	NA	68.74	70.48	090
48152		A	Pancreatectomy	39.63	NA	NA	19.41	21.94	4.06	NA	NA	63.10	65.63	090
48153		A	Pancreatectomy	43.38	NA	NA	21.01	22.74	4.31	NA	NA	68.70	70.43	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
48154		A	Pancreatectomy	39.95	NA	NA	19.18	21.82	3.99	NA	NA	63.12	65.76	090
48155		A	Removal of pancreas	22.32	NA	NA	13.12	17.63	2.20	NA	NA	37.64	42.15	090
48160		N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180		A	Fuse pancreas and bowel	22.39	NA	NA	10.55	12.11	2.22	NA	NA	35.16	36.72	090
48400		A	Injection, intraop add-on	1.95	NA	NA	0.60	0.86	0.10	NA	NA	2.65	2.91	ZZZ
48500		A	Surgery of pancreas cyst	13.84	NA	NA	6.57	7.92	1.23	NA	NA	21.64	22.99	090
48510		A	Drain pancreatic pseudocyst	12.96	NA	NA	6.70	7.44	0.92	NA	NA	20.58	21.32	090
48511		A	Drain pancreatic pseudocyst	4.00	NA	NA	3.57	3.43	0.29	NA	NA	7.86	7.72	000
48520		A	Fuse pancreas cyst and bowel	14.12	NA	NA	6.86	9.56	1.38	NA	NA	22.36	25.06	090
48540		A	Fuse pancreas cyst and bowel	17.86	NA	NA	8.29	11.02	1.80	NA	NA	27.95	30.68	090
48545		A	Pancreatorrhaphy	16.47	NA	NA	8.38	8.35	1.76	NA	NA	26.61	26.58	090
48547		A	Duodenal exclusion	23.40	NA	NA	10.42	11.22	2.42	NA	NA	36.24	37.04	090
48550		X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554		R	Transpl allograft pancreas	34.17	NA	NA	13.22	16.31	3.26	NA	NA	50.65	53.74	090
48556		A	Removal, allograft pancreas	15.71	NA	NA	8.46	8.17	1.50	NA	NA	25.67	25.38	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	11.68	NA	NA	6.18	6.78	1.14	NA	NA	19.00	19.60	090
49002		A	Reopening of abdomen	10.49	NA	NA	6.02	6.30	1.03	NA	NA	17.54	17.82	090
49010		A	Exploration behind abdomen	12.28	NA	NA	7.04	7.29	1.22	NA	NA	20.54	20.79	090
49020		A	Drain abdominal abscess	16.79	NA	NA	8.62	6.93	1.12	NA	NA	26.53	24.84	090
49021		A	Drain abdominal abscess	3.38	NA	NA	4.48	4.26	0.20	NA	NA	8.06	7.84	000
49040		A	Drain, open, abdom abscess	9.94	NA	NA	6.36	6.73	0.67	NA	NA	16.97	17.34	090
49041		A	Drain, percut, abdom abscess	4.00	NA	NA	4.70	4.00	0.27	NA	NA	8.97	8.27	000
49060		A	Drain, open, retrop abscess	11.66	NA	NA	6.95	6.48	0.65	NA	NA	19.26	18.79	090
49061		A	Drain, percut, retroper absc	3.70	NA	NA	4.73	3.89	0.21	NA	NA	8.64	7.80	000
49062		A	Drain to peritoneal cavity	11.36	NA	NA	6.92	7.84	1.07	NA	NA	19.35	20.27	090
49080		A	Puncture, peritoneal cavity	1.35	2.94	1.94	0.42	0.68	0.08	4.37	3.37	1.85	2.11	000
49081		A	Removal of abdominal fluid	1.26	2.79	1.80	0.40	0.61	0.08	4.13	3.14	1.74	1.95	000
49085		A	Remove abdomen foreign body	8.93	NA	NA	5.30	4.53	0.90	NA	NA	15.13	14.36	090
49180		A	Biopsy, abdominal mass	1.73	5.88	3.93	0.48	1.23	0.08	7.69	5.74	2.29	3.04	000
49200		A	Removal of abdominal lesion	10.25	NA	NA	5.97	7.53	0.92	NA	NA	17.14	18.70	090
49201		A	Removal of abdominal lesion	14.84	NA	NA	8.25	10.69	1.28	NA	NA	24.37	26.81	090
49215		A	Excise sacral spine tumor	22.36	NA	NA	10.50	9.86	2.18	NA	NA	35.04	34.40	090
49220		A	Multiple surgery, abdomen	14.88	NA	NA	7.70	10.53	1.45	NA	NA	24.03	26.86	090
49250		A	Excision of umbilicus	8.35	NA	NA	5.08	5.00	0.79	NA	NA	14.22	14.14	090
49255		A	Removal of omentum	11.14	NA	NA	6.30	5.95	1.04	NA	NA	18.48	18.13	090
49320		A	Diag laparo separate proc	5.10	NA	NA	2.91	3.87	0.47	NA	NA	8.48	9.44	010
49321		A	Laparoscopy, biopsy	5.40	NA	NA	3.01	4.17	0.49	NA	NA	8.90	10.06	010
49322		A	Laparoscopy, aspiration	5.70	NA	NA	3.23	4.26	0.49	NA	NA	9.72	10.45	010
49323		A	Laparo drain lymphocele	9.48	NA	NA	4.29	5.80	0.90	NA	NA	14.67	16.18	090
49329		C	Laparo proc, abdm/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	NA	NA	0.57	0.90	0.11	NA	NA	2.56	2.89	000
49420		A	Insert abdominal drain	2.22	NA	NA	0.91	1.31	0.16	NA	NA	3.29	3.69	000
49421		A	Insert abdominal drain	5.54	NA	NA	3.87	4.18	0.56	NA	NA	9.97	10.28	090
49422		A	Remove perm cannula/catheter	6.25	NA	NA	3.01	3.75	0.63	NA	NA	9.89	10.63	010
49423		A	Exchange drainage catheter	1.46	NA	NA	0.40	0.80	0.15	NA	NA	2.01	2.41	000
49424		A	Assess cyst, contrast inject	0.76	NA	NA	0.21	0.42	0.05	NA	NA	1.02	1.23	000
49425		A	Insert abdomen-venous drain	11.37	NA	NA	7.17	8.19	1.21	NA	NA	19.75	20.77	090
49426		A	Revise abdomen-venous shunt	9.63	NA	NA	5.86	5.86	0.99	NA	NA	16.48	16.48	090
49427		A	Injection, abdominal shunt	0.89	NA	NA	0.26	0.40	0.04	NA	NA	1.19	1.33	000
49428		A	Ligation of shunt	2.38	NA	NA	1.91	1.52	0.29	NA	NA	4.58	4.19	010
49429		A	Removal of shunt	7.40	NA	NA	3.75	3.68	0.79	NA	NA	11.94	11.87	010
49495		A	Repair inguinal hernia, init	5.89	NA	NA	3.67	4.54	0.56	NA	NA	10.12	10.99	090
49496		A	Repair inguinal hernia, init	8.79	NA	NA	6.80	6.14	0.85	NA	NA	16.44	15.78	090
49500		A	Repair inguinal hernia	4.68	NA	NA	3.08	4.24	0.43	NA	NA	8.19	9.35	090
49501		A	Repair inguinal hernia, init	7.58	NA	NA	4.04	4.76	0.75	NA	NA	12.37	13.09	090
49505		A	Repair inguinal hernia	6.49	4.00	4.45	3.68	4.29	0.64	11.13	11.58	10.81	11.42	090
49507		A	Repair inguinal hernia	8.17	NA	NA	5.47	5.47	0.81	NA	NA	14.45	14.45	090
49520		A	Rerepair inguinal hernia	8.22	NA	NA	4.90	5.29	0.82	NA	NA	13.94	14.33	090
49521		A	Repair inguinal hernia, rec	10.22	NA	NA	5.20	5.34	1.02	NA	NA	16.44	16.58	090
49525		A	Repair inguinal hernia	7.32	NA	NA	4.42	5.22	0.73	NA	NA	12.47	13.27	090
49540		A	Repair lumbar hernia	8.87	NA	NA	5.21	5.43	0.89	NA	NA	14.97	15.19	090
49550		A	Repair femoral hernia	7.37	NA	NA	4.07	4.54	0.74	NA	NA	12.18	12.65	090
49553		A	Repair femoral hernia, init	8.06	NA	NA	4.44	4.72	0.80	NA	NA	13.30	13.58	090
49555		A	Repair femoral hernia	7.71	NA	NA	4.67	5.63	0.77	NA	NA	13.15	14.11	090
49557		A	Repair femoral hernia, recur	9.52	NA	NA	4.96	5.78	0.95	NA	NA	15.43	16.25	090
49560		A	Repair abdominal hernia	9.88	NA	NA	5.48	5.81	0.99	NA	NA	16.35	16.68	090
49561		A	Repair incisional hernia	12.17	NA	NA	6.01	6.07	1.21	NA	NA	19.39	19.45	090
49565		A	Rerepair abdominal hernia	9.88	NA	NA	5.59	6.28	0.98	NA	NA	16.45	17.14	090
49566		A	Repair incisional hernia	12.30	NA	NA	6.03	6.50	1.22	NA	NA	19.55	20.02	090
49568		A	Hernia repair w/mesh	4.89	NA	NA	1.86	2.32	0.49	NA	NA	7.24	7.70	ZZZ
49570		A	Repair epigastric hernia	4.86	NA	NA	3.20	3.98	0.49	NA	NA	8.55	9.33	090
49572		A	Repair epigastric hernia	5.75	NA	NA	3.58	4.83	0.57	NA	NA	9.90	11.15	090
49580		A	Repair umbilical hernia	3.51	NA	NA	2.74	3.47	0.34	NA	NA	6.59	7.32	090
49582		A	Repair umbilical hernia	5.68	NA	NA	4.37	4.69	0.57	NA	NA	10.62	10.94	090
49585		A	Repair umbilical hernia	5.32	NA	NA	3.67	4.23	0.53	NA	NA	9.52	10.08	090
49587		A	Repair umbilical hernia	6.46	NA	NA	3.78	4.29	0.64	NA	NA	10.88	11.39	090
49590		A	Repair abdominal hernia	7.29	NA	NA	4.43	5.27	0.73	NA	NA	12.45	13.29	090
49600		A	Repair umbilical lesion	10.35	NA	NA	5.66	5.69	0.95	NA	NA	16.96	16.99	090
49605		A	Repair umbilical lesion	22.66	NA	NA	11.31	10.31	2.20	NA	NA	36.17	35.17	090
49606		A	Repair umbilical lesion	18.60	NA	NA	8.89	8.96	1.91	NA	NA	29.40	29.47	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
49610		A	Repair umbilical lesion	10.50	NA	NA	6.56	6.26	1.05	NA	NA	18.11	17.81	090
49611		A	Repair umbilical lesion	8.92	NA	NA	6.05	7.91	0.68	NA	NA	15.65	17.51	090
49650		A	Laparo hernia repair initial	6.27	NA	NA	3.35	4.12	0.62	NA	NA	10.24	11.01	090
49651		A	Laparo hernia repair recur	8.24	NA	NA	4.45	5.06	0.82	NA	NA	13.51	14.12	090
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.28	NA	NA	6.73	5.35	1.20	NA	NA	20.21	18.83	090
49905		A	Omental flap	6.55	NA	NA	2.54	3.13	0.64	NA	NA	9.73	10.32	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	10.98	NA	NA	6.46	8.41	0.75	NA	NA	18.19	20.14	090
50020		A	Renal abscess, open drain	14.66	NA	NA	11.21	9.30	0.68	NA	NA	26.55	24.64	090
50021		A	Renal abscess, percut drain	3.38	NA	NA	8.30	5.54	0.15	NA	NA	11.83	9.07	000
50040		A	Drainage of kidney	14.94	NA	NA	9.92	8.86	0.79	NA	NA	25.65	24.59	090
50045		A	Exploration of kidney	15.46	NA	NA	7.85	9.25	1.13	NA	NA	24.44	25.84	090
50060		A	Removal of kidney stone	19.30	NA	NA	9.18	11.24	1.14	NA	NA	29.62	31.68	090
50065		A	Incision of kidney	20.79	NA	NA	9.79	12.46	1.17	NA	NA	31.75	34.42	090
50070		A	Incision of kidney	20.32	NA	NA	9.60	11.79	1.44	NA	NA	31.36	33.55	090
50075		A	Removal of kidney stone	25.34	NA	NA	11.58	14.95	1.50	NA	NA	38.42	41.79	090
50080		A	Removal of kidney stone	14.71	NA	NA	9.63	11.44	0.81	NA	NA	25.15	26.96	090
50081		A	Removal of kidney stone	21.80	NA	NA	11.99	14.12	1.23	NA	NA	35.02	37.15	090
50100		A	Revise kidney blood vessels	16.09	NA	NA	9.91	10.57	1.74	NA	NA	27.74	28.40	090
50120		A	Exploration of kidney	15.91	NA	NA	8.06	9.95	0.95	NA	NA	24.92	26.81	090
50125		A	Explore and drain kidney	16.52	NA	NA	8.41	10.15	1.24	NA	NA	26.17	27.91	090
50130		A	Removal of kidney stone	17.29	NA	NA	8.56	11.23	1.05	NA	NA	26.90	29.57	090
50135		A	Exploration of kidney	19.18	NA	NA	9.22	13.86	1.18	NA	NA	29.58	34.22	090
50200		A	Biopsy of kidney	2.63	NA	NA	0.81	1.82	0.14	NA	NA	3.58	4.59	000
50205		A	Biopsy of kidney	11.31	NA	NA	6.18	6.15	0.88	NA	NA	18.37	18.34	090
50220		A	Removal of kidney	17.15	NA	NA	8.69	11.57	1.18	NA	NA	27.02	29.90	090
50225		A	Removal of kidney	20.23	NA	NA	9.71	13.82	1.26	NA	NA	31.20	35.31	090
50230		A	Removal of kidney	22.07	NA	NA	10.21	15.09	1.37	NA	NA	33.65	38.53	090
50234		A	Removal of kidney & ureter	22.40	NA	NA	10.32	14.20	1.38	NA	NA	34.10	37.98	090
50236		A	Removal of kidney & ureter	24.86	NA	NA	13.13	16.19	1.51	NA	NA	39.50	42.56	090
50240		A	Partial removal of kidney	22.00	NA	NA	12.24	14.80	1.37	NA	NA	35.61	38.17	090
50280		A	Removal of kidney lesion	15.67	NA	NA	8.04	9.92	1.00	NA	NA	24.71	26.59	090
50290		A	Removal of kidney lesion	14.73	NA	NA	7.67	8.65	1.16	NA	NA	23.56	24.54	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	22.21	NA	NA	10.55	14.23	1.74	NA	NA	34.50	38.18	090
50340		A	Removal of kidney	12.15	NA	NA	9.31	11.43	1.03	NA	NA	22.49	24.61	090
50360		A	Transplantation of kidney	31.53	NA	NA	17.07	21.80	2.91	NA	NA	51.51	56.24	090
50365		A	Transplantation of kidney	36.81	NA	NA	20.06	26.70	3.32	NA	NA	60.19	66.83	090
50370		A	Remove transplanted kidney	13.72	NA	NA	9.31	10.67	1.24	NA	NA	24.27	25.63	090
50380		A	Reimplantation of kidney	20.76	NA	NA	12.41	11.70	1.79	NA	NA	34.96	34.25	090
50390		A	Drainage of kidney lesion	1.96	NA	NA	0.54	1.19	0.08	NA	NA	2.58	3.23	000
50392		A	Insert kidney drain	3.38	NA	NA	0.93	1.75	0.13	NA	NA	4.44	5.26	000
50393		A	Insert ureteral tube	4.16	NA	NA	1.15	2.21	0.16	NA	NA	5.47	6.53	000
50394		A	Injection for kidney x-ray	0.76	12.99	6.80	0.21	0.41	0.03	13.78	7.59	1.00	1.20	000
50395		A	Create passage to kidney	3.38	NA	NA	0.94	2.28	0.13	NA	NA	4.45	5.79	000
50396		A	Measure kidney pressure	2.09	NA	NA	0.59	0.57	0.09	NA	NA	2.77	2.75	000
50398		A	Change kidney tube	1.46	0.90	0.74	0.40	0.49	0.06	2.42	2.26	1.92	2.01	000
50400		A	Revision of kidney/ureter	19.50	NA	NA	9.32	12.07	1.17	NA	NA	29.99	32.74	090
50405		A	Revision of kidney/ureter	23.93	NA	NA	12.33	15.55	1.48	NA	NA	37.74	40.96	090
50500		A	Repair of kidney wound	19.57	NA	NA	11.13	12.33	1.54	NA	NA	32.24	33.44	090
50520		A	Close kidney-skin fistula	17.23	NA	NA	10.38	10.80	1.08	NA	NA	28.69	29.11	090
50525		A	Repair renal-abdomen fistula	22.27	NA	NA	12.50	13.10	2.00	NA	NA	36.77	37.37	090
50526		A	Repair renal-abdomen fistula	24.02	NA	NA	13.62	10.82	2.40	NA	NA	40.04	37.24	090
50540		A	Revision of horseshoe kidney	19.93	NA	NA	9.57	12.06	1.37	NA	NA	30.87	33.36	090
50541		A	Laparo ablate renal cyst	16.00	NA	NA	6.53	6.53	1.03	NA	NA	23.56	23.56	090
50544		A	Laparoscopy, pyeloplasty	22.40	NA	NA	8.70	8.70	1.36	NA	NA	32.46	32.46	090
50546		A	Laparoscopic nephrectomy	20.48	NA	NA	8.23	8.23	1.41	NA	NA	30.12	30.12	090
50547		A	Laparo removal donor kidney	25.50	NA	NA	11.21	11.21	1.98	NA	NA	38.69	38.69	090
50548		A	Laparo-asst remove k/ureter	24.40	NA	NA	9.42	9.42	1.52	NA	NA	35.34	35.34	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.60	4.43	3.41	1.88	2.13	0.32	10.35	9.33	7.80	8.05	000
50553		A	Kidney endoscopy	5.99	16.45	9.13	2.04	1.92	0.33	22.77	15.45	8.36	8.24	000
50555		A	Kidney endoscopy & biopsy	6.53	12.61	8.86	2.18	3.64	0.34	19.48	15.73	9.05	10.51	000
50557		A	Kidney endoscopy & treatment	6.62	18.15	11.63	2.23	3.67	0.37	25.14	18.62	9.22	10.66	000
50559		A	Renal endoscopy/radiotracer	6.78	NA	NA	2.40	1.93	0.30	NA	NA	9.48	9.01	000
50561		A	Kidney endoscopy & treatment	7.59	16.40	10.98	2.52	4.04	0.42	24.41	18.99	10.53	12.05	000
50570		A	Kidney endoscopy	9.54	NA	NA	3.21	2.39	0.54	NA	NA	13.29	12.47	000
50572		A	Kidney endoscopy	10.35	NA	NA	3.39	5.63	0.56	NA	NA	14.30	16.54	000
50574		A	Kidney endoscopy & biopsy	11.02	NA	NA	3.66	5.67	0.62	NA	NA	15.30	17.31	000
50575		A	Kidney endoscopy	13.98	NA	NA	4.72	7.75	0.79	NA	NA	19.49	22.52	000
50576		A	Kidney endoscopy & treatment	10.99	NA	NA	3.72	6.58	0.64	NA	NA	15.35	18.21	000
50578		A	Renal endoscopy/radiotracer	11.35	NA	NA	4.39	4.25	0.57	NA	NA	16.31	16.17	000
50580		A	Kidney endoscopy & treatment	11.86	NA	NA	4.00	3.95	0.68	NA	NA	16.54	16.49	000
50590		A	Fragmenting of kidney stone	9.09	9.38	10.12	4.72	7.79	0.52	18.99	19.73	14.33	17.40	090
50600		A	Exploration of ureter	15.84	NA	NA	8.10	9.31	0.99	NA	NA	24.93	26.14	090
50605		A	Insert ureteral support	15.46	NA	NA	8.15	7.39	1.10	NA	NA	24.71	23.95	090
50610		A	Removal of ureter stone	15.92	NA	NA	8.34	10.56	0.99	NA	NA	25.25	27.47	090
50620		A	Removal of ureter stone	15.16	NA	NA	7.79	10.13	0.90	NA	NA	23.85	26.19	090
50630		A	Removal of ureter stone	14.94	NA	NA	7.64	10.72	0.92	NA	NA	23.50	26.58	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
50650		A	Removal of ureter	17.41	NA	NA	8.92	11.01	1.06	NA	NA	27.39	29.48	090
50660		A	Removal of ureter	19.55	NA	NA	9.78	11.67	1.20	NA	NA	30.53	32.42	090
50684		A	Injection for ureter x-ray	0.76	13.39	6.96	0.24	0.39	0.04	14.19	7.76	1.04	1.19	000
50686		A	Measure ureter pressure	1.51	4.47	2.44	0.58	0.49	0.09	6.07	4.04	2.18	2.09	000
50688		A	Change of ureter tube	1.17	NA	NA	1.42	0.92	0.05	NA	NA	2.64	2.14	010
50690		A	Injection for ureter x-ray	1.16	13.92	7.14	0.34	0.35	0.06	15.14	8.36	1.56	1.57	000
50700		A	Revision of ureter	15.21	NA	NA	8.25	10.95	0.94	NA	NA	24.40	27.10	090
50715		A	Release of ureter	18.90	NA	NA	10.75	11.48	1.38	NA	NA	31.03	31.76	090
50722		A	Release of ureter	16.35	NA	NA	8.79	10.00	1.17	NA	NA	26.31	27.52	090
50725		A	Release/revise ureter	18.49	NA	NA	9.58	11.33	1.34	NA	NA	29.41	31.16	090
50727		A	Revise ureter	8.18	NA	NA	5.86	5.85	0.52	NA	NA	14.56	14.55	090
50728		A	Revise ureter	12.02	NA	NA	7.58	8.08	0.91	NA	NA	20.51	21.01	090
50740		A	Fusion of ureter & kidney	18.42	NA	NA	9.06	11.60	1.49	NA	NA	28.97	31.51	090
50750		A	Fusion of ureter & kidney	19.51	NA	NA	9.69	12.47	1.13	NA	NA	30.33	33.11	090
50760		A	Fusion of ureters	18.42	NA	NA	9.28	11.95	1.19	NA	NA	28.89	31.56	090
50770		A	Splicing of ureters	19.51	NA	NA	9.55	13.04	1.19	NA	NA	30.25	33.74	090
50780		A	Reimplant ureter in bladder	18.36	NA	NA	9.19	12.07	1.18	NA	NA	28.73	31.61	090
50782		A	Reimplant ureter in bladder	19.54	NA	NA	9.96	12.46	1.29	NA	NA	30.79	33.29	090
50783		A	Reimplant ureter in bladder	20.55	NA	NA	10.16	12.56	1.32	NA	NA	32.03	34.43	090
50785		A	Reimplant ureter in bladder	20.52	NA	NA	9.99	13.36	1.30	NA	NA	31.81	35.18	090
50800		A	Implant ureter in bowel	14.52	NA	NA	8.94	12.43	0.92	NA	NA	24.38	27.87	090
50810		A	Fusion of ureter & bowel	20.05	NA	NA	12.44	13.04	1.62	NA	NA	34.11	34.71	090
50815		A	Urine shunt to bowel	19.93	NA	NA	10.82	16.13	1.28	NA	NA	32.03	37.34	090
50820		A	Construct bowel bladder	21.89	NA	NA	11.31	15.95	1.46	NA	NA	34.66	39.30	090
50825		A	Construct bowel bladder	28.18	NA	NA	13.93	23.54	1.71	NA	NA	43.82	53.43	090
50830		A	Revise urine flow	31.28	NA	NA	14.59	18.65	2.15	NA	NA	48.02	52.08	090
50840		A	Replace ureter by bowel	20.00	NA	NA	10.89	12.68	1.25	NA	NA	32.14	33.93	090
50845		A	Appendico-vesicostomy	20.89	NA	NA	9.40	12.23	1.26	NA	NA	31.55	34.38	090
50860		A	Transplant ureter to skin	15.36	NA	NA	8.27	10.06	1.01	NA	NA	24.64	26.43	090
50900		A	Repair of ureter	13.62	NA	NA	7.40	9.12	0.97	NA	NA	21.99	23.71	090
50920		A	Closure ureter/skin fistula	14.33	NA	NA	7.83	9.08	1.03	NA	NA	23.19	24.44	090
50930		A	Closure ureter/bowel fistula	18.72	NA	NA	9.04	11.31	1.34	NA	NA	29.10	31.37	090
50940		A	Release of ureter	14.51	NA	NA	8.67	9.71	0.95	NA	NA	24.13	25.17	090
50945		A	Laparoscopy ureterolithotomy	17.00	NA	NA	6.84	6.84	1.07	NA	NA	24.91	24.91	090
50951		A	Endoscopy of ureter	5.84	4.65	3.23	1.97	1.89	0.34	10.83	9.41	8.15	8.07	000
50953		A	Endoscopy of ureter	6.24	16.62	9.21	2.10	1.95	0.36	23.22	15.81	8.70	8.55	000
50955		A	Ureter endoscopy & biopsy	6.75	12.46	7.62	2.17	2.47	0.37	19.58	14.74	9.29	9.59	000
50957		A	Ureter endoscopy & treatment	6.79	12.51	7.61	2.28	2.50	0.38	19.68	14.78	9.45	9.67	000
50959		A	Ureter endoscopy & tracer	4.40	NA	NA	1.39	2.53	0.25	NA	NA	6.04	7.18	000
50961		A	Ureter endoscopy & treatment	6.05	22.16	12.50	1.98	2.41	0.33	28.54	18.88	8.36	8.79	000
50970		A	Ureter endoscopy	7.14	NA	NA	2.44	4.03	0.41	NA	NA	9.99	11.58	000
50972		A	Ureter endoscopy & catheter	6.89	NA	NA	2.31	1.99	0.40	NA	NA	9.60	9.28	000
50974		A	Ureter endoscopy & biopsy	9.17	NA	NA	3.11	5.36	0.50	NA	NA	12.78	15.03	000
50976		A	Ureter endoscopy & treatment	9.04	NA	NA	3.08	5.02	0.51	NA	NA	12.63	14.57	000
50978		A	Ureter endoscopy & tracer	5.10	NA	NA	1.97	3.19	0.33	NA	NA	7.40	8.62	000
50980		A	Ureter endoscopy & treatment	6.85	NA	NA	2.26	2.83	0.38	NA	NA	9.49	10.06	000
51000		A	Drainage of bladder	0.78	1.68	1.10	0.24	0.38	0.05	2.51	1.93	1.07	1.21	000
51005		A	Drainage of bladder	1.02	2.84	1.67	0.35	0.43	0.08	3.94	2.77	1.45	1.53	000
51010		A	Drainage of bladder	3.53	6.52	3.79	1.73	1.39	0.22	10.27	7.54	5.48	5.14	010
51020		A	Incise & treat bladder	6.71	NA	NA	4.97	6.20	0.42	NA	NA	12.10	13.33	090
51030		A	Incise & treat bladder	6.77	NA	NA	5.20	5.06	0.40	NA	NA	12.37	12.23	090
51040		A	Incise & drain bladder	4.40	NA	NA	3.81	4.53	0.27	NA	NA	8.48	9.20	090
51045		A	Incise bladder/drain ureter	6.77	NA	NA	5.14	5.26	0.43	NA	NA	12.34	12.46	090
51050		A	Removal of bladder stone	6.92	NA	NA	4.68	6.21	0.41	NA	NA	12.01	13.54	090
51060		A	Removal of ureter stone	8.85	NA	NA	5.58	8.08	0.53	NA	NA	14.96	17.46	090
51065		A	Removal of ureter stone	8.85	NA	NA	5.57	6.63	0.52	NA	NA	14.94	16.00	090
51080		A	Drainage of bladder abscess	5.96	NA	NA	4.89	5.26	0.36	NA	NA	11.21	11.58	090
51500		A	Removal of bladder cyst	10.14	NA	NA	5.85	6.65	0.82	NA	NA	16.81	17.61	090
51520		A	Removal of bladder lesion	9.29	NA	NA	5.76	7.51	0.57	NA	NA	15.62	17.37	090
51525		A	Removal of bladder lesion	13.97	NA	NA	7.37	9.48	0.85	NA	NA	22.19	24.30	090
51530		A	Removal of bladder lesion	12.38	NA	NA	7.00	8.52	0.85	NA	NA	20.23	21.75	090
51535		A	Repair of ureter lesion	12.57	NA	NA	7.23	7.78	0.84	NA	NA	20.64	21.19	090
51550		A	Partial removal of bladder	15.66	NA	NA	8.07	9.85	1.10	NA	NA	24.83	26.61	090
51555		A	Partial removal of bladder	21.23	NA	NA	10.27	11.79	1.38	NA	NA	32.88	34.40	090
51565		A	Revise bladder & ureter(s)	21.62	NA	NA	10.66	13.93	1.37	NA	NA	33.65	36.92	090
51570		A	Removal of bladder	24.24	NA	NA	11.61	14.31	1.50	NA	NA	37.35	40.05	090
51575		A	Removal of bladder & nodes	30.45	NA	NA	14.32	19.57	1.90	NA	NA	46.67	51.92	090
51580		A	Remove bladder/revise tract	31.08	NA	NA	14.70	18.18	1.93	NA	NA	47.71	51.19	090
51585		A	Removal of bladder & nodes	35.23	NA	NA	16.09	21.68	2.21	NA	NA	53.53	59.12	090
51590		A	Remove bladder/revise tract	32.66	NA	NA	14.95	20.78	2.03	NA	NA	49.64	55.47	090
51595		A	Remove bladder/revise tract	37.14	NA	NA	16.46	26.57	2.21	NA	NA	55.81	65.92	090
51596		A	Remove bladder/create pouch	39.52	NA	NA	17.57	27.72	2.37	NA	NA	59.46	69.61	090
51597		A	Removal of pelvic structures	38.35	NA	NA	17.45	25.35	2.53	NA	NA	58.33	66.23	090
51600		A	Injection for bladder x-ray	0.88	13.53	6.92	0.26	0.28	0.04	14.45	7.84	1.18	1.20	000
51605		A	Preparation for bladder xray	0.64	14.01	7.17	0.20	0.27	0.03	14.68	7.84	0.87	0.94	000
51610		A	Injection for bladder x-ray	1.05	14.39	7.34	0.32	0.31	0.05	15.49	8.44	1.42	1.41	000
51700		A	Irrigation of bladder	0.88	3.56	1.90	0.29	0.21	0.05	4.49	2.83	1.22	1.14	000
51705		A	Change of bladder tube	1.02	2.31	1.36	1.15	0.68	0.06	3.39	2.44	2.23	1.76	010
51710		A	Change of bladder tube	1.49	4.44	2.53	1.28	0.80	0.09	6.02	4.11	2.86	2.38	010
51715		A	Endoscopic injection/implant	3.74	3.82	3.35	1.27	2.08	0.22	7.78	7.31	5.23	6.04	000
51720		A	Treatment of bladder lesion	1.96	3.72	2.11	0.66	0.46	0.11	5.79	4.18	2.73	2.53	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
51725		A	Simple cystometrogram	1.51	0.92	1.01	0.92	1.01	0.12	2.55	2.64	2.55	2.64	000
51725	26	A	Simple cystometrogram	1.51	0.52	0.60	0.52	0.60	0.09	2.12	2.20	2.12	2.20	000
51725	TC	A	Simple cystometrogram	0.00	0.40	0.41	0.40	0.41	0.03	0.43	0.44	0.43	0.44	000
51726		A	Complex cystometrogram	1.71	1.09	1.25	1.09	1.25	0.14	2.94	3.10	2.94	3.10	000
51726	26	A	Complex cystometrogram	1.71	0.58	0.73	0.58	0.73	0.10	2.39	2.54	2.39	2.54	000
51726	TC	A	Complex cystometrogram	0.00	0.51	0.52	0.51	0.52	0.04	0.55	0.56	0.55	0.56	000
51736		A	Urine flow measurement	0.61	0.37	0.41	0.37	0.41	0.05	1.03	1.07	1.03	1.07	000
51736	26	A	Urine flow measurement	0.61	0.21	0.25	0.21	0.25	0.04	0.86	0.90	0.86	0.90	000
51736	TC	A	Urine flow measurement	0.00	0.16	0.16	0.16	0.16	0.01	0.17	0.17	0.17	0.17	000
51741		A	Electro-uroflowmetry, first	1.14	0.61	0.62	0.61	0.62	0.09	1.84	1.85	1.84	1.85	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.39	0.39	0.39	0.39	0.07	1.60	1.60	1.60	1.60	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	000
51772		A	Urethra pressure profile	1.61	1.02	1.03	1.02	1.03	0.14	2.77	2.78	2.77	2.78	000
51772	26	A	Urethra pressure profile	1.61	0.57	0.57	0.57	0.57	0.10	2.28	2.28	2.28	2.28	000
51772	TC	A	Urethra pressure profile	0.00	0.45	0.46	0.45	0.46	0.04	0.49	0.50	0.49	0.50	000
51784		A	Anal/urinary muscle study	1.53	0.94	1.04	0.94	1.04	0.13	2.60	2.70	2.60	2.70	000
51784	26	A	Anal/urinary muscle study	1.53	0.53	0.62	0.53	0.62	0.10	2.16	2.25	2.16	2.25	000
51784	TC	A	Anal/urinary muscle study	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	000
51785		A	Anal/urinary muscle study	1.53	0.94	1.04	0.94	1.04	0.12	2.59	2.69	2.59	2.69	000
51785	26	A	Anal/urinary muscle study	1.53	0.53	0.62	0.53	0.62	0.09	2.15	2.24	2.15	2.24	000
51785	TC	A	Anal/urinary muscle study	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	000
51792		A	Urinary reflex study	1.10	1.84	1.97	1.84	1.97	0.17	3.11	3.24	3.11	3.24	000
51792	26	A	Urinary reflex study	1.10	0.43	0.54	0.43	0.54	0.06	1.59	1.70	1.59	1.70	000
51792	TC	A	Urinary reflex study	0.00	1.41	1.43	1.41	1.43	0.11	1.52	1.54	1.52	1.54	000
51795		A	Urine voiding pressure study	1.53	1.44	1.51	1.44	1.51	0.17	3.14	3.21	3.14	3.21	000
51795	26	A	Urine voiding pressure study	1.53	0.53	0.58	0.53	0.58	0.09	2.15	2.20	2.15	2.20	000
51795	TC	A	Urine voiding pressure study	0.00	0.91	0.93	0.91	0.93	0.08	0.99	1.01	0.99	1.01	000
51797		A	Intraabdominal pressure test	1.60	1.03	1.04	1.03	1.04	0.14	2.77	2.78	2.77	2.78	000
51797	26	A	Intraabdominal pressure test	1.60	0.55	0.55	0.55	0.55	0.10	2.25	2.25	2.25	2.25	000
51797	TC	A	Intraabdominal pressure test	0.00	0.48	0.49	0.48	0.49	0.04	0.52	0.53	0.52	0.53	000
51800		A	Revision of bladder/urethra	17.42	NA	NA	8.73	10.89	1.09	NA	NA	27.24	29.40	090
51820		A	Revision of urinary tract	17.89	NA	NA	9.66	8.84	1.37	NA	NA	28.92	28.10	090
51840		A	Attach bladder/urethra	10.71	NA	NA	6.08	8.05	0.74	NA	NA	17.53	19.50	090
51841		A	Attach bladder/urethra	13.03	NA	NA	7.47	9.71	0.90	NA	NA	21.40	23.64	090
51845		A	Repair bladder neck	9.73	NA	NA	6.04	8.83	0.59	NA	NA	16.36	19.15	090
51860		A	Repair of bladder wound	12.02	NA	NA	7.27	7.77	0.93	NA	NA	20.22	20.72	090
51865		A	Repair of bladder wound	15.04	NA	NA	8.18	10.04	1.05	NA	NA	24.27	26.13	090
51880		A	Repair of bladder opening	7.66	NA	NA	5.06	5.22	0.53	NA	NA	13.25	13.41	090
51900		A	Repair bladder/vagina lesion	12.97	NA	NA	7.36	10.00	0.89	NA	NA	21.22	23.86	090
51920		A	Close bladder-uterus fistula	11.81	NA	NA	6.58	7.37	0.85	NA	NA	19.24	20.03	090
51925		A	Hysterectomy/bladder repair	15.58	NA	NA	8.63	9.78	1.17	NA	NA	25.38	26.53	090
51940		A	Correction of bladder defect	26.81	NA	NA	13.38	16.98	1.90	NA	NA	42.09	45.69	090
51960		A	Revision of bladder & bowel	23.01	NA	NA	11.96	17.59	1.39	NA	NA	36.36	41.99	090
51980		A	Construct bladder opening	11.36	NA	NA	6.73	7.42	0.73	NA	NA	18.82	19.51	090
51990		A	Laparo urethral suspension	12.50	NA	NA	5.94	5.94	0.87	NA	NA	19.31	19.31	090
51992		A	Laparo sling operation	14.01	NA	NA	6.15	6.15	0.86	NA	NA	21.02	21.02	090
52000		A	Cystoscopy	2.01	2.95	2.20	0.68	0.70	0.11	5.07	4.32	2.80	2.82	000
52005		A	Cystoscopy & ureter catheter	2.37	4.66	3.53	0.80	1.60	0.13	7.16	6.03	3.30	4.10	000
52007		A	Cystoscopy and biopsy	3.02	NA	NA	1.02	2.04	0.17	NA	NA	4.21	5.23	000
52010		A	Cystoscopy & duct catheter	3.02	4.90	3.48	1.02	1.03	0.17	8.09	6.67	4.21	4.22	000
52204		A	Cystoscopy	2.37	5.40	3.99	0.80	1.69	0.13	7.90	6.49	3.30	4.19	000
52214		A	Cystoscopy and treatment	3.71	5.77	4.41	1.25	2.15	0.21	9.69	8.33	5.17	6.07	000
52224		A	Cystoscopy and treatment	3.14	5.62	4.39	1.06	2.11	0.18	8.94	7.71	4.38	5.43	000
52234		A	Cystoscopy and treatment	4.63	6.50	5.81	1.56	3.34	0.26	11.39	10.70	6.45	8.23	000
52235		A	Cystoscopy and treatment	5.45	6.78	6.65	1.84	4.18	0.31	12.54	12.41	7.60	9.94	000
52240		A	Cystoscopy and treatment	9.72	8.23	9.90	3.28	7.42	0.55	18.50	20.17	13.55	17.69	000
52250		A	Cystoscopy and radiotracer	4.50	NA	NA	1.52	2.31	0.26	NA	NA	6.28	7.07	000
52260		A	Cystoscopy and treatment	3.92	NA	NA	1.32	1.81	0.22	NA	NA	5.46	5.95	000
52265		A	Cystoscopy and treatment	2.94	3.34	2.41	0.99	0.87	0.17	6.45	5.52	4.10	3.98	000
52270		A	Cystoscopy & revise urethra	3.37	6.08	4.93	1.14	2.46	0.19	9.64	8.49	4.70	6.02	000
52275		A	Cystoscopy & revise urethra	4.70	6.61	5.16	1.58	2.65	0.27	11.58	10.13	6.55	7.62	000
52276		A	Cystoscopy and treatment	5.00	6.71	5.84	1.69	3.33	0.29	12.00	11.13	6.98	8.62	000
52277		A	Cystoscopy and treatment	6.17	NA	NA	2.09	3.66	0.36	NA	NA	8.62	10.19	000
52281		A	Cystoscopy and treatment	2.80	3.34	2.93	0.94	1.10	0.16	6.30	5.89	3.90	4.06	000
52282		A	Cystoscopy, implant stent	6.40	6.95	5.96	2.16	3.57	0.36	13.71	12.72	8.92	10.33	000
52283		A	Cystoscopy and treatment	3.74	6.01	3.83	1.26	1.45	0.21	9.96	7.78	5.21	5.40	000
52285		A	Cystoscopy and treatment	3.61	6.21	4.70	1.22	1.41	0.21	10.03	8.52	5.04	5.23	000
52290		A	Cystoscopy and treatment	4.59	NA	NA	1.55	2.05	0.26	NA	NA	6.40	6.90	000
52300		A	Cystoscopy and treatment	5.31	NA	NA	1.79	2.78	0.31	NA	NA	7.41	8.40	000
52301		A	Cystoscopy and treatment	5.51	NA	NA	1.77	2.77	0.40	NA	NA	7.68	8.68	000
52305		A	Cystoscopy and treatment	5.31	NA	NA	1.79	2.80	0.31	NA	NA	7.41	8.42	000
52310		A	Cystoscopy and treatment	2.81	13.81	8.53	0.95	2.10	0.16	16.78	11.50	3.92	5.07	000
52315		A	Cystoscopy and treatment	5.21	14.77	9.60	1.76	3.09	0.30	20.28	15.11	7.27	8.60	000
52317		A	Remove bladder stone	6.72	22.48	14.60	2.27	4.50	0.38	29.58	21.70	9.37	11.60	000
52318		A	Remove bladder stone	9.19	NA	NA	3.10	5.83	0.52	NA	NA	12.81	15.54	000
52320		A	Cystoscopy and treatment	4.70	NA	NA	1.57	3.42	0.27	NA	NA	6.54	8.39	000
52325		A	Cystoscopy, stone removal	6.16	NA	NA	2.07	4.72	0.35	NA	NA	8.58	11.23	000
52327		A	Cystoscopy, inject material	5.19	NA	NA	1.77	2.89	0.30	NA	NA	7.26	8.38	000
52330		A	Cystoscopy and treatment	5.04	18.67	11.22	1.70	2.74	0.29	24.00	16.55	7.03	8.07	000
52332		A	Cystoscopy and treatment	2.83	28.09	15.79	0.95	2.17	0.16	31.08	18.78	3.94	5.16	000
52334		A	Create passage to kidney	4.83	NA	NA	1.60	2.61	0.28	NA	NA	6.71	7.72	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
52335		A	Endoscopy of urinary tract	5.86	NA	NA	1.97	3.53	0.33	NA	NA	8.16	9.72	000
52336		A	Cystoscopy, stone removal	6.88	NA	NA	2.31	5.27	0.39	NA	NA	9.58	12.54	000
52337		A	Cystoscopy, stone removal	7.97	NA	NA	2.66	6.09	0.45	NA	NA	11.08	14.51	000
52338		A	Cystoscopy and treatment	7.34	NA	NA	2.48	4.45	0.42	NA	NA	10.24	12.21	000
52339		A	Cystoscopy and treatment	8.82	NA	NA	2.98	4.70	0.51	NA	NA	12.31	14.03	000
52340		A	Cystoscopy and treatment	9.68	NA	NA	5.06	5.33	0.55	NA	NA	15.29	15.56	090
52450		A	Incision of prostate	7.64	NA	NA	5.81	5.62	0.43	NA	NA	13.88	13.69	090
52500		A	Revision of bladder neck	8.47	NA	NA	6.06	7.07	0.48	NA	NA	15.01	16.02	090
52510		A	Dilation prostatic urethra	6.72	NA	NA	5.22	6.62	0.38	NA	NA	12.32	13.72	090
52601		A	Prostatectomy (TURP)	12.37	NA	NA	7.39	10.14	0.70	NA	NA	20.46	23.21	090
52606		A	Control postop bleeding	8.13	NA	NA	5.62	4.61	0.47	NA	NA	14.22	13.21	090
52612		A	Prostatectomy, first stage	7.98	NA	NA	5.92	7.73	0.46	NA	NA	14.36	16.17	090
52614		A	Prostatectomy, second stage	6.84	NA	NA	5.51	6.60	0.39	NA	NA	12.74	13.83	090
52620		A	Remove residual prostate	6.61	NA	NA	5.46	5.62	0.37	NA	NA	12.44	12.60	090
52630		A	Remove prostate regrowth	7.26	NA	NA	5.69	7.18	0.41	NA	NA	13.36	14.85	090
52640		A	Relieve bladder contracture	6.62	NA	NA	5.10	6.04	0.37	NA	NA	12.09	13.03	090
52647		A	Laser surgery of prostate	10.36	NA	NA	4.75	8.56	0.58	NA	NA	15.69	19.50	090
52648		A	Laser surgery of prostate	11.21	NA	NA	6.94	9.91	0.64	NA	NA	18.79	21.76	090
52700		A	Drainage of prostate abscess	6.80	NA	NA	5.50	4.54	0.40	NA	NA	12.70	11.74	090
53000		A	Incision of urethra	2.28	6.47	4.19	2.21	2.06	0.14	8.89	6.61	4.63	4.48	010
53010		A	Incision of urethra	3.64	NA	NA	3.56	3.69	0.30	NA	NA	7.50	7.63	090
53020		A	Incision of urethra	1.77	3.86	2.38	0.60	0.75	0.11	5.74	4.26	2.48	2.63	000
53025		A	Incision of urethra	1.13	4.16	2.52	0.38	0.63	0.07	5.36	3.72	1.58	1.83	000
53040		A	Drainage of urethra abscess	6.40	9.05	5.53	9.05	5.53	0.38	15.83	12.31	15.83	12.31	090
53060		A	Drainage of urethra abscess	2.63	5.77	3.16	2.28	1.42	0.18	8.58	5.97	5.09	4.23	010
53080		A	Drainage of urinary leakage	6.29	NA	NA	8.14	6.23	0.36	NA	NA	14.79	12.88	090
53085		A	Drainage of urinary leakage	10.27	NA	NA	8.88	8.11	0.61	NA	NA	19.76	18.99	090
53200		A	Biopsy of urethra	2.59	4.94	3.07	0.88	1.04	0.15	7.68	5.81	3.62	3.78	000
53210		A	Removal of urethra	12.57	NA	NA	7.13	7.17	0.80	NA	NA	20.50	20.54	090
53215		A	Removal of urethra	15.58	NA	NA	8.01	9.43	0.94	NA	NA	24.53	25.95	090
53220		A	Treatment of urethra lesion	7.00	NA	NA	4.83	5.01	0.41	NA	NA	12.24	12.42	090
53230		A	Removal of urethra lesion	9.58	NA	NA	5.64	7.13	0.56	NA	NA	15.78	17.27	090
53235		A	Removal of urethra lesion	10.14	NA	NA	5.86	5.66	0.59	NA	NA	16.59	16.39	090
53240		A	Surgery for urethra pouch	6.45	NA	NA	4.58	4.64	0.42	NA	NA	11.45	11.51	090
53250		A	Removal of urethra gland	5.89	NA	NA	4.13	4.27	0.38	NA	NA	10.40	10.54	090
53260		A	Treatment of urethra lesion	2.98	5.36	3.29	2.06	1.64	0.19	8.53	6.46	5.23	4.81	010
53265		A	Treatment of urethra lesion	3.12	5.75	3.90	2.05	2.05	0.19	9.06	7.21	5.36	5.36	010
53270		A	Removal of urethra gland	3.09	5.42	3.17	2.18	1.32	0.21	8.72	6.47	5.48	4.62	010
53275		A	Repair of urethra defect	4.53	NA	NA	2.94	2.76	0.26	NA	NA	7.73	7.55	010
53400		A	Revise urethra, stage 1	12.77	NA	NA	7.10	7.61	0.74	NA	NA	20.61	21.12	090
53405		A	Revise urethra, stage 2	14.48	NA	NA	7.59	9.43	0.82	NA	NA	22.89	24.73	090
53410		A	Reconstruction of urethra	16.44	NA	NA	8.25	8.77	0.95	NA	NA	25.64	26.16	090
53415		A	Reconstruction of urethra	19.41	NA	NA	8.70	10.79	1.19	NA	NA	29.30	31.39	090
53420		A	Reconstruct urethra, stage 1	14.08	NA	NA	7.78	9.80	0.84	NA	NA	22.70	24.72	090
53425		A	Reconstruct urethra, stage 2	15.98	NA	NA	8.47	9.26	0.90	NA	NA	25.35	26.14	090
53430		A	Reconstruction of urethra	16.34	NA	NA	8.34	8.06	0.97	NA	NA	25.65	25.37	090
53440		A	Correct bladder function	12.34	NA	NA	7.67	10.97	0.72	NA	NA	20.73	24.03	090
53442		A	Remove perineal prosthesis	8.27	NA	NA	5.22	5.78	0.47	NA	NA	13.96	14.52	090
53443		A	Reconstruction of urethra	19.89	NA	NA	9.23	10.06	1.25	NA	NA	30.37	31.20	090
53445		A	Correct urine flow control	14.06	NA	NA	7.85	12.32	0.82	NA	NA	22.73	27.20	090
53447		A	Remove artificial sphincter	13.17	NA	NA	7.28	8.61	0.75	NA	NA	21.20	22.53	090
53449		A	Correct artificial sphincter	9.70	NA	NA	5.99	7.56	0.55	NA	NA	16.24	17.81	090
53450		A	Revision of urethra	6.14	NA	NA	4.36	3.67	0.34	NA	NA	10.84	10.15	090
53460		A	Revision of urethra	7.12	NA	NA	4.71	3.68	0.42	NA	NA	12.25	11.22	090
53502		A	Repair of urethra injury	7.63	NA	NA	5.18	5.29	0.48	NA	NA	13.29	13.40	090
53505		A	Repair of urethra injury	7.63	NA	NA	4.86	5.24	0.45	NA	NA	12.94	13.32	090
53510		A	Repair of urethra injury	10.11	NA	NA	6.18	6.88	0.68	NA	NA	16.97	17.67	090
53515		A	Repair of urethra injury	13.31	NA	NA	6.90	8.35	0.78	NA	NA	20.99	22.44	090
53520		A	Repair of urethra defect	8.68	NA	NA	5.27	5.83	0.52	NA	NA	14.47	15.03	090
53600		A	Dilate urethra stricture	1.21	3.73	2.05	0.41	0.30	0.07	5.01	3.33	1.69	1.58	000
53601		A	Dilate urethra stricture	0.98	3.66	1.99	0.33	0.25	0.06	4.70	3.03	1.37	1.29	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.43	0.47	0.08	NA	NA	1.79	1.83	000
53620		A	Dilate urethra stricture	1.62	5.55	3.03	0.55	0.41	0.10	7.27	4.75	2.27	2.13	000
53621		A	Dilate urethra stricture	1.35	5.54	2.98	0.46	0.34	0.08	6.97	4.41	1.89	1.77	000
53660		A	Dilation of urethra	0.71	3.51	1.91	0.24	0.20	0.04	4.26	2.66	0.99	0.95	000
53661		A	Dilation of urethra	0.72	3.56	1.92	0.24	0.19	0.04	4.32	2.68	1.00	0.95	000
53665		A	Dilation of urethra	0.76	NA	NA	0.26	0.33	0.05	NA	NA	1.07	1.14	000
53670		A	Insert urinary catheter	0.50	3.32	1.78	0.15	0.14	0.03	3.85	2.31	0.68	0.67	000
53675		A	Insert urinary catheter	1.47	4.41	2.46	0.48	0.50	0.09	5.97	4.02	2.04	2.06	000
53850		A	Prostatic microwave thermotx	9.45	NA	NA	6.42	6.85	0.53	NA	NA	16.40	16.83	090
53852		A	Prostatic rf thermotx	9.88	NA	NA	4.60	6.11	0.56	NA	NA	15.04	16.55	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.54	5.11	2.90	1.27	0.98	0.09	6.74	4.53	2.90	2.61	010
54001		A	Slitting of prepuce	2.19	5.50	3.21	1.80	1.36	0.13	7.82	5.53	4.12	3.68	010
54015		A	Drain penis lesion	5.32	7.27	4.09	2.91	1.91	0.32	12.91	9.73	8.55	7.55	010
54050		A	Destruction, penis lesion(s)	1.24	2.21	1.31	0.49	0.35	0.07	3.52	2.62	1.80	1.66	010
54055		A	Destruction, penis lesion(s)	1.22	5.94	3.30	1.25	0.79	0.07	7.23	4.59	2.54	2.08	010
54056		A	Cryosurgery, penis lesion(s)	1.24	2.73	1.66	0.53	0.41	0.05	4.02	2.95	1.82	1.70	010
54057		A	Laser surg, penis lesion(s)	1.24	2.51	2.08	1.16	1.32	0.07	3.82	3.39	2.47	2.63	010
54060		A	Excision of penis lesion(s)	1.93	4.92	3.10	1.40	1.34	0.11	6.96	5.14	3.44	3.38	010
54065		A	Destruction, penis lesion(s)	2.42	4.98	3.83	1.88	1.61	0.13	7.53	6.38	4.43	4.16	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
54100		A	Biopsy of penis	1.90	3.39	2.05	0.65	0.68	0.10	5.39	4.05	2.65	2.68	000
54105		A	Biopsy of penis	3.50	5.76	3.43	1.92	1.51	0.20	9.46	7.13	5.62	5.21	010
54110		A	Treatment of penis lesion	10.13	NA	NA	7.24	6.89	0.60	NA	NA	17.97	17.62	090
54111		A	Treat penis lesion, graft	13.57	NA	NA	8.38	9.17	0.78	NA	NA	22.73	23.52	090
54112		A	Treat penis lesion, graft	15.86	NA	NA	9.57	10.67	0.96	NA	NA	26.39	27.49	090
54115		A	Treatment of penis lesion	6.15	9.96	7.25	5.91	5.23	0.36	16.47	13.76	12.42	11.74	090
54120		A	Partial removal of penis	9.97	NA	NA	7.24	7.13	0.57	NA	NA	17.78	17.67	090
54125		A	Removal of penis	13.53	NA	NA	8.42	10.49	0.79	NA	NA	22.74	24.81	090
54130		A	Remove penis & nodes	20.14	NA	NA	11.02	13.47	1.20	NA	NA	32.36	34.81	090
54135		A	Remove penis & nodes	26.36	NA	NA	13.36	16.31	1.54	NA	NA	41.26	44.21	090
54150		A	Circumcision	1.81	5.33	2.96	1.61	1.10	0.12	7.26	4.89	3.54	3.03	010
54152		A	Circumcision	2.31	NA	NA	1.56	1.77	0.15	NA	NA	4.02	4.23	010
54160		A	Circumcision	2.48	5.46	3.63	1.62	1.71	0.17	8.11	6.28	4.27	4.36	010
54161		A	Circumcision	3.27	NA	NA	1.85	2.11	0.19	NA	NA	5.31	5.57	010
54200		A	Treatment of penis lesion	1.06	2.24	1.30	0.37	0.28	0.06	3.36	2.42	1.49	1.40	010
54205		A	Treatment of penis lesion	7.93	NA	NA	6.44	6.00	0.46	NA	NA	14.83	14.39	090
54220		A	Treatment of penis lesion	2.42	1.76	1.74	0.81	1.26	0.14	4.32	4.30	3.37	3.82	000
54230		A	Prepare penis study	1.34	NA	NA	0.44	0.59	0.08	NA	NA	1.86	2.01	000
54231		A	Dynamic cavernosometry	2.04	1.90	1.73	0.68	1.12	0.14	4.08	3.91	2.86	3.30	000
54235		A	Penile injection	1.19	1.00	0.74	0.40	0.32	0.07	2.26	2.00	1.66	1.58	000
54240		A	Penis study	1.31	0.95	1.02	0.95	1.02	0.14	2.40	2.47	2.40	2.47	000
54240	26	A	Penis study	1.31	0.44	0.50	0.44	0.50	0.09	1.84	1.90	1.84	1.90	000
54240	TC	A	Penis study	0.00	0.51	0.52	0.51	0.52	0.05	0.56	0.57	0.56	0.57	000
54250		A	Penis study	2.22	1.07	0.98	1.07	0.98	0.15	3.44	3.35	3.44	3.35	000
54250	26	A	Penis study	2.22	0.75	0.65	0.75	0.65	0.13	3.10	3.00	3.10	3.00	000
54250	TC	A	Penis study	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	000
54300		A	Revision of penis	10.41	NA	NA	8.20	7.84	0.61	NA	NA	19.22	18.86	090
54304		A	Revision of penis	12.49	NA	NA	8.98	9.19	0.78	NA	NA	22.25	22.46	090
54308		A	Reconstruction of urethra	11.83	NA	NA	8.50	7.42	0.77	NA	NA	21.10	20.02	090
54312		A	Reconstruction of urethra	13.57	NA	NA	9.78	9.98	0.69	NA	NA	24.04	24.24	090
54316		A	Reconstruction of urethra	16.82	NA	NA	11.95	12.13	0.95	NA	NA	29.72	29.90	090
54318		A	Reconstruction of urethra	11.25	NA	NA	8.94	8.56	0.64	NA	NA	20.83	20.45	090
54322		A	Reconstruction of urethra	13.01	NA	NA	8.52	8.39	0.74	NA	NA	22.27	22.14	090
54324		A	Reconstruction of urethra	16.31	NA	NA	10.38	11.15	1.18	NA	NA	27.87	28.64	090
54326		A	Reconstruction of urethra	15.72	NA	NA	10.01	10.71	1.11	NA	NA	26.84	27.54	090
54328		A	Revise penis/urethra	15.65	NA	NA	9.88	10.76	0.88	NA	NA	26.41	27.29	090
54332		A	Revise penis/urethra	17.08	NA	NA	10.49	12.04	1.03	NA	NA	28.60	30.15	090
54336		A	Revise penis/urethra	20.04	NA	NA	12.57	16.48	1.47	NA	NA	34.08	37.99	090
54340		A	Secondary urethral surgery	8.91	NA	NA	7.38	6.99	0.63	NA	NA	16.92	16.53	090
54344		A	Secondary urethral surgery	15.94	NA	NA	9.83	13.93	1.03	NA	NA	26.80	30.90	090
54348		A	Secondary urethral surgery	17.15	NA	NA	10.68	11.65	1.15	NA	NA	28.98	29.95	090
54352		A	Reconstruct urethra/penis	24.74	NA	NA	13.47	15.52	1.11	NA	NA	39.32	41.37	090
54360		A	Penis plastic surgery	11.93	NA	NA	7.96	7.79	0.70	NA	NA	20.59	20.42	090
54380		A	Repair penis	13.18	NA	NA	9.62	9.92	0.86	NA	NA	23.66	23.96	090
54385		A	Repair penis	15.39	NA	NA	11.18	11.27	0.99	NA	NA	27.56	27.65	090
54390		A	Repair penis and bladder	21.61	NA	NA	13.58	14.16	1.39	NA	NA	36.58	37.16	090
54400		A	Insert semi-rigid prosthesis	8.99	NA	NA	5.84	8.29	0.53	NA	NA	15.36	17.81	090
54401		A	Insert self-contd prosthesis	10.28	NA	NA	6.50	9.39	0.61	NA	NA	17.39	20.28	090
54402		A	Remove penis prosthesis	9.21	NA	NA	5.87	6.19	0.54	NA	NA	15.62	15.94	090
54405		A	Insert multi-comp prosthesis	13.43	NA	NA	7.60	11.82	0.78	NA	NA	21.81	26.03	090
54407		A	Remove multi-comp prosthesis	13.34	NA	NA	7.28	9.73	0.77	NA	NA	21.39	23.84	090
54409		A	Revise penis prosthesis	12.20	NA	NA	6.83	8.28	0.71	NA	NA	19.74	21.19	090
54420		A	Revision of penis	11.42	NA	NA	8.29	8.35	0.67	NA	NA	20.38	20.44	090
54430		A	Revision of penis	10.15	NA	NA	7.24	7.42	0.60	NA	NA	17.99	18.17	090
54435		A	Revision of penis	6.12	NA	NA	5.46	4.98	0.34	NA	NA	11.92	11.44	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.89	0.82	0.38	0.56	0.07	2.08	2.01	1.57	1.75	000
54500		A	Biopsy of testis	1.31	5.39	2.94	0.44	0.46	0.08	6.78	4.33	1.83	1.85	000
54505		A	Biopsy of testis	3.46	NA	NA	2.42	2.22	0.21	NA	NA	6.09	5.89	010
54510		A	Removal of testis lesion	5.45	NA	NA	3.28	3.29	0.34	NA	NA	9.07	9.08	090
54520		A	Removal of testis	5.23	NA	NA	3.35	4.56	0.32	NA	NA	8.90	10.11	090
54530		A	Removal of testis	8.58	NA	NA	4.90	6.42	0.53	NA	NA	14.01	15.53	090
54535		A	Extensive testis surgery	12.16	NA	NA	6.72	8.00	0.79	NA	NA	19.67	20.95	090
54550		A	Exploration for testis	7.78	NA	NA	4.52	5.11	0.47	NA	NA	12.77	13.36	090
54560		A	Exploration for testis	11.13	NA	NA	6.64	7.25	0.75	NA	NA	18.52	19.13	090
54600		A	Reduce testis torsion	7.01	NA	NA	3.99	4.50	0.41	NA	NA	11.41	11.92	090
54620		A	Suspension of testis	4.90	NA	NA	2.97	3.29	0.29	NA	NA	8.16	8.48	010
54640		A	Suspension of testis	6.90	NA	NA	4.01	6.13	0.47	NA	NA	11.38	13.50	090
54650		A	Orchiopexy (Fowler-Stephens)	11.45	NA	NA	6.49	7.49	0.63	NA	NA	18.57	19.57	090
54660		A	Revision of testis	5.11	NA	NA	3.74	3.72	0.29	NA	NA	9.14	9.12	090
54670		A	Repair testis injury	6.41	NA	NA	3.73	4.20	0.42	NA	NA	10.56	11.03	090
54680		A	Relocation of testis(es)	12.65	NA	NA	7.17	8.03	0.86	NA	NA	20.68	21.54	090
54690		A	Laparoscopy, orchiectomy	10.96	NA	NA	6.36	7.11	0.69	NA	NA	18.01	18.76	090
54692		A	Laparoscopy, orchiopexy	12.88	NA	NA	5.56	5.56	0.87	NA	NA	19.31	19.31	090
54699		C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.43	7.82	4.40	3.13	2.06	0.22	11.47	8.05	6.78	5.71	010
54800		A	Biopsy of epididymis	2.33	5.45	3.80	0.83	1.49	0.14	7.92	6.27	3.30	3.96	000
54820		A	Exploration of epididymis	5.14	NA	NA	3.37	3.11	0.36	NA	NA	8.87	8.61	090
54830		A	Remove epididymis lesion	5.38	NA	NA	3.42	3.62	0.33	NA	NA	9.13	9.33	090
54840		A	Remove epididymis lesion	5.20	NA	NA	3.35	4.30	0.31	NA	NA	8.86	9.81	090
54860		A	Removal of epididymis	6.32	NA	NA	3.90	4.76	0.36	NA	NA	10.58	11.44	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
54861		A	Removal of epididymis	8.90	NA	NA	4.89	6.41	0.51	NA	NA	14.30	15.82	090
54900		A	Fusion of spermatic ducts	13.20	NA	NA	6.45	8.08	0.74	NA	NA	20.39	22.02	090
54901		A	Fusion of spermatic ducts	17.94	NA	NA	9.34	11.34	1.18	NA	NA	28.46	30.46	090
55000		A	Drainage of hydrocele	1.43	1.76	1.10	0.50	0.36	0.10	3.29	2.63	2.03	1.89	000
55040		A	Removal of hydrocele	5.36	NA	NA	3.23	4.27	0.35	NA	NA	8.94	9.98	090
55041		A	Removal of hydroceles	7.74	NA	NA	4.22	6.17	0.50	NA	NA	12.46	14.41	090
55060		A	Repair of hydrocele	5.52	NA	NA	3.30	3.89	0.37	NA	NA	9.19	9.78	090
55100		A	Drainage of scrotum abscess	2.13	8.87	4.78	3.33	2.01	0.13	11.13	7.04	5.59	4.27	010
55110		A	Explore scrotum	5.70	NA	NA	3.36	3.57	0.35	NA	NA	9.41	9.62	090
55120		A	Removal of scrotum lesion	5.09	NA	NA	3.19	2.57	0.30	NA	NA	8.58	7.96	090
55150		A	Removal of scrotum	7.22	NA	NA	4.26	5.09	0.46	NA	NA	11.94	12.77	090
55175		A	Revision of scrotum	5.24	NA	NA	3.38	4.13	0.31	NA	NA	8.93	9.68	090
55180		A	Revision of scrotum	10.72	NA	NA	5.90	6.66	0.72	NA	NA	17.34	18.10	090
55200		A	Incision of sperm duct	4.24	NA	NA	2.92	2.53	0.27	NA	NA	7.43	7.04	090
55250		A	Removal of sperm duct(s)	3.29	8.33	5.59	2.77	2.10	0.20	11.82	9.08	6.26	5.59	090
55300		A	Prepare, sperm duct x-ray	3.51	NA	NA	1.28	2.11	0.19	NA	NA	4.98	5.81	000
55400		A	Repair of sperm duct	8.49	NA	NA	4.84	5.98	0.52	NA	NA	13.85	14.99	090
55450		A	Ligation of sperm duct	4.12	7.15	4.99	2.26	2.55	0.31	11.58	9.42	6.69	6.98	010
55500		A	Removal of hydrocele	5.59	NA	NA	3.50	4.10	0.43	NA	NA	9.52	10.12	090
55520		A	Removal of sperm cord lesion	6.03	NA	NA	3.66	3.53	0.57	NA	NA	10.26	10.13	090
55530		A	Revise spermatic cord veins	5.66	NA	NA	3.53	4.59	0.36	NA	NA	9.55	10.61	090
55535		A	Revise spermatic cord veins	6.56	NA	NA	3.84	4.31	0.41	NA	NA	10.81	11.28	090
55540		A	Revise hernia & sperm veins	7.67	NA	NA	4.27	4.60	0.73	NA	NA	12.67	13.00	090
55550		A	Laparo ligate spermatic vein	6.57	NA	NA	3.34	4.06	0.41	NA	NA	10.32	11.04	090
55559		C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	6.38	NA	NA	3.91	4.30	0.36	NA	NA	10.65	11.04	090
55605		A	Incise sperm duct pouch	7.96	NA	NA	4.64	5.36	0.52	NA	NA	13.12	13.84	090
55650		A	Remove sperm duct pouch	11.80	NA	NA	5.91	6.88	0.70	NA	NA	18.41	19.38	090
55680		A	Remove sperm pouch lesion	5.19	NA	NA	3.57	4.19	0.30	NA	NA	9.06	9.68	090
55700		A	Biopsy of prostate	1.57	3.39	2.51	0.52	0.67	0.09	5.05	4.17	2.18	2.33	000
55705		A	Biopsy of prostate	4.57	NA	NA	3.41	3.54	0.25	NA	NA	8.23	8.36	010
55720		A	Drainage of prostate abscess	7.64	NA	NA	5.26	4.54	0.44	NA	NA	13.34	12.62	090
55725		A	Drainage of prostate abscess	8.68	NA	NA	5.93	6.02	0.52	NA	NA	15.13	15.22	090
55801		A	Removal of prostate	17.80	NA	NA	8.84	11.35	1.09	NA	NA	27.73	30.24	090
55810		A	Extensive prostate surgery	22.58	NA	NA	10.58	14.99	1.32	NA	NA	34.48	38.89	090
55812		A	Extensive prostate surgery	27.51	NA	NA	12.91	16.05	1.65	NA	NA	42.07	45.21	090
55815		A	Extensive prostate surgery	30.46	NA	NA	13.80	20.58	1.88	NA	NA	46.14	52.92	090
55821		A	Removal of prostate	14.25	NA	NA	7.47	11.11	0.85	NA	NA	22.57	26.21	090
55831		A	Removal of prostate	15.62	NA	NA	8.00	11.90	0.94	NA	NA	24.56	28.46	090
55840		A	Extensive prostate surgery	22.69	NA	NA	11.35	14.69	1.37	NA	NA	35.41	38.75	090
55842		A	Extensive prostate surgery	24.38	NA	NA	11.95	16.37	1.50	NA	NA	37.83	42.25	090
55845		A	Extensive prostate surgery	28.55	NA	NA	13.29	20.27	1.69	NA	NA	43.53	50.51	090
55859		A	Percut/needle insert, pros	12.52	NA	NA	6.97	6.68	0.69	NA	NA	20.18	19.89	090
55860		A	Surgical exposure, prostate	14.45	NA	NA	7.81	7.78	0.78	NA	NA	23.04	23.01	090
55862		A	Extensive prostate surgery	18.39	NA	NA	9.57	11.13	1.19	NA	NA	29.15	30.71	090
55865		A	Extensive prostate surgery	22.87	NA	NA	10.77	18.69	1.40	NA	NA	35.04	42.96	090
55870		A	Electroejaculation	2.58	1.63	1.81	0.86	1.43	0.14	4.35	4.53	3.58	4.15	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300		D	Laparoscopy; diagnostic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56301		D	Laparoscopy; tubal cautery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56302		D	Laparoscopy; tubal block	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56303		D	Laparoscopy; excise lesions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56304		D	Laparoscopy; lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56305		D	Laparoscopy; biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56306		D	Laparoscopy; aspiration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56307		D	Laparoscopy; remove adnexa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56308		D	Laparoscopy; hysterectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56309		D	Laparoscopy; remove myoma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56310		D	Laparoscopic enterolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56311		D	Laparoscopic lymph node biop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56312		D	Laparoscopic lymphadenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56313		D	Laparoscopic lymphadenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	010
56314		D	Lapar; drain lymphocele	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56315		D	Laparoscopic appendectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56316		D	Laparoscopic hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56317		D	Laparoscopic hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56318		D	Laparoscopic orchiectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56320		D	Laparoscopy, spermatic veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56321		D	Laparoscopy; adrenalectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56322		D	Laparoscopy, vagus nerves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56323		D	Laparoscopy, vagus nerves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56324		D	Laparoscopy, cholecystoenter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56340		D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56341		D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56342		D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56343		D	Laparoscopic salpingostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56344		D	Laparoscopic fimbrioplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56345		D	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346		D	Laparoscopic gastrostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
56347		D	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348		D	Laparo; resect intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56349		D	Laparoscopy; fundoplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
56350		D	Hysteroscopy; diagnostic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56351		D	Hysteroscopy; biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56352		D	Hysteroscopy; lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56353		D	Hysteroscopy; resect septum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56354		D	Hysteroscopy; remove myoma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56355		D	Hysteroscopy; remove impact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56356		D	Hysteroscopy; ablation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56362		D	Laparoscopy w/cholangio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56363		D	Laparoscopy w/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
56399		D	Laparoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405		A	I & D of vulva/perineum	1.44	2.17	1.50	1.23	0.82	0.11	3.72	3.05	2.78	2.37	010
56420		A	Drainage of gland abscess	1.39	2.17	1.52	1.13	0.79	0.11	3.67	3.02	2.63	2.29	010
56440		A	Surgery for vulva lesion	2.84	3.34	3.10	2.12	2.49	0.22	6.40	6.16	5.18	5.55	010
56441		A	Lysis of labial lesion(s)	1.97	2.35	2.07	1.90	1.85	0.13	4.45	4.17	4.00	3.95	010
56501		A	Destruction, vulva lesion(s)	1.53	2.15	1.37	1.26	0.78	0.11	3.79	3.01	2.90	2.42	010
56515		A	Destruction, vulva lesion(s)	1.88	2.51	2.54	1.82	2.04	0.13	4.52	4.55	3.83	4.05	010
56605		A	Biopsy of vulva/perineum	1.10	1.66	1.20	0.42	0.40	0.09	2.85	2.39	1.61	1.59	000
56606		A	Biopsy of vulva/perineum	0.55	1.43	0.91	0.21	0.20	0.04	2.02	1.50	0.80	0.79	ZZZ
56620		A	Partial removal of vulva	7.47	NA	NA	4.52	5.77	0.56	NA	NA	12.55	13.80	090
56625		A	Complete removal of vulva	8.40	NA	NA	5.30	7.67	0.63	NA	NA	14.33	16.70	090
56630		A	Extensive vulva surgery	12.36	NA	NA	7.02	10.82	0.94	NA	NA	20.32	24.12	090
56631		A	Extensive vulva surgery	16.20	NA	NA	9.45	14.40	1.21	NA	NA	26.86	31.81	090
56632		A	Extensive vulva surgery	20.29	NA	NA	7.62	15.38	1.52	NA	NA	29.43	37.19	090
56633		A	Extensive vulva surgery	16.47	NA	NA	8.60	12.97	1.24	NA	NA	26.31	30.68	090
56634		A	Extensive vulva surgery	17.88	NA	NA	10.06	15.71	1.34	NA	NA	29.28	34.93	090
56637		A	Extensive vulva surgery	21.97	NA	NA	11.60	17.43	1.64	NA	NA	35.21	41.04	090
56640		A	Extensive vulva surgery	22.17	NA	NA	11.50	16.58	1.64	NA	NA	35.31	40.39	090
56700		A	Partial removal of hymen	2.52	2.92	2.45	1.90	1.94	0.18	5.62	5.15	4.60	4.64	010
56720		A	Incision of hymen	0.68	1.53	1.03	0.58	0.55	0.05	2.26	1.76	1.31	1.28	000
56740		A	Remove vagina gland lesion	3.76	3.32	3.22	2.45	2.78	0.31	7.39	7.29	6.52	6.85	010
56800		A	Repair of vagina	3.89	NA	NA	2.57	2.87	0.29	NA	NA	6.75	7.05	010
56805		A	Repair clitoris	18.86	NA	NA	8.69	10.72	1.08	NA	NA	28.63	30.66	090
56810		A	Repair of perineum	4.13	NA	NA	2.61	2.73	0.32	NA	NA	7.06	7.18	010
57000		A	Exploration of vagina	2.97	NA	NA	2.20	2.20	0.22	NA	NA	5.39	5.39	010
57010		A	Drainage of pelvic abscess	6.03	NA	NA	3.62	3.25	0.48	NA	NA	10.13	9.76	090
57020		A	Drainage of pelvic fluid	1.50	1.44	1.08	0.54	0.63	0.11	3.05	2.69	2.15	2.24	000
57061		A	Destruction vagina lesion(s)	1.25	2.08	1.49	1.18	0.82	0.10	3.43	2.84	2.53	2.17	010
57065		A	Destruction vagina lesion(s)	2.61	2.69	2.90	2.11	2.61	0.20	5.50	5.71	4.92	5.42	010
57100		A	Biopsy of vagina	0.97	1.31	0.99	0.36	0.35	0.08	2.36	2.04	1.41	1.40	000
57105		A	Biopsy of vagina	1.69	0.65	1.18	0.65	1.18	0.12	2.46	2.99	2.46	2.99	010
57106		A	Remove vagina wall, partial	6.36	2.43	2.43	2.40	2.40	0.51	9.30	9.30	9.27	9.27	090
57107		A	Remove vagina tissue, part	23.00	NA	NA	8.58	8.58	1.75	NA	NA	33.33	33.33	090
57109		A	Vaginectomy partial w/nodes	27.00	NA	NA	11.80	11.80	1.81	NA	NA	40.61	40.61	090
57110		A	Remove vagina wall, complete	14.29	NA	NA	6.84	7.70	1.07	NA	NA	22.20	23.06	090
57111		A	Remove vagina tissue, compl	27.00	NA	NA	11.71	11.71	2.03	NA	NA	40.74	40.74	090
57112		A	Vaginectomy w/nodes, compl	29.00	NA	NA	12.45	12.45	1.89	NA	NA	43.34	43.34	090
57120		A	Closure of vagina	7.41	NA	NA	4.31	5.95	0.56	NA	NA	12.28	13.92	090
57130		A	Remove vagina lesion	2.43	NA	NA	1.94	2.39	0.19	NA	NA	4.56	5.01	010
57135		A	Remove vagina lesion	2.67	2.68	2.39	2.08	2.09	0.20	5.55	5.26	4.95	4.96	010
57150		A	Treat vagina infection	0.55	0.88	0.55	0.21	0.16	0.04	1.47	1.14	0.80	0.75	000
57160		A	Insert pessary/other device	0.89	1.24	0.76	0.33	0.24	0.07	2.20	1.72	1.29	1.20	000
57170		A	Fitting of diaphragm/cap	0.91	1.25	0.80	0.33	0.26	0.07	2.23	1.78	1.31	1.24	000
57180		A	Treat vaginal bleeding	1.58	2.06	1.33	1.36	0.83	0.12	3.76	3.03	3.06	2.53	010
57200		A	Repair of vagina	3.94	NA	NA	2.79	2.87	0.31	NA	NA	7.04	7.12	090
57210		A	Repair vagina/perineum	5.17	NA	NA	3.26	3.41	0.40	NA	NA	8.83	8.98	090
57220		A	Revision of urethra	4.31	NA	NA	3.12	3.97	0.32	NA	NA	7.75	8.60	090
57230		A	Repair of urethral lesion	5.64	NA	NA	3.84	4.01	0.40	NA	NA	9.88	10.05	090
57240		A	Repair bladder & vagina	6.07	NA	NA	4.08	5.67	0.44	NA	NA	10.59	12.18	090
57250		A	Repair rectum & vagina	5.53	NA	NA	3.56	5.08	0.42	NA	NA	9.51	11.03	090
57260		A	Repair of vagina	8.27	NA	NA	4.62	7.01	0.63	NA	NA	13.52	15.91	090
57265		A	Extensive repair of vagina	11.34	NA	NA	6.36	8.29	0.86	NA	NA	18.56	20.49	090
57268		A	Repair of bowel bulge	6.76	NA	NA	4.04	5.83	0.52	NA	NA	11.32	13.11	090
57270		A	Repair of bowel pouch	12.11	NA	NA	5.94	6.68	0.92	NA	NA	18.97	19.71	090
57280		A	Suspension of vagina	15.04	NA	NA	7.07	8.17	1.13	NA	NA	23.24	24.34	090
57282		A	Repair of vaginal prolapse	8.86	NA	NA	4.85	7.16	0.67	NA	NA	14.38	16.69	090
57284		A	Repair paravaginal defect	12.70	NA	NA	6.61	7.97	0.93	NA	NA	20.24	21.60	090
57288		A	Repair bladder defect	13.02	NA	NA	6.60	9.12	0.80	NA	NA	20.42	22.94	090
57289		A	Repair bladder & vagina	11.58	NA	NA	6.32	7.61	0.78	NA	NA	18.68	19.97	090
57291		A	Construction of vagina	7.95	NA	NA	5.33	5.57	0.62	NA	NA	13.90	14.14	090
57292		A	Construct vagina with graft	13.09	NA	NA	6.58	6.85	1.08	NA	NA	20.75	21.02	090
57300		A	Repair rectum-vagina fistula	7.61	NA	NA	4.47	6.53	0.69	NA	NA	12.77	14.83	090
57305		A	Repair rectum-vagina fistula	13.77	NA	NA	6.81	7.50	1.34	NA	NA	21.92	22.61	090
57307		A	Fistula repair & colostomy	15.93	NA	NA	7.63	7.13	1.57	NA	NA	25.13	24.63	090
57308		A	Fistula repair, transperine	9.94	NA	NA	5.50	6.68	0.86	NA	NA	16.30	17.48	090
57310		A	Repair urethrovaginal lesion	6.78	NA	NA	4.41	4.55	0.43	NA	NA	11.62	11.76	090
57311		A	Repair urethrovaginal lesion	7.98	NA	NA	5.00	5.53	0.41	NA	NA	13.39	13.92	090
57320		A	Repair bladder-vagina lesion	8.01	NA	NA	4.89	7.23	0.51	NA	NA	13.41	15.75	090
57330		A	Repair bladder-vagina lesion	12.35	NA	NA	6.37	7.69	0.78	NA	NA	19.50	20.82	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
57335		A	Repair vagina	18.73	NA	NA	8.71	8.11	1.37	NA	NA	28.81	28.21	090
57400		A	Dilation of vagina	2.27	NA	NA	1.19	0.78	0.16	NA	NA	3.62	3.21	000
57410		A	Pelvic examination	1.75	2.51	1.45	0.98	0.69	0.11	4.37	3.31	2.84	2.55	000
57415		A	Remove vaginal foreign body	2.17	3.20	1.80	1.93	1.16	0.16	5.53	4.13	4.26	3.49	010
57452		A	Examination of vagina	0.99	1.52	1.12	0.36	0.36	0.08	2.59	2.19	1.43	1.43	000
57454		A	Vagina examination & biopsy	1.27	1.60	1.46	0.48	0.57	0.10	2.97	2.83	1.85	1.94	000
57460		A	Cervix excision	2.83	1.87	2.03	1.09	1.10	0.21	4.91	5.07	4.13	4.14	000
57500		A	Biopsy of cervix	0.97	1.32	0.97	0.37	0.34	0.08	2.37	2.02	1.42	1.39	000
57505		A	Endocervical curettage	1.14	1.75	1.22	1.19	0.77	0.09	2.98	2.45	2.42	2.00	010
57510		A	Cauterization of cervix	1.90	2.90	1.73	1.47	0.88	0.14	4.94	3.77	3.51	2.92	010
57511		A	Cryocautery of cervix	1.90	2.21	1.57	0.71	0.59	0.14	4.25	3.61	2.75	2.63	010
57513		A	Laser surgery of cervix	1.90	2.33	2.30	1.46	1.87	0.14	4.37	4.34	3.50	3.91	010
57520		A	Conization of cervix	4.04	3.86	3.80	2.62	3.18	0.31	8.21	8.15	6.97	7.53	090
57522		A	Conization of cervix	3.36	3.52	3.63	2.35	3.05	0.26	7.14	7.25	5.97	6.67	090
57530		A	Removal of cervix	4.79	NA	NA	3.31	3.62	0.37	NA	NA	8.47	8.78	090
57531		A	Removal of cervix, radical	28.00	NA	NA	12.93	16.11	2.16	NA	NA	43.09	46.27	090
57540		A	Removal of residual cervix	12.22	NA	NA	5.99	6.65	1.00	NA	NA	19.21	19.87	090
57545		A	Remove cervix/repair pelvis	13.03	NA	NA	6.25	5.61	1.02	NA	NA	20.30	19.66	090
57550		A	Removal of residual cervix	5.53	NA	NA	3.55	5.08	0.43	NA	NA	9.51	11.04	090
57555		A	Remove cervix/repair vagina	8.95	NA	NA	5.19	7.94	0.70	NA	NA	14.84	17.59	090
57556		A	Remove cervix, repair bowel	8.37	NA	NA	4.61	7.31	0.64	NA	NA	13.62	16.32	090
57700		A	Revision of cervix	3.55	NA	NA	2.44	2.52	0.26	NA	NA	6.25	6.33	090
57720		A	Revision of cervix	4.13	NA	NA	3.03	3.02	0.31	NA	NA	7.47	7.46	090
57800		A	Dilation of cervical canal	0.77	1.04	0.78	0.29	0.28	0.06	1.87	1.61	1.12	1.11	000
57820		A	D & c of residual cervix	1.67	2.41	2.34	2.07	2.17	0.13	4.21	4.14	3.87	3.97	010
58100		A	Biopsy of uterus lining	0.71	1.12	0.92	0.27	0.32	0.06	1.89	1.69	1.04	1.09	000
58120		A	Dilation and curettage	3.27	3.55	3.24	2.27	2.60	0.25	7.07	6.76	5.79	6.12	010
58140		A	Removal of uterus lesion	14.60	NA	NA	6.85	7.95	1.24	NA	NA	22.69	23.79	090
58145		A	Removal of uterus lesion	8.04	NA	NA	4.54	6.74	0.60	NA	NA	13.18	15.38	090
58150		A	Total hysterectomy	15.24	NA	NA	7.19	8.79	1.19	NA	NA	23.62	25.22	090
58152		A	Total hysterectomy	15.09	NA	NA	7.14	10.08	1.16	NA	NA	23.39	26.33	090
58180		A	Partial hysterectomy	15.29	NA	NA	7.19	8.89	1.23	NA	NA	23.71	25.41	090
58200		A	Extensive hysterectomy	21.59	NA	NA	10.42	12.26	1.65	NA	NA	33.66	35.50	090
58210		A	Extensive hysterectomy	28.85	NA	NA	13.21	16.25	2.18	NA	NA	44.24	47.28	090
58240		A	Removal of pelvis contents	38.39	NA	NA	17.81	24.50	2.98	NA	NA	59.18	65.87	090
58260		A	Vaginal hysterectomy	12.20	NA	NA	5.63	7.91	0.94	NA	NA	18.77	21.05	090
58262		A	Vaginal hysterectomy	13.99	NA	NA	6.34	8.27	1.06	NA	NA	21.39	23.32	090
58263		A	Vaginal hysterectomy	15.28	NA	NA	6.82	9.01	1.16	NA	NA	23.26	25.45	090
58267		A	Hysterectomy & vagina repair	15.00	NA	NA	6.69	9.60	1.15	NA	NA	22.84	25.75	090
58270		A	Hysterectomy & vagina repair	13.48	NA	NA	6.12	8.66	1.03	NA	NA	20.63	23.17	090
58275		A	Hysterectomy/revise vagina	14.98	NA	NA	6.69	9.33	1.17	NA	NA	22.84	25.48	090
58280		A	Hysterectomy/revise vagina	15.41	NA	NA	6.87	9.14	1.18	NA	NA	23.46	25.73	090
58285		A	Extensive hysterectomy	18.57	NA	NA	9.23	10.91	1.42	NA	NA	29.22	30.90	090
58300		N	Insert intrauterine device	+1.01	1.33	1.09	0.39	0.62	0.08	2.42	2.18	1.48	1.71	XXX
58301		A	Remove intrauterine device	1.27	1.40	0.95	0.47	0.36	0.10	2.77	2.32	1.84	1.73	000
58321		A	Artificial insemination	0.92	0.90	0.84	0.36	0.57	0.07	1.89	1.83	1.35	1.56	000
58322		A	Artificial insemination	1.10	0.95	0.86	0.42	0.60	0.08	2.13	2.04	1.60	1.78	000
58323		A	Sperm washing	0.23	0.44	0.31	0.09	0.13	0.02	0.69	0.56	0.34	0.38	000
58340		A	Catheter for hysterography	0.88	9.51	5.07	0.28	0.45	0.06	10.45	6.01	1.22	1.39	000
58345		A	Reopen fallopian tube	4.66	NA	NA	1.59	2.69	0.26	NA	NA	6.51	7.61	010
58350		A	Reopen fallopian tube	1.01	1.76	1.26	1.05	0.90	0.08	2.85	2.35	2.14	1.99	010
58400		A	Suspension of uterus	6.36	NA	NA	3.78	4.95	0.49	NA	NA	10.63	11.80	090
58410		A	Suspension of uterus	12.73	NA	NA	6.38	6.19	0.94	NA	NA	20.05	19.86	090
58520		A	Repair of ruptured uterus	11.92	NA	NA	5.94	5.27	1.03	NA	NA	18.89	18.22	090
58540		A	Revision of uterus	14.64	NA	NA	6.03	6.34	1.11	NA	NA	21.78	22.09	090
58550		A	Laparo-asst vag hysterectomy	14.19	NA	NA	6.38	8.29	1.11	NA	NA	21.68	23.59	010
58551		A	Laparoscopy, remove myoma	14.21	NA	NA	6.34	5.76	1.15	NA	NA	21.70	21.12	010
58555		A	Hysteroscopy, dx, sep proc	3.33	2.52	2.34	1.28	1.72	0.26	6.11	5.93	4.87	5.31	000
58558		A	Hysteroscopy, biopsy	4.75	3.07	2.62	1.83	2.00	0.36	8.18	7.73	6.94	7.11	000
58559		A	Hysteroscopy, lysis	6.17	2.40	3.25	2.38	3.24	0.48	9.05	9.90	9.03	9.89	000
58560		A	Hysteroscopy, resect septum	7.00	2.72	3.41	2.70	3.40	0.54	10.26	10.95	10.24	10.94	000
58561		A	Hysteroscopy, remove myoma	10.00	3.88	4.62	3.86	4.61	0.77	14.65	15.39	14.63	15.38	000
58562		A	Hysteroscopy, remove fb	5.21	NA	NA	2.01	2.09	0.40	NA	NA	7.62	7.70	000
58563		A	Hysteroscopy, ablation	6.17	2.38	3.57	2.38	3.57	0.48	9.03	10.22	9.03	10.22	000
58578		C	Laparo proc, uterus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58579		C	Hysteroscope procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58600		A	Division of fallopian tube	3.84	NA	NA	2.45	3.52	0.30	NA	NA	6.59	7.66	090
58605		A	Division of fallopian tube	3.34	NA	NA	2.37	3.18	0.26	NA	NA	5.97	6.78	090
58611		A	Ligate oviduct(s) add-on	0.63	NA	NA	0.24	0.38	0.05	NA	NA	0.92	1.06	ZZZ
58615		A	Occlude fallopian tube(s)	3.90	NA	NA	2.95	3.06	0.30	NA	NA	7.15	7.26	010
58660		A	Laparoscopy, lysis	11.29	NA	NA	5.30	5.69	1.04	NA	NA	17.63	18.02	090
58661		A	Laparoscopy, remove adnexa	11.05	NA	NA	4.94	6.36	0.87	NA	NA	16.86	18.28	010
58662		A	Laparoscopy, excise lesions	11.79	NA	NA	5.20	5.60	0.94	NA	NA	17.93	18.33	090
58670		A	Laparoscopy, tubal cautery	5.60	NA	NA	3.26	4.19	0.43	NA	NA	9.29	10.22	090
58671		A	Laparoscopy, tubal block	5.60	NA	NA	3.27	4.49	0.43	NA	NA	9.30	10.52	090
58672		A	Laparoscopy, fimbrioplasty	12.88	NA	NA	6.10	5.83	1.10	NA	NA	20.08	19.81	090
58673		A	Laparoscopy, salpingostomy	13.74	NA	NA	6.71	6.22	1.12	NA	NA	21.57	21.08	090
58679		C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700		A	Removal of fallopian tube	6.49	NA	NA	3.70	5.29	0.58	NA	NA	10.77	12.36	090
58720		A	Removal of ovary/tube(s)	11.36	NA	NA	5.61	6.88	0.95	NA	NA	17.92	19.19	090
58740		A	Revise fallopian tube(s)	5.83	NA	NA	3.54	5.25	0.46	NA	NA	9.83	11.54	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
58750		A	Repair oviduct	14.84	NA	NA	6.96	6.91	1.20	NA	NA	23.00	22.95	090
58752		A	Revise ovarian tube(s)	14.84	NA	NA	6.81	7.06	1.09	NA	NA	22.74	22.99	090
58760		A	Remove tubal obstruction	13.13	NA	NA	6.34	5.95	0.99	NA	NA	20.46	20.07	090
58770		A	Create new tubal opening	13.97	NA	NA	6.82	6.28	1.14	NA	NA	21.93	21.39	090
58800		A	Drainage of ovarian cyst(s)	4.14	3.82	3.37	3.74	3.33	0.28	8.24	7.79	8.16	7.75	090
58805		A	Drainage of ovarian cyst(s)	5.88	NA	NA	3.42	5.17	0.52	NA	NA	9.82	11.57	090
58820		A	Drain ovary abscess, open	4.22	NA	NA	2.90	2.95	0.25	NA	NA	7.37	7.42	090
58822		A	Drain ovary abscess, percut	10.13	NA	NA	5.07	4.46	0.85	NA	NA	16.05	15.44	090
58823		A	Drain pelvic abscess, percut	3.38	NA	NA	2.65	2.72	0.23	NA	NA	6.26	6.33	000
58825		A	Transposition, ovary(s)	6.13	NA	NA	3.71	4.04	0.48	NA	NA	10.32	10.65	090
58900		A	Biopsy of ovary(s)	5.99	NA	NA	3.59	4.61	0.51	NA	NA	10.09	11.11	090
58920		A	Partial removal of ovary(s)	6.78	NA	NA	3.83	5.60	0.60	NA	NA	11.21	12.98	090
58925		A	Removal of ovarian cyst(s)	11.36	NA	NA	5.56	6.34	1.00	NA	NA	17.92	18.70	090
58940		A	Removal of ovary(s)	7.29	NA	NA	3.95	5.50	0.66	NA	NA	11.90	13.45	090
58943		A	Removal of ovary(s)	18.43	NA	NA	9.09	11.12	1.53	NA	NA	29.05	31.08	090
58950		A	Resect ovarian malignancy	15.27	NA	NA	7.97	10.09	1.24	NA	NA	24.48	26.60	090
58951		A	Resect ovarian malignancy	21.81	NA	NA	10.50	15.20	1.70	NA	NA	34.01	38.71	090
58952		A	Resect ovarian malignancy	25.01	NA	NA	11.73	15.69	1.94	NA	NA	38.68	42.64	090
58960		A	Exploration of abdomen	14.65	NA	NA	7.67	10.88	1.16	NA	NA	23.48	26.69	090
58970		A	Retrieval of oocyte	3.53	7.44	5.09	1.37	2.05	0.25	11.22	8.87	5.15	5.83	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.83	2.19	2.58	1.48	2.22	0.29	6.31	6.70	5.60	6.34	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis	1.30	1.54	1.30	0.49	0.77	0.10	2.94	2.70	1.89	2.17	000
59012		A	Fetal cord puncture, prenatal	3.45	NA	NA	1.38	2.11	0.26	NA	NA	5.09	5.82	000
59015		A	Chorion biopsy	2.20	1.27	1.29	0.85	1.08	0.16	3.63	3.65	3.21	3.44	000
59020		A	Fetal contract stress test	0.66	0.78	1.06	0.78	1.06	0.13	1.57	1.85	1.57	1.85	000
59020	26	A	Fetal contract stress test	0.66	0.26	0.53	0.26	0.53	0.05	0.97	1.24	0.97	1.24	000
59020	TC	A	Fetal contract stress test	0.00	0.52	0.53	0.52	0.53	0.08	0.60	0.61	0.60	0.61	000
59025		A	Fetal non-stress test	0.53	0.43	0.55	0.43	0.55	0.07	1.03	1.15	1.03	1.15	000
59025	26	A	Fetal non-stress test	0.53	0.20	0.31	0.20	0.31	0.04	0.77	0.88	0.77	0.88	000
59025	TC	A	Fetal non-stress test	0.00	0.23	0.24	0.23	0.24	0.03	0.26	0.27	0.26	0.27	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.77	1.24	0.14	NA	NA	2.90	3.37	000
59050		A	Fetal monitor w/report	0.89	NA	NA	0.34	0.61	0.07	NA	NA	1.30	1.57	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.28	0.58	0.06	NA	NA	1.08	1.38	XXX
59100		A	Remove uterus lesion	12.35	NA	NA	6.05	5.27	0.90	NA	NA	19.30	18.52	090
59120		A	Treat ectopic pregnancy	11.49	NA	NA	5.73	7.13	0.86	NA	NA	18.08	19.48	090
59121		A	Treat ectopic pregnancy	11.67	NA	NA	5.84	5.84	0.88	NA	NA	18.39	18.39	090
59130		A	Treat ectopic pregnancy	14.22	NA	NA	6.89	6.68	1.49	NA	NA	22.60	22.39	090
59135		A	Treat ectopic pregnancy	13.88	NA	NA	6.76	8.73	1.45	NA	NA	22.09	24.06	090
59136		A	Treat ectopic pregnancy	13.18	NA	NA	6.49	6.62	1.37	NA	NA	21.04	21.17	090
59140		A	Treat ectopic pregnancy	5.46	NA	NA	3.40	4.23	0.57	NA	NA	9.43	10.26	090
59150		A	Treat ectopic pregnancy	6.89	NA	NA	3.95	4.44	0.52	NA	NA	11.36	11.85	090
59151		A	Treat ectopic pregnancy	7.86	NA	NA	4.01	6.68	0.59	NA	NA	12.46	15.13	090
59160		A	D & c after delivery	2.71	3.30	3.24	2.07	2.63	0.20	6.21	6.15	4.98	5.54	010
59200		A	Insert cervical dilator	0.79	1.19	0.89	0.29	0.30	0.06	2.04	1.74	1.14	1.15	000
59300		A	Episiotomy or vaginal repair	2.41	1.56	1.32	0.92	0.73	0.18	4.15	3.91	3.51	3.32	000
59320		A	Revision of cervix	2.48	NA	NA	1.30	1.62	0.19	NA	NA	3.97	4.29	000
59325		A	Revision of cervix	4.07	NA	NA	1.92	2.53	0.31	NA	NA	6.30	6.91	000
59350		A	Repair of uterus	4.95	NA	NA	1.84	2.84	0.38	NA	NA	7.17	8.17	000
59400		A	Obstetrical care	23.06	NA	NA	13.44	14.86	1.74	NA	NA	38.24	39.66	MMM
59409		A	Obstetrical care	13.50	NA	NA	5.08	7.69	1.01	NA	NA	19.59	22.20	MMM
59410		A	Obstetrical care	14.78	NA	NA	6.01	8.60	1.11	NA	NA	21.90	24.49	MMM
59412		A	Antepartum manipulation	1.71	1.16	1.24	0.65	0.99	0.13	3.00	3.08	2.49	2.83	MMM
59414		A	Deliver placenta	1.61	NA	NA	1.13	1.19	0.12	NA	NA	2.86	2.92	MMM
59425		A	Antepartum care only	4.81	4.62	3.88	4.62	3.10	0.36	9.79	9.05	9.79	8.27	MMM
59426		A	Antepartum care only	8.28	7.85	6.61	7.81	5.25	0.62	16.75	15.51	16.71	14.15	MMM
59430		A	Care after delivery	2.13	1.14	0.78	1.14	0.68	0.16	3.43	3.07	3.43	2.97	MMM
59510		A	Cesarean delivery	26.22	NA	NA	15.40	16.87	1.99	NA	NA	43.61	45.08	MMM
59514		A	Cesarean delivery only	15.97	NA	NA	6.01	8.97	1.21	NA	NA	23.19	26.15	MMM
59515		A	Cesarean delivery	17.37	NA	NA	7.56	10.20	1.31	NA	NA	26.24	28.88	MMM
59525		A	Remove uterus after cesarean	8.54	NA	NA	3.19	3.66	0.67	NA	NA	12.40	12.87	ZZZ
59610		A	Vbac delivery	24.62	NA	NA	9.36	12.82	1.84	NA	NA	35.82	39.28	MMM
59612		A	Vbac delivery only	15.06	NA	NA	5.77	8.03	1.08	NA	NA	21.91	24.17	MMM
59614		A	Vbac care after delivery	16.34	NA	NA	6.29	8.74	1.19	NA	NA	23.82	26.27	MMM
59618		A	Attempted vbac delivery	27.78	NA	NA	10.51	14.43	2.10	NA	NA	40.39	44.31	MMM
59620		A	Attempted vbac delivery only	17.53	NA	NA	6.67	9.30	1.33	NA	NA	25.53	28.16	MMM
59622		A	Attempted vbac after care	18.93	NA	NA	7.27	10.05	1.43	NA	NA	27.63	30.41	MMM
59812		A	Treatment of miscarriage	3.25	4.21	4.07	2.23	3.06	0.25	7.71	7.57	5.73	6.56	090
59820		A	Care of miscarriage	4.01	4.40	4.24	2.52	3.30	0.31	8.72	8.56	6.84	7.62	090
59821		A	Treatment of miscarriage	4.47	4.87	3.91	2.71	2.83	0.33	9.67	8.71	7.51	7.63	090
59830		A	Treat uterus infection	6.11	NA	NA	3.64	4.28	0.46	NA	NA	10.21	10.85	090
59840		R	Abortion	3.01	4.64	4.07	2.14	2.82	0.23	7.88	7.31	5.38	6.06	010
59841		R	Abortion	5.24	6.01	5.04	3.35	3.71	0.40	11.65	10.68	8.99	9.35	010
59850		R	Abortion	5.91	NA	NA	2.52	3.43	0.45	NA	NA	8.88	9.79	090
59851		R	Abortion	5.93	NA	NA	2.87	3.76	0.45	NA	NA	9.25	10.14	090
59852		R	Abortion	8.24	NA	NA	4.34	5.16	0.62	NA	NA	13.20	14.02	090
59855		R	Abortion	6.12	NA	NA	3.17	3.83	0.46	NA	NA	9.75	10.41	090
59856		R	Abortion	7.48	NA	NA	3.55	4.55	0.56	NA	NA	11.59	12.59	090
59857		R	Abortion	9.29	NA	NA	4.28	5.52	0.71	NA	NA	14.28	15.52	090
59866		R	Abortion (mpr)	4.00	NA	NA	1.55	2.33	0.31	NA	NA	5.86	6.64	000

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59870		A	Evacuate mole of uterus	4.28	NA	NA	2.85	3.01	0.32	NA	NA	7.45	7.61	090
59871		A	Remove cerclage suture	2.13	1.89	1.91	0.81	1.37	0.13	4.15	4.17	3.07	3.63	000
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.76	2.11	1.38	1.80	1.07	0.11	3.98	3.25	3.67	2.94	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.53	1.34	0.33	0.74	0.07	2.57	2.38	1.37	1.78	000
60100		A	Biopsy of thyroid	0.97	2.06	1.60	0.29	0.43	0.06	3.09	2.63	1.32	1.46	000
60200		A	Remove thyroid lesion	9.55	NA	NA	6.44	6.49	0.87	NA	NA	16.86	16.91	090
60210		A	Partial thyroid excision	10.88	NA	NA	6.41	7.92	1.01	NA	NA	18.30	19.81	090
60212		A	Parital thyroid excision	16.03	NA	NA	8.25	9.03	1.54	NA	NA	25.82	26.60	090
60220		A	Partial removal of thyroid	10.53	NA	NA	6.41	7.84	0.97	NA	NA	17.91	19.34	090
60225		A	Partial removal of thyroid	14.19	NA	NA	7.96	9.67	1.30	NA	NA	23.45	25.16	090
60240		A	Removal of thyroid	16.06	NA	NA	9.21	10.35	1.49	NA	NA	26.76	27.90	090
60252		A	Removal of thyroid	18.20	NA	NA	10.37	12.59	1.64	NA	NA	30.21	32.43	090
60254		A	Extensive thyroid surgery	23.88	NA	NA	14.26	17.56	1.99	NA	NA	40.13	43.43	090
60260		A	Repeat thyroid surgery	15.46	NA	NA	9.26	6.34	1.42	NA	NA	26.14	23.22	090
60270		A	Removal of thyroid	17.94	NA	NA	11.98	13.57	1.86	NA	NA	31.78	33.37	090
60271		A	Removal of thyroid	14.89	NA	NA	9.27	11.23	1.39	NA	NA	25.55	27.51	090
60280		A	Remove thyroid duct lesion	6.08	NA	NA	4.86	6.06	0.48	NA	NA	11.42	12.62	090
60281		A	Remove thyroid duct lesion	8.53	NA	NA	6.44	5.96	0.74	NA	NA	15.71	15.23	090
60500		A	Explore parathyroid glands	16.23	NA	NA	8.06	10.20	1.58	NA	NA	25.87	28.01	090
60502		A	Re-explore parathyroids	20.35	NA	NA	10.05	11.21	1.97	NA	NA	32.37	33.53	090
60505		A	Explore parathyroid glands	21.49	NA	NA	12.50	13.38	2.20	NA	NA	36.19	37.07	090
60512		A	Autotransplant parathyroid	4.45	NA	NA	1.80	2.16	0.44	NA	NA	6.69	7.05	ZZZ
60520		A	Removal of thymus gland	16.81	NA	NA	11.75	13.22	1.90	NA	NA	30.46	31.93	090
60521		A	Removal of thymus gland	18.87	NA	NA	15.01	14.85	2.43	NA	NA	36.31	36.15	090
60522		A	Removal of thymus gland	23.09	NA	NA	16.11	15.40	2.88	NA	NA	42.08	41.37	090
60540		A	Explore adrenal gland	17.03	NA	NA	7.89	10.49	1.40	NA	NA	26.32	28.92	090
60545		A	Explore adrenal gland	19.88	NA	NA	9.79	12.64	1.68	NA	NA	31.35	34.20	090
60600		A	Remove carotid body lesion	17.93	NA	NA	14.92	13.68	1.95	NA	NA	34.80	33.56	090
60605		A	Remove carotid body lesion	20.24	NA	NA	17.95	14.79	1.89	NA	NA	40.08	36.92	090
60650		C	Laparoscopy adrenalectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	1.55	1.36	1.32	1.24	0.13	3.26	3.07	3.03	2.95	000
61001		A	Remove cranial cavity fluid	1.49	1.56	1.26	1.28	0.88	0.13	3.18	2.88	2.90	2.50	000
61020		A	Remove brain cavity fluid	1.51	1.88	1.63	1.31	1.34	0.28	3.67	3.42	3.10	3.13	000
61026		A	Injection into brain canal	1.69	1.88	1.95	1.36	1.69	0.24	3.81	3.88	3.29	3.62	000
61050		A	Remove brain canal fluid	1.51	NA	NA	1.10	1.22	0.16	NA	NA	2.77	2.89	000
61055		A	Injection into brain canal	2.10	NA	NA	1.18	1.61	0.12	NA	NA	3.40	3.83	000
61070		A	Brain canal shunt procedure	0.89	6.44	3.49	0.94	0.61	0.09	7.42	4.47	1.92	1.59	000
61105		A	Twist drill hole	5.14	NA	NA	3.57	4.85	1.03	NA	NA	9.74	11.02	090
61107		A	Drill skull for implantation	5.00	NA	NA	2.97	4.47	1.00	NA	NA	8.97	10.47	000
61108		A	Drill skull for drainage	10.19	NA	NA	6.95	9.56	2.04	NA	NA	19.18	21.79	090
61120		A	Burr hole for puncture	8.76	NA	NA	5.78	6.12	1.78	NA	NA	16.32	16.66	090
61140		A	Pierce skull for biopsy	15.90	NA	NA	9.86	12.60	3.06	NA	NA	28.82	31.56	090
61150		A	Pierce skull for drainage	17.57	NA	NA	10.45	13.18	3.40	NA	NA	31.42	34.15	090
61151		A	Pierce skull for drainage	12.42	NA	NA	8.24	5.28	2.51	NA	NA	23.17	20.21	090
61154		A	Pierce skull & remove clot	14.99	NA	NA	9.55	13.73	2.94	NA	NA	27.48	31.66	090
61156		A	Pierce skull for drainage	16.32	NA	NA	10.25	13.91	3.25	NA	NA	29.82	33.48	090
61210		A	Pierce skull, implant device	5.84	NA	NA	3.42	4.99	1.15	NA	NA	10.41	11.98	000
61215		A	Insert brain-fluid device	4.89	NA	NA	4.14	4.99	0.95	NA	NA	9.98	10.83	090
61250		A	Pierce skull & explore	10.42	NA	NA	6.67	7.69	2.07	NA	NA	19.16	20.18	090
61253		A	Pierce skull & explore	12.36	NA	NA	7.39	8.92	2.40	NA	NA	22.15	23.68	090
61304		A	Open skull for exploration	21.96	NA	NA	12.57	19.40	4.20	NA	NA	38.73	45.56	090
61305		A	Open skull for exploration	26.61	NA	NA	15.14	23.37	5.00	NA	NA	46.75	54.98	090
61312		A	Open skull for drainage	24.57	NA	NA	14.52	20.36	4.77	NA	NA	43.86	49.70	090
61313		A	Open skull for drainage	24.93	NA	NA	14.74	20.42	4.81	NA	NA	44.48	50.16	090
61314		A	Open skull for drainage	24.23	NA	NA	14.28	21.04	4.73	NA	NA	43.24	50.00	090
61315		A	Open skull for drainage	27.68	NA	NA	16.16	21.33	5.37	NA	NA	49.21	54.38	090
61320		A	Open skull for drainage	25.62	NA	NA	14.93	17.61	4.90	NA	NA	45.45	48.13	090
61321		A	Open skull for drainage	28.50	NA	NA	15.94	18.73	5.28	NA	NA	49.72	52.51	090
61330		A	Decompress eye socket	23.32	NA	NA	16.91	15.50	2.77	NA	NA	43.00	41.59	090
61332		A	Explore/biopsy eye socket	27.28	NA	NA	19.21	20.85	4.31	NA	NA	50.80	52.44	090
61333		A	Explore orbit/remove lesion	27.95	NA	NA	17.14	19.67	3.08	NA	NA	48.17	50.70	090
61334		A	Explore orbit/remove object	18.27	NA	NA	11.92	13.91	2.49	NA	NA	32.68	34.67	090
61340		A	Relieve cranial pressure	18.66	NA	NA	11.66	13.86	3.47	NA	NA	33.79	35.99	090
61343		A	Incise skull (press relief)	29.77	NA	NA	17.73	25.17	5.80	NA	NA	53.30	60.74	090
61345		A	Relieve cranial pressure	27.20	NA	NA	16.85	18.84	5.29	NA	NA	49.34	51.33	090
61440		A	Incise skull for surgery	26.63	NA	NA	14.23	18.38	2.95	NA	NA	43.81	47.96	090
61450		A	Incise skull for surgery	25.95	NA	NA	14.41	18.29	5.14	NA	NA	45.50	49.38	090
61458		A	Incise skull for brain wound	27.29	NA	NA	15.84	22.73	5.28	NA	NA	48.41	55.30	090
61460		A	Incise skull for surgery	28.39	NA	NA	16.85	22.02	4.73	NA	NA	49.97	55.14	090
61470		A	Incise skull for surgery	26.06	NA	NA	14.32	14.68	4.30	NA	NA	44.68	45.04	090
61480		A	Incise skull for surgery	26.49	NA	NA	15.08	15.72	4.97	NA	NA	46.54	47.18	090
61490		A	Incise skull for surgery	25.66	NA	NA	14.74	13.73	4.81	NA	NA	45.21	44.20	090
61500		A	Removal of skull lesion	17.92	NA	NA	10.89	16.14	3.14	NA	NA	31.95	37.20	090
61501		A	Remove infected skull bone	14.84	NA	NA	9.06	13.39	2.53	NA	NA	26.43	30.76	090
61510		A	Removal of brain lesion	28.45	NA	NA	16.59	22.97	5.53	NA	NA	50.57	56.95	090
61512		A	Remove brain lining lesion	35.09	NA	NA	20.17	25.83	6.83	NA	NA	62.09	67.75	090
61514		A	Removal of brain abscess	25.26	NA	NA	14.94	21.32	4.82	NA	NA	45.02	51.40	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
61516		A	Removal of brain lesion	24.61	NA	NA	14.88	21.81	4.78	NA	NA	44.27	51.20	090
61518		A	Removal of brain lesion	37.32	NA	NA	22.15	27.37	7.20	NA	NA	66.67	71.89	090
61519		A	Remove brain lining lesion	41.39	NA	NA	24.12	29.00	8.02	NA	NA	73.53	78.41	090
61520		A	Removal of brain lesion	54.84	NA	NA	31.99	34.37	9.62	NA	NA	96.45	98.83	090
61521		A	Removal of brain lesion	44.48	NA	NA	25.59	30.69	8.18	NA	NA	78.25	83.35	090
61522		A	Removal of brain abscess	29.45	NA	NA	17.62	19.64	5.79	NA	NA	52.86	54.88	090
61524		A	Removal of brain lesion	27.86	NA	NA	16.77	23.28	5.32	NA	NA	49.95	56.46	090
61526		A	Removal of brain lesion	52.17	NA	NA	31.07	33.99	6.38	NA	NA	89.62	92.54	090
61530		A	Removal of brain lesion	43.86	NA	NA	27.17	32.04	6.16	NA	NA	77.19	82.06	090
61531		A	Implant brain electrodes	14.63	NA	NA	9.79	13.03	2.88	NA	NA	27.30	30.54	090
61533		A	Implant brain electrodes	19.71	NA	NA	12.17	15.32	3.88	NA	NA	35.76	38.91	090
61534		A	Removal of brain lesion	20.97	NA	NA	13.21	10.07	3.84	NA	NA	38.02	34.88	090
61535		A	Remove brain electrodes	11.63	NA	NA	7.72	8.02	2.13	NA	NA	21.48	21.78	090
61536		A	Removal of brain lesion	35.52	NA	NA	20.96	22.40	7.13	NA	NA	63.61	65.05	090
61538		A	Removal of brain tissue	26.81	NA	NA	16.38	23.97	5.27	NA	NA	48.46	56.05	090
61539		A	Removal of brain tissue	32.08	NA	NA	19.09	22.01	6.37	NA	NA	57.54	60.46	090
61541		A	Incision of brain tissue	28.85	NA	NA	17.40	19.45	5.40	NA	NA	51.65	53.70	090
61542		A	Removal of brain tissue	31.02	NA	NA	18.95	20.28	6.27	NA	NA	56.24	57.57	090
61543		A	Removal of brain tissue	29.22	NA	NA	17.29	18.00	5.25	NA	NA	51.76	52.47	090
61544		A	Remove & treat brain lesion	25.50	NA	NA	14.08	22.26	3.85	NA	NA	43.43	51.61	090
61545		A	Excision of brain tumor	43.80	NA	NA	25.80	26.83	8.32	NA	NA	77.92	78.95	090
61546		A	Removal of pituitary gland	31.30	NA	NA	18.88	24.10	5.86	NA	NA	56.04	61.26	090
61548		A	Removal of pituitary gland	21.53	NA	NA	13.54	19.62	3.48	NA	NA	38.55	44.63	090
61550		A	Release of skull seams	14.65	NA	NA	8.60	10.71	0.57	NA	NA	23.82	25.93	090
61552		A	Release of skull seams	19.56	NA	NA	9.38	12.20	1.48	NA	NA	30.42	33.24	090
61556		A	Incise skull/sutures	22.26	NA	NA	11.73	14.29	3.45	NA	NA	37.44	40.00	090
61557		A	Incise skull/sutures	22.38	NA	NA	12.19	14.57	4.12	NA	NA	38.69	41.07	090
61558		A	Excision of skull/sutures	25.58	NA	NA	14.02	16.64	5.17	NA	NA	44.77	47.39	090
61559		A	Excision of skull/sutures	32.79	NA	NA	18.90	21.94	6.63	NA	NA	58.32	61.36	090
61563		A	Excision of skull tumor	26.83	NA	NA	15.80	18.11	4.50	NA	NA	47.13	49.44	090
61564		A	Excision of skull tumor	33.83	NA	NA	14.65	20.20	5.00	NA	NA	53.48	59.03	090
61570		A	Remove foreign body, brain	24.60	NA	NA	13.76	15.83	4.45	NA	NA	42.81	44.88	090
61571		A	Incise skull for brain wound	26.39	NA	NA	15.03	17.46	4.79	NA	NA	46.21	48.64	090
61575		A	Skull base/brainstem surgery	34.36	NA	NA	21.21	28.51	5.12	NA	NA	60.69	67.99	090
61576		A	Skull base/brainstem surgery	52.43	NA	NA	32.53	31.59	6.55	NA	NA	91.51	90.57	090
61580		A	Craniofacial approach, skull	30.35	NA	NA	18.86	20.83	2.98	NA	NA	52.19	54.16	090
61581		A	Craniofacial approach, skull	34.60	NA	NA	21.54	23.71	2.46	NA	NA	58.60	60.77	090
61582		A	Craniofacial approach, skull	31.66	NA	NA	18.51	21.01	5.44	NA	NA	55.61	58.11	090
61583		A	Craniofacial approach, skull	36.21	NA	NA	22.04	24.43	6.91	NA	NA	65.16	67.55	090
61584		A	Orbitocranial approach/skull	34.65	NA	NA	20.47	23.21	6.45	NA	NA	61.57	64.31	090
61585		A	Orbitocranial approach/skull	38.61	NA	NA	22.52	25.78	7.01	NA	NA	68.14	71.40	090
61586		A	Resect nasopharynx, skull	25.10	NA	NA	15.70	19.45	3.10	NA	NA	43.90	47.65	090
61590		A	Infratemporal approach/skull	41.78	NA	NA	25.31	28.45	4.74	NA	NA	71.83	74.97	090
61591		A	Infratemporal approach/skull	43.68	NA	NA	27.13	30.13	5.52	NA	NA	76.33	79.33	090
61592		A	Orbitocranial approach/skull	39.64	NA	NA	23.57	26.81	7.30	NA	NA	70.51	73.75	090
61595		A	Transtemporal approach/skull	29.57	NA	NA	19.45	20.82	3.03	NA	NA	52.05	53.42	090
61596		A	Transcochlear approach/skull	35.63	NA	NA	22.20	24.58	4.03	NA	NA	61.86	64.24	090
61597		A	Transcondylar approach/skull	37.96	NA	NA	22.72	25.61	5.65	NA	NA	66.33	69.22	090
61598		A	Transpetrosal approach/skull	33.41	NA	NA	20.29	22.70	5.09	NA	NA	58.79	61.20	090
61600		A	Resect/excise cranial lesion	25.85	NA	NA	16.14	17.70	2.80	NA	NA	44.79	46.35	090
61601		A	Resect/excise cranial lesion	27.89	NA	NA	16.87	18.76	5.14	NA	NA	49.90	51.79	090
61605		A	Resect/excise cranial lesion	29.33	NA	NA	18.70	20.25	2.67	NA	NA	50.70	52.25	090
61606		A	Resect/excise cranial lesion	38.83	NA	NA	23.48	26.34	7.06	NA	NA	69.37	72.23	090
61607		A	Resect/excise cranial lesion	36.27	NA	NA	21.59	24.43	6.59	NA	NA	64.45	67.29	090
61608		A	Resect/excise cranial lesion	42.10	NA	NA	25.00	28.37	8.11	NA	NA	75.21	78.58	090
61609		A	Transect artery, sinus	9.89	NA	NA	4.69	6.25	2.00	NA	NA	16.58	18.14	ZZZ
61610		A	Transect artery, sinus	29.67	NA	NA	14.96	19.19	4.63	NA	NA	49.26	53.49	ZZZ
61611		A	Transect artery, sinus	7.42	NA	NA	2.87	4.36	1.50	NA	NA	11.79	13.28	ZZZ
61612		A	Transect artery, sinus	27.88	NA	NA	14.67	18.34	4.21	NA	NA	46.76	50.43	ZZZ
61613		A	Remove aneurysm, sinus	40.86	NA	NA	24.04	27.58	8.27	NA	NA	73.17	76.71	090
61615		A	Resect/excise lesion, skull	32.07	NA	NA	20.17	22.06	4.42	NA	NA	56.66	58.55	090
61616		A	Resect/excise lesion, skull	43.33	NA	NA	26.89	29.74	7.27	NA	NA	77.49	80.34	090
61618		A	Repair dura	16.99	NA	NA	11.17	11.75	2.83	NA	NA	30.99	31.57	090
61619		A	Repair dura	20.71	NA	NA	12.84	14.12	3.40	NA	NA	36.95	38.23	090
61624		A	Occlusion/embolization cath	20.15	NA	NA	6.05	11.32	1.04	NA	NA	27.24	32.51	000
61626		A	Occlusion/embolization cath	16.62	NA	NA	4.77	9.22	0.74	NA	NA	22.13	26.58	000
61680		A	Intracranial vessel surgery	30.71	NA	NA	18.45	26.08	5.90	NA	NA	55.06	62.69	090
61682		A	Intracranial vessel surgery	61.57	NA	NA	34.23	36.28	11.84	NA	NA	107.64	109.69	090
61684		A	Intracranial vessel surgery	39.81	NA	NA	23.85	28.08	8.05	NA	NA	71.71	75.94	090
61686		A	Intracranial vessel surgery	64.49	NA	NA	36.21	37.63	12.87	NA	NA	113.57	114.99	090
61690		A	Intracranial vessel surgery	29.31	NA	NA	16.84	23.32	5.46	NA	NA	51.61	58.09	090
61692		A	Intracranial vessel surgery	51.87	NA	NA	29.05	30.15	9.05	NA	NA	89.97	91.07	090
61700		A	Inner skull vessel surgery	50.52	NA	NA	28.33	31.36	9.86	NA	NA	88.71	91.74	090
61702		A	Inner skull vessel surgery	48.41	NA	NA	27.30	33.36	9.56	NA	NA	85.27	91.33	090
61703		A	Clamp neck artery	17.47	NA	NA	10.87	12.06	3.28	NA	NA	31.62	32.81	090
61705		A	Revise circulation to head	36.20	NA	NA	19.57	26.29	6.67	NA	NA	62.44	69.16	090
61708		A	Revise circulation to head	35.30	NA	NA	12.94	20.15	2.42	NA	NA	50.66	57.87	090
61710		A	Revise circulation to head	29.67	NA	NA	12.12	15.09	3.62	NA	NA	45.41	48.38	090
61711		A	Fusion of skull arteries	36.33	NA	NA	20.58	28.22	7.04	NA	NA	63.95	71.59	090
61720		A	Incise skull/brain surgery	16.77	NA	NA	10.68	15.35	3.29	NA	NA	30.74	35.41	090
61735		A	Incise skull/brain surgery	20.43	NA	NA	12.74	13.40	3.98	NA	NA	37.15	37.81	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
61750		A	Incise skull/brain biopsy	18.20	NA	NA	10.98	12.84	3.52	NA	NA	32.70	34.56	090
61751		A	Brain biopsy w/ ct/mr guide	17.62	NA	NA	10.76	15.90	3.47	NA	NA	31.85	36.99	090
61760		A	Implant brain electrodes	22.27	NA	NA	6.73	11.50	4.18	NA	NA	33.18	37.95	090
61770		A	Incise skull for treatment	21.44	NA	NA	13.26	17.15	3.85	NA	NA	38.55	42.44	090
61790		A	Treat trigeminal nerve	10.86	NA	NA	5.07	9.02	1.75	NA	NA	17.68	21.63	090
61791		A	Treat trigeminal tract	14.61	NA	NA	9.16	9.88	2.90	NA	NA	26.67	27.39	090
61793		A	Focus radiation beam	17.24	NA	NA	10.78	15.68	3.31	NA	NA	31.33	36.23	090
61795		A	Brain surgery using computer	4.04	NA	NA	2.14	3.48	0.80	NA	NA	6.98	8.32	ZZZ
61850		A	Implant neuroelectrodes	12.39	NA	NA	7.93	10.28	2.10	NA	NA	22.42	24.77	090
61855		D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
61860		A	Implant neuroelectrodes	20.87	NA	NA	13.11	10.97	4.22	NA	NA	38.20	36.06	090
61862		A	Implant neurostimul, subcort	19.34	NA	NA	12.02	12.02	3.89	NA	NA	35.25	35.25	090
61865		D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
61870		A	Implant neuroelectrodes	14.94	NA	NA	8.70	6.63	3.03	NA	NA	26.67	24.60	090
61875		A	Implant neuroelectrodes	15.06	NA	NA	8.76	8.01	3.05	NA	NA	26.87	26.12	090
61880		A	Revise/remove neuroelectrode	6.29	NA	NA	5.14	5.17	1.25	NA	NA	12.68	12.71	090
61885		A	Implant neurostim one array	8.00	NA	NA	4.04	3.09	1.18	NA	NA	13.22	12.27	090
61886		A	Implant neurostim arrays	8.00	NA	NA	5.98	5.98	1.43	NA	NA	15.41	15.41	090
61888		A	Revise/remove neuroreceiver	5.07	NA	NA	3.85	3.15	1.02	NA	NA	9.94	9.24	010
62000		A	Treat skull fracture	12.53	NA	NA	5.45	5.84	0.90	NA	NA	18.88	19.27	090
62005		A	Treat skull fracture	16.17	NA	NA	8.70	10.36	2.61	NA	NA	27.48	29.14	090
62010		A	Treatment of head injury	19.81	NA	NA	11.83	16.34	3.72	NA	NA	35.36	39.87	090
62100		A	Repair brain fluid leakage	22.03	NA	NA	14.02	18.74	3.82	NA	NA	39.87	44.59	090
62115		A	Reduction of skull defect	21.66	NA	NA	10.57	13.70	2.96	NA	NA	35.19	38.32	090
62116		A	Reduction of skull defect	23.59	NA	NA	13.08	15.76	4.47	NA	NA	41.14	43.82	090
62117		A	Reduction of skull defect	26.60	NA	NA	15.69	18.27	5.38	NA	NA	47.67	50.25	090
62120		A	Repair skull cavity lesion	23.35	NA	NA	14.32	16.33	3.46	NA	NA	41.13	43.14	090
62121		A	Incise skull repair	21.58	NA	NA	13.62	16.31	3.52	NA	NA	38.72	41.41	090
62140		A	Repair of skull defect	13.51	NA	NA	8.75	11.67	2.56	NA	NA	24.82	27.74	090
62141		A	Repair of skull defect	14.91	NA	NA	9.77	13.79	2.80	NA	NA	27.48	31.50	090
62142		A	Remove skull plate/flap	10.79	NA	NA	7.36	10.12	2.06	NA	NA	20.21	22.97	090
62143		A	Replace skull plate/flap	13.05	NA	NA	8.81	9.38	2.47	NA	NA	24.33	24.90	090
62145		A	Repair of skull & brain	18.82	NA	NA	11.72	13.00	3.76	NA	NA	34.30	35.58	090
62146		A	Repair of skull with graft	16.12	NA	NA	10.27	11.10	2.93	NA	NA	29.32	30.15	090
62147		A	Repair of skull with graft	19.34	NA	NA	11.77	13.03	3.22	NA	NA	34.33	35.59	090
62180		A	Establish brain cavity shunt	21.06	NA	NA	13.24	14.33	4.00	NA	NA	38.30	39.39	090
62190		A	Establish brain cavity shunt	11.07	NA	NA	7.23	10.23	2.21	NA	NA	20.51	23.51	090
62192		A	Establish brain cavity shunt	12.25	NA	NA	8.38	11.51	2.28	NA	NA	22.91	26.04	090
62194		A	Replace/irrigate catheter	5.03	NA	NA	1.98	2.01	0.47	NA	NA	7.48	7.51	010
62200		A	Establish brain cavity shunt	18.32	NA	NA	11.50	14.95	3.67	NA	NA	33.49	36.94	090
62201		A	Establish brain cavity shunt	14.86	NA	NA	9.88	9.71	2.71	NA	NA	27.45	27.28	090
62220		A	Establish brain cavity shunt	13.00	NA	NA	8.65	12.09	2.52	NA	NA	24.17	27.61	090
62223		A	Establish brain cavity shunt	12.87	NA	NA	8.50	11.94	2.43	NA	NA	23.80	27.24	090
62225		A	Replace/irrigate catheter	5.41	NA	NA	4.02	4.62	1.07	NA	NA	10.50	11.10	090
62230		A	Replace/revise brain shunt	10.54	NA	NA	6.71	8.69	2.02	NA	NA	19.27	21.25	090
62256		A	Remove brain cavity shunt	6.60	NA	NA	5.30	6.11	1.30	NA	NA	13.20	14.01	090
62258		A	Replace brain cavity shunt	14.54	NA	NA	8.72	12.38	2.80	NA	NA	26.06	29.72	090
62263		A	Lysis epidural adhesions	6.02	4.61	4.61	2.18	2.18	0.88	11.51	11.51	9.08	9.08	000
62268		A	Drain spinal cord cyst	4.74	NA	NA	2.06	2.65	0.42	NA	NA	7.22	7.81	000
62269		A	Needle biopsy, spinal cord	5.02	NA	NA	2.16	2.03	0.28	NA	NA	7.46	7.33	000
62270		A	Spinal fluid tap, diagnostic	1.13	3.46	2.12	0.36	0.57	0.14	4.73	3.39	1.63	1.84	000
62272		A	Drain spinal fluid	1.35	3.25	2.18	0.53	0.82	0.19	4.79	3.72	2.07	2.36	000
62273		A	Treat epidural spine lesion	2.15	1.21	1.22	0.96	1.09	0.14	3.50	3.51	3.25	3.38	000
62274		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62275		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62276		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62277		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62278		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62279		D	Inject spinal anesthetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62280		A	Treat spinal cord lesion	2.63	4.41	2.59	0.66	0.72	0.17	7.21	5.39	3.46	3.52	010
62281		A	Treat spinal cord lesion	2.66	3.46	2.20	0.52	0.73	0.18	6.30	5.04	3.36	3.57	010
62282		A	Treat spinal canal lesion	2.33	5.29	3.57	0.54	1.19	0.15	7.77	6.05	3.02	3.67	010
62284		A	Injection for myelogram	1.54	3.47	2.81	0.43	1.13	0.11	5.12	4.46	2.08	2.78	000
62287		A	Percutaneous diskectomy	8.08	NA	NA	4.46	6.01	0.83	NA	NA	13.37	14.92	090
62288		D	Injection into spinal canal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62289		D	Injection into spinal canal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62290		A	Inject for spine disk x-ray	3.00	4.26	3.14	1.02	1.52	0.21	7.47	6.35	4.23	4.73	000
62291		A	Inject for spine disk x-ray	2.91	4.39	3.16	0.90	1.42	0.21	7.51	6.28	4.02	4.54	000
62292		A	Injection into disk lesion	7.86	NA	NA	3.85	6.62	0.71	NA	NA	12.42	15.19	090
62294		A	Injection into spinal artery	11.83	NA	NA	5.93	6.14	0.68	NA	NA	18.44	18.65	090
62298		D	Injection into spinal canal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
62310		A	Inject spine c/t	1.91	3.24	3.24	0.38	0.38	0.26	5.41	5.41	2.55	2.55	000
62311		A	Inject spine l/s (cd)	1.54	3.66	3.66	0.33	0.33	0.25	5.45	5.45	2.12	2.12	000
62318		A	Inject spine w/cath, c/t	2.04	3.29	3.29	0.40	0.40	0.32	5.65	5.65	2.76	2.76	000
62319		A	Inject spine w/cath l/s (cd)	1.87	3.35	3.35	0.35	0.35	0.28	5.50	5.50	2.50	2.50	000
62350		A	Implant spinal canal cath	6.87	NA	NA	3.33	3.56	0.67	NA	NA	10.87	11.10	090
62351		A	Implant spinal canal cath	10.00	NA	NA	6.74	6.17	1.61	NA	NA	18.35	17.78	090
62355		A	Remove spinal canal catheter	5.45	NA	NA	2.57	3.18	0.51	NA	NA	8.53	9.14	090
62360		A	Insert spine infusion device	2.62	NA	NA	1.96	1.59	0.23	NA	NA	4.81	4.44	090
62361		A	Implant spine infusion pump	5.42	NA	NA	2.91	2.91	0.54	NA	NA	8.87	8.87	090
62362		A	Implant spine infusion pump	7.04	NA	NA	3.87	3.84	0.86	NA	NA	11.77	11.74	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
62365		A	Remove spine infusion device	5.42	NA	NA	2.93	3.35	0.72	NA	NA	9.07	9.49	090
62367		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.13	0.26	0.13	0.26	0.05	0.66	0.79	0.66	0.79	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.19	0.40	0.19	0.40	0.06	1.00	1.21	1.00	1.21	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63001		A	Removal of spinal lamina	15.82	NA	NA	11.50	15.19	2.62	NA	NA	29.94	33.63	090
63003		A	Removal of spinal lamina	15.95	NA	NA	11.65	15.35	2.70	NA	NA	30.30	34.00	090
63005		A	Removal of spinal lamina	14.92	NA	NA	10.97	14.39	2.29	NA	NA	28.18	31.60	090
63011		A	Removal of spinal lamina	14.52	NA	NA	8.96	9.90	1.74	NA	NA	25.22	26.16	090
63012		A	Removal of spinal lamina	15.40	NA	NA	10.12	14.25	2.25	NA	NA	27.77	31.90	090
63015		A	Removal of spinal lamina	19.35	NA	NA	13.30	18.17	3.59	NA	NA	36.24	41.11	090
63016		A	Removal of spinal lamina	19.20	NA	NA	13.36	18.14	3.29	NA	NA	35.85	40.63	090
63017		A	Removal of spinal lamina	15.94	NA	NA	11.66	15.34	2.55	NA	NA	30.15	33.83	090
63020		A	Neck spine disk surgery	14.81	NA	NA	11.01	14.21	2.69	NA	NA	28.51	31.71	090
63030		A	Low back disk surgery	12.00	NA	NA	9.64	11.99	1.95	NA	NA	23.59	25.94	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	1.65	2.71	0.51	NA	NA	5.31	6.37	ZZZ
63040		A	Neck spine disk surgery	18.81	NA	NA	13.04	17.75	3.09	NA	NA	34.94	39.65	090
63042		A	Low back disk surgery	17.47	NA	NA	12.44	16.65	2.69	NA	NA	32.60	36.81	090
63045		A	Removal of spinal lamina	16.50	NA	NA	11.86	15.78	2.91	NA	NA	31.27	35.19	090
63046		A	Removal of spinal lamina	15.80	NA	NA	11.60	15.23	2.63	NA	NA	30.03	33.66	090
63047		A	Removal of spinal lamina	14.61	NA	NA	10.94	14.19	2.22	NA	NA	27.77	31.02	090
63048		A	Remove spinal lamina add-on	3.26	NA	NA	1.72	2.81	0.51	NA	NA	5.49	6.58	ZZZ
63055		A	Decompress spinal cord	21.99	NA	NA	14.62	20.19	3.94	NA	NA	40.55	46.12	090
63056		A	Decompress spinal cord	20.36	NA	NA	13.59	18.65	3.01	NA	NA	36.96	42.02	090
63057		A	Decompress spine cord add-on	5.26	NA	NA	2.71	3.44	0.86	NA	NA	8.83	9.56	ZZZ
63064		A	Decompress spinal cord	24.61	NA	NA	16.41	21.14	4.26	NA	NA	45.28	50.01	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	1.67	2.18	0.53	NA	NA	5.46	5.97	ZZZ
63075		A	Neck spine disk surgery	19.41	NA	NA	13.51	16.29	3.38	NA	NA	36.30	39.08	090
63076		A	Neck spine disk surgery	4.05	NA	NA	2.14	3.49	0.70	NA	NA	6.89	8.24	ZZZ
63077		A	Spine disk surgery, thorax	21.44	NA	NA	14.78	17.39	2.72	NA	NA	38.94	41.55	090
63078		A	Spine disk surgery, thorax	3.28	NA	NA	1.69	2.26	0.40	NA	NA	5.37	5.94	ZZZ
63081		A	Removal of vertebral body	23.73	NA	NA	16.19	22.26	4.08	NA	NA	44.00	50.07	090
63082		A	Remove vertebral body add-on	4.37	NA	NA	2.31	3.77	0.74	NA	NA	7.42	8.88	ZZZ
63085		A	Removal of vertebral body	26.92	NA	NA	18.02	23.88	4.10	NA	NA	49.04	54.90	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	1.66	2.74	0.49	NA	NA	5.34	6.42	ZZZ
63087		A	Removal of vertebral body	35.57	NA	NA	22.06	26.36	4.66	NA	NA	62.29	66.59	090
63088		A	Remove vertebral body add-on	4.33	NA	NA	2.27	3.72	0.61	NA	NA	7.21	8.66	ZZZ
63090		A	Removal of vertebral body	28.16	NA	NA	17.83	24.77	3.66	NA	NA	49.65	56.59	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	1.55	2.26	0.37	NA	NA	4.95	5.66	ZZZ
63170		A	Incise spinal cord tract(s)	19.83	NA	NA	13.44	16.97	3.84	NA	NA	37.11	40.64	090
63172		A	Drainage of spinal cyst	17.66	NA	NA	12.87	16.98	3.36	NA	NA	33.89	38.00	090
63173		A	Drainage of spinal cyst	21.99	NA	NA	14.86	15.83	4.25	NA	NA	41.10	42.07	090
63180		A	Revise spinal cord ligaments	18.27	NA	NA	12.89	12.75	2.76	NA	NA	33.92	33.78	090
63182		A	Revise spinal cord ligaments	20.50	NA	NA	12.49	15.17	3.22	NA	NA	36.21	38.89	090
63185		A	Incise spinal column/nerves	15.04	NA	NA	9.42	13.15	2.43	NA	NA	26.89	30.62	090
63190		A	Incise spinal column/nerves	17.45	NA	NA	11.77	16.31	2.84	NA	NA	32.06	36.60	090
63191		A	Incise spinal column/nerves	17.54	NA	NA	10.83	12.49	2.78	NA	NA	31.15	32.81	090
63194		A	Incise spinal column & cord	19.19	NA	NA	12.10	13.12	3.89	NA	NA	35.18	36.20	090
63195		A	Incise spinal column & cord	18.84	NA	NA	12.71	13.88	3.71	NA	NA	35.26	36.43	090
63196		A	Incise spinal column & cord	22.30	NA	NA	11.71	14.32	4.52	NA	NA	38.53	41.14	090
63197		A	Incise spinal column & cord	21.11	NA	NA	12.06	13.82	4.27	NA	NA	37.44	39.20	090
63198		A	Incise spinal column & cord	25.38	NA	NA	10.16	13.94	5.14	NA	NA	40.68	44.46	090
63199		A	Incise spinal column & cord	26.89	NA	NA	16.58	19.90	4.52	NA	NA	47.99	51.31	090
63200		A	Release of spinal cord	19.18	NA	NA	12.97	13.26	3.23	NA	NA	35.38	35.67	090
63250		A	Revise spinal cord vessels	40.76	NA	NA	22.13	26.26	5.30	NA	NA	68.19	72.32	090
63251		A	Revise spinal cord vessels	41.20	NA	NA	23.01	23.85	7.84	NA	NA	72.05	72.89	090
63252		A	Revise spinal cord vessels	41.19	NA	NA	22.90	26.78	7.47	NA	NA	71.56	75.44	090
63265		A	Excise intraspinal lesion	21.56	NA	NA	13.16	18.53	4.01	NA	NA	38.73	44.10	090
63266		A	Excise intraspinal lesion	22.30	NA	NA	13.78	20.20	4.17	NA	NA	40.25	46.67	090
63267		A	Excise intraspinal lesion	17.95	NA	NA	11.42	16.43	3.14	NA	NA	32.51	37.52	090
63268		A	Excise intraspinal lesion	18.52	NA	NA	9.49	11.56	3.31	NA	NA	31.32	33.39	090
63270		A	Excise intraspinal lesion	26.80	NA	NA	15.92	17.81	5.33	NA	NA	48.05	49.94	090
63271		A	Excise intraspinal lesion	26.92	NA	NA	16.05	22.46	5.19	NA	NA	48.16	54.57	090
63272		A	Excise intraspinal lesion	25.32	NA	NA	15.07	20.10	4.72	NA	NA	45.11	50.14	090
63273		A	Excise intraspinal lesion	24.29	NA	NA	14.76	16.91	4.53	NA	NA	43.58	45.73	090
63275		A	Biopsy/excise spinal tumor	23.68	NA	NA	14.20	21.24	4.31	NA	NA	42.19	49.23	090
63276		A	Biopsy/excise spinal tumor	23.45	NA	NA	14.11	20.79	4.29	NA	NA	41.85	48.53	090
63277		A	Biopsy/excise spinal tumor	20.83	NA	NA	12.77	18.82	3.64	NA	NA	37.24	43.29	090
63278		A	Biopsy/excise spinal tumor	20.56	NA	NA	12.62	18.59	3.52	NA	NA	36.70	42.67	090
63280		A	Biopsy/excise spinal tumor	28.35	NA	NA	16.76	23.62	5.51	NA	NA	50.62	57.48	090
63281		A	Biopsy/excise spinal tumor	28.05	NA	NA	16.49	23.26	5.42	NA	NA	49.96	56.73	090
63282		A	Biopsy/excise spinal tumor	26.39	NA	NA	15.91	21.04	4.95	NA	NA	47.25	52.38	090
63283		A	Biopsy/excise spinal tumor	25.00	NA	NA	13.35	16.86	4.52	NA	NA	42.87	46.38	090
63285		A	Biopsy/excise spinal tumor	36.00	NA	NA	20.75	23.67	7.01	NA	NA	63.76	66.68	090
63286		A	Biopsy/excise spinal tumor	35.63	NA	NA	20.35	25.78	6.85	NA	NA	62.83	68.26	090
63287		A	Biopsy/excise spinal tumor	36.70	NA	NA	21.35	24.63	7.13	NA	NA	65.18	68.46	090
63290		A	Biopsy/excise spinal tumor	37.38	NA	NA	21.46	25.47	6.99	NA	NA	65.83	69.84	090
63300		A	Removal of vertebral body	24.43	NA	NA	14.86	16.80	4.35	NA	NA	43.64	45.58	090
63301		A	Removal of vertebral body	27.60	NA	NA	15.92	17.97	4.63	NA	NA	48.15	50.20	090

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
63302		A	Removal of vertebral body	27.81	NA	NA	16.18	19.68	4.56	NA	NA	48.55	52.05	090
63303		A	Removal of vertebral body	30.50	NA	NA	17.10	18.59	4.47	NA	NA	52.07	53.56	090
63304		A	Removal of vertebral body	30.33	NA	NA	18.14	20.64	6.14	NA	NA	54.61	57.11	090
63305		A	Removal of vertebral body	32.03	NA	NA	18.06	21.24	5.24	NA	NA	55.33	58.51	090
63306		A	Removal of vertebral body	32.22	NA	NA	17.99	21.35	5.44	NA	NA	55.65	59.01	090
63307		A	Removal of vertebral body	31.63	NA	NA	16.51	21.51	4.17	NA	NA	52.31	57.31	090
63308		A	Remove vertebral body add-on	5.25	NA	NA	2.69	3.55	0.86	NA	NA	8.80	9.66	ZZZ
63600		A	Remove spinal cord lesion	14.02	NA	NA	5.61	8.61	1.51	NA	NA	21.14	24.14	090
63610		A	Stimulation of spinal cord	8.73	NA	NA	2.89	5.10	0.54	NA	NA	12.16	14.37	000
63615		A	Remove lesion of spinal cord	16.28	NA	NA	9.91	11.22	3.14	NA	NA	29.33	30.64	090
63650		A	Implant neuroelectrodes	6.74	NA	NA	2.66	5.35	0.55	NA	NA	9.95	12.64	090
63655		A	Implant neuroelectrodes	10.29	NA	NA	7.05	9.67	1.75	NA	NA	19.09	21.71	090
63660		A	Revise/remove neuroelectrode	6.16	NA	NA	3.61	5.49	0.71	NA	NA	10.48	12.36	090
63685		A	Implant neuroreceiver	7.04	NA	NA	4.04	6.04	0.89	NA	NA	11.97	13.97	090
63688		A	Revise/remove neuroreceiver	5.39	NA	NA	3.26	4.85	0.73	NA	NA	9.38	10.97	090
63700		A	Repair of spinal herniation	16.53	NA	NA	10.55	11.44	2.48	NA	NA	29.56	30.45	090
63702		A	Repair of spinal herniation	18.48	NA	NA	11.83	12.85	3.04	NA	NA	33.35	34.37	090
63704		A	Repair of spinal herniation	21.18	NA	NA	12.13	13.77	3.87	NA	NA	37.18	38.82	090
63706		A	Repair of spinal herniation	24.11	NA	NA	13.95	15.84	2.61	NA	NA	40.67	42.56	090
63707		A	Repair spinal fluid leakage	11.26	NA	NA	7.77	10.61	1.78	NA	NA	20.81	23.65	090
63709		A	Repair spinal fluid leakage	14.32	NA	NA	9.47	13.28	2.18	NA	NA	25.97	29.78	090
63710		A	Graft repair of spine defect	14.07	NA	NA	9.25	9.92	2.49	NA	NA	25.81	26.48	090
63740		A	Install spinal shunt	11.36	NA	NA	7.66	10.62	2.15	NA	NA	21.17	24.13	090
63741		A	Install spinal shunt	8.25	NA	NA	4.75	7.30	1.28	NA	NA	14.28	16.83	090
63744		A	Revision of spinal shunt	8.10	NA	NA	5.69	7.27	1.41	NA	NA	15.20	16.78	090
63746		A	Removal of spinal shunt	6.43	NA	NA	3.72	4.86	0.73	NA	NA	10.88	12.02	090
64400		A	Injection for nerve block	1.11	2.10	1.31	0.24	0.25	0.09	3.30	2.51	1.44	1.45	000
64402		A	Injection for nerve block	1.25	3.90	2.29	0.46	0.57	0.08	5.23	3.62	1.79	1.90	000
64405		A	Injection for nerve block	1.32	2.23	1.46	0.28	0.32	0.12	3.67	2.90	1.72	1.76	000
64408		A	Injection for nerve block	1.41	2.34	1.74	0.60	0.59	0.13	3.88	3.28	2.14	2.13	000
64410		A	Injection for nerve block	1.43	2.36	1.57	0.27	0.52	0.09	3.88	3.09	1.79	2.04	000
64412		A	Injection for nerve block	1.18	2.63	1.65	0.22	0.28	0.10	3.91	2.93	1.50	1.56	000
64413		A	Injection for nerve block	1.40	2.47	1.64	0.34	0.37	0.11	3.98	3.15	1.85	1.88	000
64415		A	Injection for nerve block	1.48	2.62	1.45	0.28	0.28	0.11	4.21	3.04	1.87	1.87	000
64417		A	Injection for nerve block	1.44	2.25	1.47	0.29	0.49	0.11	3.80	3.02	1.84	2.04	000
64418		A	Injection for nerve block	1.32	2.13	1.53	0.26	0.36	0.10	3.55	2.95	1.68	1.78	000
64420		A	Injection for nerve block	1.18	2.20	1.45	0.24	0.47	0.08	3.46	2.71	1.50	1.73	000
64421		A	Injection for nerve block	1.68	2.56	1.73	0.34	0.62	0.11	4.35	3.52	2.13	2.41	000
64425		A	Injection for nerve block	1.75	2.17	1.40	0.37	0.50	0.12	4.04	3.27	2.24	2.37	000
64430		A	Injection for nerve block	1.46	2.52	1.64	0.40	0.58	0.10	4.08	3.20	1.96	2.14	000
64435		A	Injection for nerve block	1.45	2.69	1.60	0.51	0.39	0.11	4.25	3.16	2.07	1.95	000
64440		D	Injection for nerve block	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
64441		D	Injection for nerve block	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
64442		D	Injection for nerve block	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
64443		D	Inject, nerve block add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
64445		A	Injection for nerve block	1.48	2.97	1.75	0.31	0.29	0.10	4.55	3.33	1.89	1.87	000
64450		A	Injection for nerve block	1.27	1.54	1.06	0.31	0.30	0.09	2.90	2.42	1.67	1.66	000
64470		A	Inj paravertebral c/t	1.85	3.60	3.60	0.46	0.46	0.12	5.57	5.57	2.43	2.43	000
64472		A	Inj paravertebral c/t add-on	1.29	3.29	3.29	0.35	0.35	0.09	4.67	4.67	1.73	1.73	ZZZ
64475		A	Inj paravertebral l/s	1.41	3.44	3.44	0.35	0.35	0.10	4.95	4.95	1.86	1.86	000
64476		A	Inj paravertebral l/s add-on	0.98	3.63	3.63	0.24	0.24	0.07	4.68	4.68	1.29	1.29	ZZZ
64479		A	Inj foramen epidural c/t	2.20	3.70	3.70	0.55	0.55	0.15	6.05	6.05	2.90	2.90	000
64480		A	Inj foramen epidural add-on	1.54	3.80	3.80	0.36	0.36	0.11	5.45	5.45	2.01	2.01	ZZZ
64483		A	Inj foramen epidural l/s	1.90	3.58	3.58	0.47	0.47	0.10	5.58	5.58	2.47	2.47	000
64484		A	Inj foramen epidural add-on	1.33	3.72	3.72	0.31	0.31	0.10	5.15	5.15	1.74	1.74	ZZZ
64505		A	Injection for nerve block	1.36	2.09	1.38	0.33	0.34	0.09	3.54	2.83	1.78	1.79	000
64508		A	Injection for nerve block	1.12	1.77	1.45	0.39	0.48	0.13	3.02	2.70	1.64	1.73	000
64510		A	Injection for nerve block	1.22	2.22	1.50	0.23	0.50	0.08	3.52	2.80	1.53	1.80	000
64520		A	Injection for nerve block	1.35	3.39	2.09	0.26	0.52	0.10	4.84	3.54	1.71	1.97	000
64530		A	Injection for nerve block	1.58	2.71	1.99	0.33	0.80	0.11	4.40	3.68	2.02	2.49	000
64550		A	Apply neurostimulator	0.18	0.46	0.47	0.05	0.15	0.01	0.65	0.66	0.24	0.34	000
64553		A	Implant neuroelectrodes	2.31	1.63	1.37	1.28	0.92	0.06	4.00	3.74	3.65	3.29	010
64555		A	Implant neuroelectrodes	2.27	2.18	1.32	0.48	0.36	0.16	4.61	3.75	2.91	2.79	010
64560		A	Implant neuroelectrodes	2.36	2.30	1.94	0.85	0.82	0.17	4.83	4.47	3.38	3.35	010
64565		A	Implant neuroelectrodes	1.76	2.19	1.51	0.56	0.49	0.13	4.08	3.40	2.45	2.38	010
64573		A	Implant neuroelectrodes	7.50	NA	NA	5.34	4.39	0.84	NA	NA	13.68	12.73	090
64575		A	Implant neuroelectrodes	4.35	NA	NA	3.26	3.30	0.68	NA	NA	8.29	8.33	090
64577		A	Implant neuroelectrodes	4.62	NA	NA	3.59	3.30	0.74	NA	NA	8.95	8.66	090
64580		A	Implant neuroelectrodes	4.12	NA	NA	3.44	3.30	0.38	NA	NA	7.94	7.80	090
64585		A	Revise/remove neuroelectrode	2.06	3.94	2.50	1.85	1.45	0.26	6.26	4.82	4.17	3.77	010
64590		A	Implant neuroreceiver	2.40	NA	NA	2.31	2.16	0.37	NA	NA	5.08	4.93	010
64595		A	Revise/remove neuroreceiver	1.73	NA	NA	1.97	1.60	0.14	NA	NA	3.84	3.47	010
64600		A	Injection treatment of nerve	3.45	2.97	2.40	1.87	1.85	0.34	6.76	6.19	5.66	5.64	010
64605		A	Injection treatment of nerve	5.61	3.50	2.60	2.41	2.05	0.43	9.54	8.64	8.45	8.09	010
64610		A	Injection treatment of nerve	7.16	NA	NA	4.09	5.99	1.28	NA	NA	12.53	14.43	010
64612		A	Destroy nerve, face muscle	1.96	2.78	2.18	1.59	1.19	0.14	4.88	4.28	3.69	3.29	010
64613		A	Destroy nerve, spine muscle	1.96	1.40	1.49	1.16	0.98	0.36	3.72	3.81	3.48	3.30	010
64620		A	Injection treatment of nerve	2.84	2.84	1.97	0.57	0.83	0.20	5.88	5.01	3.61	3.87	010
64622		A	Destr paravertebrl nerve l/s	3.00	4.04	3.01	0.67	1.33	0.21	7.25	6.22	3.88	4.54	010
64623		A	Destr paravertebral n add-on	0.99	3.05	1.99	0.22	0.57	0.07	4.11	3.05	1.28	1.63	ZZZ
64626		A	Destr paravertebrl nerve c/t	3.28	3.59	3.59	0.90	0.90	0.22	7.09	7.09	4.40	4.40	010

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
64627		A	Destr paravertebral n add-on	1.16	2.99	2.99	0.32	0.32	0.08	4.23	4.23	1.56	1.56	ZZZ
64630		A	Injection treatment of nerve	3.00	2.59	2.24	0.66	1.28	0.25	5.84	5.49	3.91	4.53	010
64640		A	Injection treatment of nerve	2.76	4.36	2.68	0.88	0.94	0.20	7.32	5.64	3.84	3.90	010
64680		A	Injection treatment of nerve	2.62	2.50	2.09	0.63	1.16	0.16	5.28	4.87	3.41	3.94	010
64702		A	Revise finger/toe nerve	4.23	NA	NA	3.49	4.04	0.44	NA	NA	8.16	8.71	090
64704		A	Revise hand/foot nerve	4.57	NA	NA	2.94	4.20	0.36	NA	NA	7.87	9.13	090
64708		A	Revise arm/leg nerve	6.12	NA	NA	4.70	6.00	0.66	NA	NA	11.48	12.78	090
64712		A	Revision of sciatic nerve	7.75	NA	NA	4.57	6.92	0.74	NA	NA	13.06	15.41	090
64713		A	Revision of arm nerve(s)	11.00	NA	NA	4.94	7.57	1.14	NA	NA	17.08	19.71	090
64714		A	Revise low back nerve(s)	10.33	NA	NA	3.64	5.15	0.78	NA	NA	14.75	16.26	090
64716		A	Revision of cranial nerve	6.31	NA	NA	4.71	4.98	0.59	NA	NA	11.61	11.88	090
64718		A	Revise ulnar nerve at elbow	5.99	NA	NA	4.75	5.95	0.74	NA	NA	11.48	12.68	090
64719		A	Revise ulnar nerve at wrist	4.85	NA	NA	4.13	4.75	0.53	NA	NA	9.51	10.13	090
64721		A	Carpal tunnel surgery	4.29	5.28	5.20	5.05	5.09	0.49	10.06	9.98	9.83	9.87	090
64722		A	Relieve pressure on nerve(s)	4.70	NA	NA	2.89	4.25	0.40	NA	NA	7.99	9.35	090
64726		A	Release foot/toe nerve	4.18	NA	NA	2.80	1.79	0.31	NA	NA	7.29	6.28	090
64727		A	Internal nerve revision	3.10	NA	NA	1.48	2.50	0.33	NA	NA	4.91	5.93	ZZZ
64732		A	Incision of brow nerve	4.41	NA	NA	3.40	4.04	0.75	NA	NA	8.56	9.20	090
64734		A	Incision of cheek nerve	4.92	NA	NA	3.35	4.18	0.72	NA	NA	8.99	9.82	090
64736		A	Incision of chin nerve	4.60	NA	NA	2.79	3.82	0.39	NA	NA	7.78	8.81	090
64738		A	Incision of jaw nerve	5.73	NA	NA	3.45	4.48	0.58	NA	NA	9.76	10.79	090
64740		A	Incision of tongue nerve	5.59	NA	NA	3.39	4.51	0.38	NA	NA	9.36	10.48	090
64742		A	Incision of facial nerve	6.22	NA	NA	4.57	5.00	0.53	NA	NA	11.32	11.75	090
64744		A	Incise nerve, back of head	5.24	NA	NA	3.59	4.92	0.92	NA	NA	9.75	11.08	090
64746		A	Incise diaphragm nerve	5.93	NA	NA	5.12	4.61	0.68	NA	NA	11.73	11.22	090
64752		A	Incision of vagus nerve	7.06	NA	NA	5.72	5.00	0.67	NA	NA	13.45	12.73	090
64755		A	Incision of stomach nerves	13.52	NA	NA	6.53	8.95	1.22	NA	NA	21.27	23.69	090
64760		A	Incision of vagus nerve	6.96	NA	NA	3.83	5.53	0.64	NA	NA	11.43	13.13	090
64761		A	Incision of pelvis nerve	6.41	NA	NA	3.74	4.40	0.44	NA	NA	10.59	11.25	090
64763		A	Incise hip/thigh nerve	6.93	NA	NA	4.98	5.10	0.71	NA	NA	12.62	12.74	090
64766		A	Incise hip/thigh nerve	8.67	NA	NA	5.14	6.19	1.34	NA	NA	15.15	16.20	090
64771		A	Sever cranial nerve	7.35	NA	NA	5.34	6.16	0.86	NA	NA	13.55	14.37	090
64772		A	Incision of spinal nerve	7.21	NA	NA	4.86	6.11	1.14	NA	NA	13.21	14.46	090
64774		A	Remove skin nerve lesion	5.17	NA	NA	3.48	3.23	0.52	NA	NA	9.17	8.92	090
64776		A	Remove digit nerve lesion	5.12	NA	NA	3.59	3.31	0.44	NA	NA	9.15	8.87	090
64778		A	Digit nerve surgery add-on	3.11	NA	NA	1.44	2.20	0.34	NA	NA	4.89	5.65	ZZZ
64782		A	Remove limb nerve lesion	6.23	NA	NA	3.44	4.27	0.45	NA	NA	10.12	10.95	090
64783		A	Limb nerve surgery add-on	3.72	NA	NA	1.83	2.69	0.37	NA	NA	5.92	6.78	ZZZ
64784		A	Remove nerve lesion	9.82	NA	NA	6.26	6.19	1.06	NA	NA	17.14	17.07	090
64786		A	Remove sciatic nerve lesion	15.46	NA	NA	9.69	11.72	1.93	NA	NA	27.08	29.11	090
64787		A	Implant nerve end	4.30	NA	NA	2.19	2.98	0.43	NA	NA	6.92	7.71	ZZZ
64788		A	Remove skin nerve lesion	4.61	NA	NA	3.16	3.55	0.49	NA	NA	8.26	8.65	090
64790		A	Removal of nerve lesion	11.31	NA	NA	6.87	7.30	1.47	NA	NA	19.65	20.08	090
64792		A	Removal of nerve lesion	14.92	NA	NA	8.62	9.19	1.97	NA	NA	25.51	26.08	090
64795		A	Biopsy of nerve	3.01	NA	NA	1.76	2.17	0.43	NA	NA	5.20	5.61	000
64802		A	Remove sympathetic nerves	9.15	NA	NA	6.12	5.99	1.03	NA	NA	16.30	16.17	090
64804		A	Remove sympathetic nerves	14.64	NA	NA	7.82	10.84	1.83	NA	NA	24.29	27.31	090
64809		A	Remove sympathetic nerves	13.67	NA	NA	6.95	9.20	1.68	NA	NA	22.30	24.55	090
64818		A	Remove sympathetic nerves	10.30	NA	NA	6.20	7.75	1.16	NA	NA	17.66	19.21	090
64820		A	Remove sympathetic nerves	10.37	NA	NA	7.29	7.59	1.08	NA	NA	18.74	19.04	090
64831		A	Repair of digit nerve	9.44	NA	NA	6.55	5.11	0.99	NA	NA	16.98	15.54	090
64832		A	Repair nerve add-on	5.66	NA	NA	3.00	2.26	0.59	NA	NA	9.25	8.51	ZZZ
64834		A	Repair of hand or foot nerve	10.19	NA	NA	6.64	5.22	1.06	NA	NA	17.89	16.47	090
64835		A	Repair of hand or foot nerve	10.94	NA	NA	7.29	6.88	1.14	NA	NA	19.37	18.96	090
64836		A	Repair of hand or foot nerve	10.94	NA	NA	7.42	7.35	1.17	NA	NA	19.53	19.46	090
64837		A	Repair nerve add-on	6.26	NA	NA	3.14	3.99	0.65	NA	NA	10.05	10.90	ZZZ
64840		A	Repair of leg nerve	13.02	NA	NA	8.74	9.99	1.03	NA	NA	22.79	24.04	090
64856		A	Repair/transpose nerve	13.80	NA	NA	8.76	8.84	1.52	NA	NA	24.08	24.16	090
64857		A	Repair arm/leg nerve	14.49	NA	NA	9.26	9.80	1.54	NA	NA	25.29	25.83	090
64858		A	Repair sciatic nerve	16.49	NA	NA	10.02	10.97	2.38	NA	NA	28.89	29.84	090
64859		A	Nerve surgery	4.26	NA	NA	2.26	3.03	0.45	NA	NA	6.97	7.74	ZZZ
64861		A	Repair of arm nerves	19.24	NA	NA	12.88	13.72	1.68	NA	NA	33.80	34.64	090
64862		A	Repair of low back nerves	19.44	NA	NA	11.60	17.50	3.93	NA	NA	34.97	40.87	090
64864		A	Repair of facial nerve	12.55	NA	NA	8.20	8.37	1.12	NA	NA	21.87	22.04	090
64865		A	Repair of facial nerve	15.24	NA	NA	10.23	11.81	1.37	NA	NA	26.84	28.42	090
64866		A	Fusion of facial/other nerve	15.74	NA	NA	9.80	10.97	1.42	NA	NA	26.96	28.13	090
64868		A	Fusion of facial/other nerve	14.04	NA	NA	9.38	10.76	1.62	NA	NA	25.04	26.42	090
64870		A	Fusion of facial/other nerve	15.99	NA	NA	9.19	12.15	1.71	NA	NA	26.89	29.85	090
64872		A	Subsequent repair of nerve	1.99	NA	NA	1.08	1.32	0.22	NA	NA	3.29	3.53	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	NA	1.50	1.93	0.32	NA	NA	4.80	5.23	ZZZ
64876		A	Repair nerve/shorten bone	3.38	NA	NA	1.31	1.99	0.37	NA	NA	5.06	5.74	ZZZ
64885		A	Nerve graft, head or neck	17.53	NA	NA	11.02	12.40	1.47	NA	NA	30.02	31.40	090
64886		A	Nerve graft, head or neck	20.75	NA	NA	12.97	14.70	1.74	NA	NA	35.46	37.19	090
64890		A	Nerve graft, hand or foot	15.15	NA	NA	9.74	11.53	1.57	NA	NA	26.46	28.25	090
64891		A	Nerve graft, hand or foot	16.14	NA	NA	9.85	10.58	1.54	NA	NA	27.53	28.26	090
64892		A	Nerve graft, arm or leg	14.65	NA	NA	8.71	10.35	1.74	NA	NA	25.10	26.74	090
64893		A	Nerve graft, arm or leg	15.60	NA	NA	8.91	12.02	2.41	NA	NA	26.92	30.03	090
64895		A	Nerve graft, hand or foot	19.25	NA	NA	11.75	13.02	1.81	NA	NA	32.81	34.08	090
64896		A	Nerve graft, hand or foot	20.49	NA	NA	12.42	15.72	2.18	NA	NA	35.09	38.39	090
64897		A	Nerve graft, arm or leg	18.24	NA	NA	10.50	12.11	1.91	NA	NA	30.65	32.26	090
64898		A	Nerve graft, arm or leg	19.50	NA	NA	11.83	13.73	1.97	NA	NA	33.30	35.20	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
64901		A	Nerve graft add-on	10.22	NA	NA	5.78	8.41	1.02	NA	NA	17.02	19.65	ZZZ
64902		A	Nerve graft add-on	11.83	NA	NA	5.89	9.42	1.07	NA	NA	18.79	22.32	ZZZ
64905		A	Nerve pedicle transfer	14.02	NA	NA	7.83	9.02	1.02	NA	NA	22.87	24.06	090
64907		A	Nerve pedicle transfer	18.83	NA	NA	11.16	12.65	1.97	NA	NA	31.96	33.45	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	6.46	NA	NA	9.65	8.69	0.27	NA	NA	16.38	15.42	090
65093		A	Revise eye with implant	6.87	NA	NA	9.85	9.03	0.28	NA	NA	17.00	16.18	090
65101		A	Removal of eye	7.03	NA	NA	9.94	9.17	0.30	NA	NA	17.27	16.50	090
65103		A	Remove eye/insert implant	7.57	NA	NA	10.17	9.61	0.30	NA	NA	18.04	17.48	090
65105		A	Remove eye/attach implant	8.49	NA	NA	10.66	10.40	0.33	NA	NA	19.48	19.22	090
65110		A	Removal of eye	13.95	NA	NA	13.40	15.03	0.68	NA	NA	28.03	29.66	090
65112		A	Remove eye/revise socket	16.38	NA	NA	14.65	13.93	1.19	NA	NA	32.22	31.50	090
65114		A	Remove eye/revise socket	17.53	NA	NA	15.28	14.73	0.82	NA	NA	33.63	33.08	090
65125		A	Revise ocular implant	3.12	4.91	3.80	1.59	2.14	0.16	8.19	7.08	4.87	5.42	090
65130		A	Insert ocular implant	7.15	NA	NA	9.71	9.13	0.30	NA	NA	17.16	16.58	090
65135		A	Insert ocular implant	7.33	NA	NA	9.66	7.77	0.31	NA	NA	17.30	15.41	090
65140		A	Attach ocular implant	8.02	NA	NA	10.10	8.43	0.32	NA	NA	18.44	16.77	090
65150		A	Revise ocular implant	6.26	NA	NA	9.14	8.31	0.25	NA	NA	15.65	14.82	090
65155		A	Reinsert ocular implant	8.66	NA	NA	10.74	10.54	0.40	NA	NA	19.80	19.60	090
65175		A	Removal of ocular implant	6.28	NA	NA	9.18	8.34	0.25	NA	NA	15.71	14.87	090
65205		A	Remove foreign body from eye	0.71	5.55	2.98	0.20	0.20	0.04	6.30	3.73	0.95	0.95	000
65210		A	Remove foreign body from eye	0.84	5.76	3.13	0.30	0.28	0.04	6.64	4.01	1.18	1.16	000
65220		A	Remove foreign body from eye	0.71	7.36	3.96	0.19	0.24	0.06	8.13	4.73	0.96	1.01	000
65222		A	Remove foreign body from eye	0.93	5.69	3.16	0.28	0.30	0.04	6.66	4.13	1.25	1.27	000
65235		A	Remove foreign body from eye	7.57	NA	NA	6.62	6.36	0.32	NA	NA	14.51	14.25	090
65260		A	Remove foreign body from eye	10.96	NA	NA	11.33	10.35	0.42	NA	NA	22.71	21.73	090
65265		A	Remove foreign body from eye	12.59	NA	NA	13.07	11.99	0.50	NA	NA	26.16	25.08	090
65270		A	Repair of eye wound	1.90	3.39	2.33	2.06	1.67	0.08	5.37	4.31	4.04	3.65	010
65272		A	Repair of eye wound	3.82	5.06	3.42	4.20	2.99	0.15	9.03	7.39	8.17	6.96	090
65273		A	Repair of eye wound	4.36	NA	NA	4.53	4.01	0.17	NA	NA	9.06	8.54	090
65275		A	Repair of eye wound	5.34	4.92	2.82	4.44	2.58	0.27	10.53	8.43	10.05	8.19	090
65280		A	Repair of eye wound	7.66	NA	NA	7.25	8.20	0.30	NA	NA	15.21	16.16	090
65285		A	Repair of eye wound	12.90	NA	NA	13.36	13.34	0.51	NA	NA	26.77	26.75	090
65286		A	Repair of eye wound	5.51	7.84	6.52	6.78	4.69	0.22	13.57	12.25	12.51	10.42	090
65290		A	Repair of eye socket wound	5.41	NA	NA	5.85	6.16	0.22	NA	NA	11.48	11.79	090
65400		A	Removal of eye lesion	6.06	7.79	7.40	6.46	6.74	0.24	14.09	13.70	12.76	13.04	090
65410		A	Biopsy of cornea	1.47	1.64	1.69	0.72	1.23	0.06	3.17	3.22	2.25	2.76	000
65420		A	Removal of eye lesion	4.17	7.06	5.85	6.07	5.36	0.16	11.39	10.18	10.40	9.69	090
65426		A	Removal of eye lesion	5.25	7.08	6.68	6.07	6.17	0.21	12.54	12.14	11.53	11.63	090
65430		A	Corneal smear	1.47	6.32	3.46	0.73	0.52	0.06	7.85	4.99	2.26	2.05	000
65435		A	Curette/treat cornea	0.92	1.27	1.06	0.43	0.43	0.04	2.23	2.02	1.39	1.39	000
65436		A	Curette/treat cornea	4.19	5.21	3.44	4.37	2.60	0.16	9.56	7.79	8.72	6.95	090
65450		A	Treatment of corneal lesion	3.27	6.74	5.15	5.63	4.60	0.12	10.13	8.54	9.02	7.99	090
65600		A	Revision of cornea	3.40	4.83	3.84	1.60	1.51	0.14	8.37	7.38	5.14	5.05	090
65710		A	Corneal transplant	12.35	NA	NA	11.92	12.71	0.49	NA	NA	24.76	25.55	090
65730		A	Corneal transplant	14.25	NA	NA	13.70	15.07	0.55	NA	NA	28.50	29.87	090
65750		A	Corneal transplant	15.00	NA	NA	14.12	15.80	0.58	NA	NA	29.70	31.38	090
65755		A	Corneal transplant	14.89	NA	NA	14.01	15.74	0.58	NA	NA	29.48	31.21	090
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	17.56	NA	NA	14.93	14.96	0.69	NA	NA	33.18	33.21	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	4.29	6.36	5.74	5.46	4.01	0.17	10.82	10.20	9.92	8.47	090
65775		A	Correction of astigmatism	5.79	NA	NA	8.09	7.50	0.23	NA	NA	14.11	13.52	090
65800		A	Drainage of eye	1.91	2.16	2.02	1.39	1.63	0.08	4.15	4.01	3.38	3.62	000
65805		A	Drainage of eye	1.91	2.16	2.06	1.40	1.19	0.08	4.15	4.05	3.39	3.18	000
65810		A	Drainage of eye	4.87	NA	NA	7.49	6.66	0.19	NA	NA	12.55	11.72	090
65815		A	Drainage of eye	5.05	8.01	6.44	6.96	5.92	0.20	13.26	11.69	12.21	11.17	090
65820		A	Relieve inner eye pressure	8.13	NA	NA	9.68	10.02	0.32	NA	NA	18.13	18.47	090
65850		A	Incision of eye	10.52	NA	NA	9.57	11.07	0.41	NA	NA	20.50	22.00	090
65855		A	Laser surgery of eye	4.30	4.58	5.55	3.26	3.26	0.17	9.05	10.02	7.73	7.73	090
65860		A	Incise inner eye adhesions	3.55	3.77	4.01	2.96	2.54	0.14	7.46	7.70	6.65	6.23	090
65865		A	Incise inner eye adhesions	5.60	NA	NA	6.23	6.46	0.22	NA	NA	12.05	12.28	090
65870		A	Incise inner eye adhesions	6.27	NA	NA	6.58	6.47	0.25	NA	NA	13.10	12.99	090
65875		A	Incise inner eye adhesions	6.54	NA	NA	6.71	6.77	0.26	NA	NA	13.51	13.57	090
65880		A	Incise inner eye adhesions	7.09	NA	NA	6.95	7.19	0.28	NA	NA	14.32	14.56	090
65900		A	Remove eye lesion	10.93	NA	NA	11.55	10.07	0.48	NA	NA	22.96	21.48	090
65920		A	Remove implant from eye	8.40	NA	NA	7.63	8.35	0.33	NA	NA	16.36	17.08	090
65930		A	Remove blood clot from eye	7.44	NA	NA	8.03	8.18	0.29	NA	NA	15.76	15.91	090
66020		A	Injection treatment of eye	1.59	2.21	2.06	1.46	1.68	0.07	3.87	3.72	3.12	3.34	010
66030		A	Injection treatment of eye	1.25	2.03	1.31	1.28	0.79	0.05	3.33	2.61	2.58	2.09	010
66130		A	Remove eye lesion	7.69	6.93	6.33	6.13	5.93	0.31	14.93	14.33	14.13	13.93	090
66150		A	Glaucoma surgery	8.30	NA	NA	9.10	9.51	0.32	NA	NA	17.72	18.13	090
66155		A	Glaucoma surgery	8.29	NA	NA	9.02	9.46	0.32	NA	NA	17.63	18.07	090
66160		A	Glaucoma surgery	10.17	NA	NA	9.94	10.82	0.41	NA	NA	20.52	21.40	090
66165		A	Glaucoma surgery	8.01	NA	NA	8.72	9.14	0.32	NA	NA	17.05	17.47	090
66170		A	Glaucoma surgery	12.16	NA	NA	11.04	12.12	0.48	NA	NA	23.68	24.76	090
66172		A	Incision of eye	15.04	NA	NA	13.00	13.10	0.59	NA	NA	28.63	28.73	090
66180		A	Implant eye shunt	14.55	NA	NA	12.06	14.72	0.57	NA	NA	27.18	29.84	090
66185		A	Revise eye shunt	8.14	NA	NA	8.33	9.02	0.32	NA	NA	16.79	17.48	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
66220		A	Repair eye lesion	7.77	NA	NA	9.65	8.06	0.32	NA	NA	17.74	16.15	090
66225		A	Repair/graft eye lesion	11.05	NA	NA	9.55	11.38	0.43	NA	NA	21.03	22.86	090
66250		A	Follow-up surgery of eye	5.98	7.78	7.46	6.42	6.78	0.24	14.00	13.68	12.64	13.00	090
66500		A	Incision of iris	3.71	NA	NA	4.16	4.30	0.14	NA	NA	8.01	8.15	090
66505		A	Incision of iris	4.08	NA	NA	4.27	3.91	0.16	NA	NA	8.51	8.15	090
66600		A	Remove iris and lesion	8.68	NA	NA	9.30	9.73	0.34	NA	NA	18.32	18.75	090
66605		A	Removal of iris	12.79	NA	NA	12.11	12.50	0.53	NA	NA	25.43	25.82	090
66625		A	Removal of iris	5.13	7.87	7.00	7.00	6.56	0.20	13.20	12.33	12.33	11.89	090
66630		A	Removal of iris	6.16	NA	NA	8.13	7.75	0.24	NA	NA	14.53	14.15	090
66635		A	Removal of iris	6.25	NA	NA	6.58	7.03	0.25	NA	NA	13.08	13.53	090
66680		A	Repair iris & ciliary body	5.44	NA	NA	6.13	6.31	0.21	NA	NA	11.78	11.96	090
66682		A	Repair iris & ciliary body	6.21	NA	NA	8.17	7.79	0.24	NA	NA	14.62	14.24	090
66700		A	Destruction, ciliary body	4.78	7.35	6.53	6.40	6.06	0.20	12.33	11.51	11.38	11.04	090
66710		A	Destruction, ciliary body	4.78	7.65	6.68	6.40	6.06	0.19	12.62	11.65	11.37	11.03	090
66720		A	Destruction, ciliary body	4.78	7.32	6.52	6.37	6.04	0.20	12.30	11.50	11.35	11.02	090
66740		A	Destruction, ciliary body	4.78	NA	NA	5.82	5.77	0.19	NA	NA	10.79	10.74	090
66761		A	Revision of iris	4.07	4.49	4.68	3.41	2.92	0.16	8.72	8.91	7.64	7.15	090
66762		A	Revision of iris	4.58	4.70	5.09	3.64	3.19	0.18	9.46	9.85	8.40	7.95	090
66770		A	Removal of inner eye lesion	5.18	4.99	5.59	3.94	3.52	0.20	10.37	10.97	9.32	8.90	090
66820		A	Incision, secondary cataract	3.89	NA	NA	6.97	5.81	0.15	NA	NA	11.01	9.85	090
66821		A	After cataract laser surgery	2.35	2.93	2.87	2.22	2.52	0.10	5.38	5.32	4.67	4.97	090
66825		A	Reposition intraocular lens	8.23	NA	NA	9.17	8.56	0.32	NA	NA	17.72	17.11	090
66830		A	Removal of lens lesion	8.20	4.24	6.28	4.24	6.28	0.32	12.76	14.80	12.76	14.80	090
66840		A	Removal of lens material	7.91	NA	NA	6.22	7.83	0.32	NA	NA	14.45	16.06	090
66850		A	Removal of lens material	9.11	NA	NA	6.78	8.83	0.36	NA	NA	16.25	18.30	090
66852		A	Removal of lens material	9.97	NA	NA	7.28	9.60	0.39	NA	NA	17.64	19.96	090
66920		A	Extraction of lens	8.86	NA	NA	6.68	8.63	0.35	NA	NA	15.89	17.84	090
66930		A	Extraction of lens	10.18	NA	NA	8.65	10.02	0.40	NA	NA	19.23	20.60	090
66940		A	Extraction of lens	8.93	NA	NA	8.00	9.33	0.35	NA	NA	17.28	18.61	090
66983		A	Remove cataract/insert lens	8.99	NA	NA	5.00	7.87	0.49	NA	NA	14.48	17.35	090
66984		A	Remove cataract/insert lens	10.28	NA	NA	7.15	9.71	0.43	NA	NA	17.86	20.42	090
66985		A	Insert lens prosthesis	8.39	NA	NA	6.33	8.18	0.34	NA	NA	15.06	16.91	090
66986		A	Exchange lens prosthesis	12.28	NA	NA	8.42	10.83	0.49	NA	NA	21.19	23.60	090
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.70	NA	NA	2.88	4.84	0.22	NA	NA	8.80	10.76	090
67010		A	Partial removal of eye fluid	6.87	NA	NA	3.49	5.85	0.27	NA	NA	10.63	12.99	090
67015		A	Release of eye fluid	6.92	NA	NA	7.58	7.29	0.27	NA	NA	14.77	14.48	090
67025		A	Replace eye fluid	6.84	15.20	11.27	7.08	7.21	0.27	22.31	18.38	14.19	14.32	090
67027		A	Implant eye drug system	10.85	17.16	13.49	9.09	9.45	0.42	28.43	24.76	20.36	20.72	090
67028		A	Injection eye drug	2.52	8.58	6.04	1.27	2.14	0.10	11.20	8.66	3.89	4.76	000
67030		A	Incise inner eye strands	4.84	NA	NA	6.21	5.99	0.19	NA	NA	11.24	11.02	090
67031		A	Laser surgery, eye strands	3.67	3.86	4.12	3.03	2.61	0.14	7.67	7.93	6.84	6.42	090
67036		A	Removal of inner eye fluid	11.89	NA	NA	8.57	11.39	0.47	NA	NA	20.93	23.75	090
67038		A	Strip retinal membrane	21.24	NA	NA	15.04	20.20	0.83	NA	NA	37.11	42.27	090
67039		A	Laser treatment of retina	14.52	NA	NA	11.65	14.49	0.56	NA	NA	26.73	29.57	090
67040		A	Laser treatment of retina	17.23	NA	NA	13.02	16.80	0.68	NA	NA	30.93	34.71	090
67101		A	Repair detached retina	7.53	10.22	9.61	8.38	6.44	0.30	18.05	17.44	16.21	14.27	090
67105		A	Repair detached retina	7.41	7.43	8.68	5.52	5.24	0.29	15.13	16.38	13.22	12.94	090
67107		A	Repair detached retina	14.84	NA	NA	12.82	15.27	0.58	NA	NA	28.24	30.69	090
67108		A	Repair detached retina	20.82	NA	NA	17.24	21.05	0.81	NA	NA	38.87	42.68	090
67110		A	Repair detached retina	8.81	18.45	14.49	9.72	10.12	0.34	27.60	23.64	18.87	19.27	090
67112		A	Rerepair detached retina	16.86	NA	NA	15.20	16.56	0.66	NA	NA	32.72	34.08	090
67115		A	Release encircling material	4.99	NA	NA	6.24	6.10	0.19	NA	NA	11.42	11.28	090
67120		A	Remove eye implant material	5.98	14.53	10.84	6.64	6.89	0.24	20.75	17.06	12.86	13.11	090
67121		A	Remove eye implant material	10.67	NA	NA	11.33	10.78	0.42	NA	NA	22.42	21.87	090
67141		A	Treatment of retina	5.20	7.37	6.79	6.43	4.77	0.20	12.77	12.19	11.83	10.17	090
67145		A	Treatment of retina	5.37	5.15	6.10	4.12	3.83	0.21	10.73	11.68	9.70	9.41	090
67208		A	Treatment of retinal lesion	6.70	7.83	7.92	6.75	5.38	0.26	14.79	14.88	13.71	12.34	090
67210		A	Treatment of retinal lesion	8.82	7.28	8.54	5.86	5.38	0.34	16.44	17.70	15.02	14.54	090
67218		A	Treatment of retinal lesion	13.52	NA	NA	12.79	13.62	0.53	NA	NA	26.84	27.67	090
67220		A	Treatment of choroid lesion	13.13	6.66	6.66	6.60	6.60	0.52	20.31	20.31	20.25	20.25	090
67227		A	Treatment of retinal lesion	6.58	8.08	7.97	6.75	7.31	0.27	14.93	14.82	13.60	14.16	090
67228		A	Treatment of retinal lesion	12.74	9.92	10.06	7.51	6.31	0.50	23.16	23.30	20.75	19.55	090
67250		A	Reinforce eye wall	8.66	NA	NA	10.37	8.98	0.39	NA	NA	19.42	18.03	090
67255		A	Reinforce/graft eye wall	8.90	NA	NA	10.49	10.56	0.35	NA	NA	19.74	19.81	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	6.65	NA	NA	6.21	7.08	0.27	NA	NA	13.13	14.00	090
67312		A	Revise two eye muscles	8.54	NA	NA	7.19	8.69	0.33	NA	NA	16.06	17.56	090
67314		A	Revise eye muscle	7.52	NA	NA	6.64	7.81	0.30	NA	NA	14.46	15.63	090
67316		A	Revise two eye muscles	9.66	NA	NA	7.73	9.44	0.38	NA	NA	17.77	19.48	090
67318		A	Revise eye muscle(s)	7.85	NA	NA	7.06	6.90	0.31	NA	NA	15.22	15.06	090
67320		A	Revise eye muscle(s) add-on	4.33	NA	NA	6.44	8.39	0.17	NA	NA	10.94	12.89	ZZZ
67331		A	Eye surgery follow-up add-on	4.06	NA	NA	4.93	7.31	0.16	NA	NA	9.15	11.53	ZZZ
67332		A	Rerevise eye muscles add-on	4.49	NA	NA	5.60	8.17	0.18	NA	NA	10.27	12.84	ZZZ
67334		A	Revise eye muscle w/suture	3.98	NA	NA	5.23	6.04	0.15	NA	NA	9.36	10.17	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	1.25	2.11	0.10	NA	NA	3.84	4.70	ZZZ
67340		A	Revise eye muscle add-on	4.93	NA	NA	6.59	7.57	0.20	NA	NA	11.72	12.70	ZZZ
67343		A	Release eye tissue	7.35	NA	NA	6.93	6.63	0.29	NA	NA	14.57	14.27	090
67345		A	Destroy nerve of eye muscle	2.96	3.61	3.01	1.47	1.34	0.27	6.84	6.24	4.70	4.57	010
67350		A	Biopsy eye muscle	2.87	NA	NA	2.34	2.47	0.12	NA	NA	5.33	5.46	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
67400		A	Explore/biopsy eye socket	9.76	NA	NA	11.60	11.63	0.43	NA	NA	21.79	21.82	090
67405		A	Explore/drain eye socket	7.93	NA	NA	10.21	9.84	0.39	NA	NA	18.53	18.16	090
67412		A	Explore/treat eye socket	9.50	NA	NA	13.20	12.27	0.41	NA	NA	23.11	22.18	090
67413		A	Explore/treat eye socket	10.00	NA	NA	11.54	10.16	0.49	NA	NA	22.03	20.65	090
67414		A	Explr/decompress eye socket	11.13	NA	NA	14.06	11.59	0.52	NA	NA	25.71	23.24	090
67415		A	Aspiration, orbital contents	1.76	NA	NA	0.83	1.47	0.09	NA	NA	2.68	3.32	000
67420		A	Explore/treat eye socket	20.06	NA	NA	18.13	18.17	1.07	NA	NA	39.26	39.30	090
67430		A	Explore/treat eye socket	13.39	NA	NA	15.17	13.37	0.59	NA	NA	29.15	27.35	090
67440		A	Explore/drain eye socket	13.09	NA	NA	14.22	14.93	0.54	NA	NA	27.85	28.56	090
67445		A	Explr/decompress eye socket	14.42	NA	NA	15.52	13.80	0.61	NA	NA	30.55	28.83	090
67450		A	Explore/biopsy eye socket	13.51	NA	NA	14.62	15.38	0.66	NA	NA	28.79	29.55	090
67500		A	Inject/treat eye socket	0.79	7.59	4.19	0.23	0.51	0.05	8.43	5.03	1.07	1.35	000
67505		A	Inject/treat eye socket	0.82	5.97	3.55	0.20	0.35	0.04	6.83	4.41	1.06	1.21	000
67515		A	Inject/treat eye socket	0.61	5.80	3.21	0.31	0.31	0.03	6.44	3.85	0.95	0.95	000
67550		A	Insert eye socket implant	10.19	NA	NA	11.22	10.83	0.49	NA	NA	21.90	21.51	090
67560		A	Revise eye socket implant	10.60	NA	NA	11.37	10.19	0.48	NA	NA	22.45	21.27	090
67570		A	Decompress optic nerve	13.58	NA	NA	15.17	11.69	0.81	NA	NA	29.56	26.08	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.35	5.71	3.12	0.62	0.45	0.06	7.12	4.53	2.03	1.86	010
67710		A	Incision of eyelid	1.02	5.88	3.49	0.52	0.54	0.04	6.94	4.55	1.58	1.60	010
67715		A	Incision of eyelid fold	1.22	NA	NA	0.62	1.04	0.05	NA	NA	1.89	2.31	010
67800		A	Remove eyelid lesion	1.38	5.91	3.47	0.69	0.60	0.06	7.35	4.91	2.13	2.04	010
67801		A	Remove eyelid lesions	1.88	6.21	3.86	0.95	0.86	0.08	8.17	5.82	2.91	2.82	010
67805		A	Remove eyelid lesions	2.22	6.40	3.95	1.12	0.94	0.09	8.71	6.26	3.43	3.25	010
67808		A	Remove eyelid lesion(s)	3.80	NA	NA	3.78	3.05	0.16	NA	NA	7.74	7.01	090
67810		A	Biopsy of eyelid	1.48	4.66	2.77	0.74	0.59	0.06	6.20	4.31	2.28	2.13	000
67820		A	Revise eyelashes	0.89	1.54	0.98	0.39	0.30	0.04	2.47	1.91	1.32	1.23	000
67825		A	Revise eyelashes	1.38	7.44	4.21	1.68	1.09	0.06	8.88	5.65	3.12	2.53	010
67830		A	Revise eyelashes	1.70	8.53	5.42	1.86	1.95	0.07	10.30	7.19	3.63	3.72	010
67835		A	Revise eyelashes	5.56	NA	NA	4.50	5.57	0.23	NA	NA	10.29	11.36	090
67840		A	Remove eyelid lesion	2.04	6.22	3.77	1.03	0.85	0.09	8.35	5.90	3.16	2.98	010
67850		A	Treat eyelid lesion	1.69	7.04	3.97	1.81	1.13	0.07	8.80	5.73	3.57	2.89	010
67875		A	Closure of eyelid by suture	1.35	8.56	5.22	1.74	1.68	0.06	9.97	6.63	3.15	3.09	000
67880		A	Revision of eyelid	3.80	9.79	7.04	2.96	3.62	0.15	13.74	10.99	6.91	7.57	090
67882		A	Revision of eyelid	5.07	12.66	9.36	4.36	5.21	0.21	17.94	14.64	9.64	10.49	090
67900		A	Repair brow defect	6.14	9.00	6.55	6.01	5.06	0.30	15.44	12.99	12.45	11.50	090
67901		A	Repair eyelid defect	6.97	NA	NA	6.41	7.37	0.34	NA	NA	13.72	14.68	090
67902		A	Repair eyelid defect	7.03	NA	NA	6.46	7.43	0.32	NA	NA	13.81	14.78	090
67903		A	Repair eyelid defect	6.37	8.73	8.17	6.36	6.99	0.40	15.50	14.94	13.13	13.76	090
67904		A	Repair eyelid defect	6.26	12.20	9.84	7.42	7.45	0.27	18.73	16.37	13.95	13.98	090
67906		A	Repair eyelid defect	6.79	8.73	7.33	6.19	6.06	0.27	15.79	14.39	13.25	13.12	090
67908		A	Repair eyelid defect	5.13	8.22	7.17	5.89	6.01	0.20	13.55	12.50	11.22	11.34	090
67909		A	Revise eyelid defect	5.40	8.49	7.47	6.08	6.27	0.24	14.13	13.11	11.72	11.91	090
67911		A	Revise eyelid defect	5.27	NA	NA	6.21	6.25	0.24	NA	NA	11.72	11.76	090
67914		A	Repair eyelid defect	3.68	10.08	7.24	3.26	3.83	0.15	13.91	11.07	7.09	7.66	090
67915		A	Repair eyelid defect	3.18	8.93	5.15	1.59	1.14	0.12	12.23	8.45	4.89	4.44	090
67916		A	Repair eyelid defect	5.31	13.23	9.79	4.87	5.61	0.23	18.77	15.33	10.41	11.15	090
67917		A	Repair eyelid defect	6.02	8.96	8.07	6.35	6.77	0.26	15.24	14.35	12.63	13.05	090
67921		A	Repair eyelid defect	3.40	9.94	7.00	3.11	3.59	0.13	13.47	10.53	6.64	7.12	090
67922		A	Repair eyelid defect	3.06	8.85	5.07	2.86	1.76	0.12	12.03	8.25	6.04	4.94	090
67923		A	Repair eyelid defect	5.88	13.36	10.19	5.15	6.09	0.24	19.48	16.31	11.27	12.21	090
67924		A	Repair eyelid defect	5.79	8.50	7.71	5.80	6.36	0.24	14.53	13.74	11.83	12.39	090
67930		A	Repair eyelid wound	3.61	10.23	5.81	2.83	1.76	0.16	14.00	9.58	6.60	5.53	010
67935		A	Repair eyelid wound	6.22	13.61	8.86	4.98	4.55	0.30	20.13	15.38	11.50	11.07	090
67938		A	Remove eyelid foreign body	1.33	6.95	3.76	0.53	0.41	0.07	8.35	5.16	1.93	1.81	010
67950		A	Revision of eyelid	5.82	7.39	7.17	6.59	6.77	0.28	13.49	13.27	12.69	12.87	090
67961		A	Revision of eyelid	5.69	7.25	7.02	5.82	6.31	0.26	13.20	12.97	11.77	12.26	090
67966		A	Revision of eyelid	6.57	7.69	7.77	5.69	6.77	0.31	14.57	14.65	12.57	13.65	090
67971		A	Reconstruction of eyelid	9.79	NA	NA	7.76	9.68	0.41	NA	NA	17.96	19.88	090
67973		A	Reconstruction of eyelid	12.87	NA	NA	9.60	12.15	0.58	NA	NA	23.05	25.60	090
67974		A	Reconstruction of eyelid	12.84	NA	NA	9.67	12.47	0.59	NA	NA	23.10	25.90	090
67975		A	Reconstruction of eyelid	9.13	NA	NA	7.44	5.97	0.37	NA	NA	16.94	15.47	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.37	5.80	3.18	0.68	0.48	0.06	7.23	4.61	2.11	1.91	010
68040		A	Treatment of eyelid lesions	0.85	5.62	3.06	0.39	0.32	0.04	6.51	3.95	1.28	1.21	000
68100		A	Biopsy of eyelid lining	1.35	5.99	3.53	0.67	0.61	0.06	7.40	4.94	2.08	2.02	000
68110		A	Remove eyelid lining lesion	1.77	6.73	4.04	1.34	1.01	0.07	8.57	5.88	3.18	2.85	010
68115		A	Remove eyelid lining lesion	2.36	6.48	4.29	1.19	1.64	0.10	8.94	6.75	3.65	4.10	010
68130		A	Remove eyelid lining lesion	4.93	NA	NA	2.50	3.47	0.19	NA	NA	7.62	8.59	090
68135		A	Remove eyelid lining lesion	1.84	6.17	3.49	0.93	0.67	0.08	8.09	5.41	2.85	2.59	010
68200		A	Treat eyelid by injection	0.49	5.72	3.14	0.25	0.27	0.02	6.23	3.65	0.76	0.78	000
68320		A	Revise/graft eyelid lining	5.37	5.25	5.83	5.25	5.83	0.22	10.84	11.42	10.84	11.42	090
68325		A	Revise/graft eyelid lining	7.36	NA	NA	6.35	7.57	0.34	NA	NA	14.05	15.27	090
68326		A	Revise/graft eyelid lining	7.15	NA	NA	6.27	7.41	0.31	NA	NA	13.73	14.87	090
68328		A	Revise/graft eyelid lining	8.18	NA	NA	6.76	8.27	0.40	NA	NA	15.34	16.85	090
68330		A	Revise eyelid lining	4.83	6.38	6.07	5.06	5.41	0.19	11.40	11.09	10.08	10.43	090
68335		A	Revise/graft eyelid lining	7.19	NA	NA	5.33	6.96	0.30	NA	NA	12.82	14.45	090
68340		A	Separate eyelid adhesions	4.17	12.24	7.83	3.83	3.62	0.17	16.58	12.17	8.17	7.96	090
68360		A	Revise eyelid lining	4.37	6.11	5.67	4.83	5.03	0.17	10.65	10.21	9.37	9.57	090
68362		A	Revise eyelid lining	7.34	NA	NA	7.47	8.08	0.29	NA	NA	15.10	15.71	090
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
68400		A	Incise/drain tear gland	1.69	8.60	4.85	1.89	1.22	0.07	10.36	6.61	3.65	2.98	010
68420		A	Incise/drain tear sac	2.30	9.02	5.07	2.17	1.37	0.10	11.42	7.47	4.57	3.77	010
68440		A	Incise tear duct opening	0.94	5.77	3.30	0.48	0.45	0.04	6.75	4.28	1.46	1.43	010
68500		A	Removal of tear gland	11.02	NA	NA	8.74	8.50	0.52	NA	NA	20.28	20.04	090
68505		A	Partial removal, tear gland	10.94	NA	NA	9.25	9.34	0.65	NA	NA	20.84	20.93	090
68510		A	Biopsy of tear gland	4.61	10.56	7.28	2.37	3.19	0.18	15.35	12.07	7.16	7.98	000
68520		A	Removal of tear sac	7.51	NA	NA	6.60	7.78	0.32	NA	NA	14.43	15.61	090
68525		A	Biopsy of tear sac	4.43	NA	NA	2.22	3.11	0.18	NA	NA	6.83	7.72	000
68530		A	Clearance of tear duct	3.66	11.41	7.25	2.76	2.16	0.15	15.22	11.06	6.57	5.97	010
68540		A	Remove tear gland lesion	10.60	NA	NA	8.48	8.75	0.53	NA	NA	19.61	19.88	090
68550		A	Remove tear gland lesion	13.26	NA	NA	9.57	10.94	0.95	NA	NA	23.78	25.15	090
68700		A	Repair tear ducts	6.60	NA	NA	6.14	4.53	0.27	NA	NA	13.01	11.40	090
68705		A	Revise tear duct opening	2.06	6.43	3.77	1.05	0.81	0.09	8.58	5.92	3.20	2.96	010
68720		A	Create tear sac drain	8.96	NA	NA	7.32	9.00	0.38	NA	NA	16.66	18.34	090
68745		A	Create tear duct drain	8.63	NA	NA	6.92	7.02	0.35	NA	NA	15.90	16.00	090
68750		A	Create tear duct drain	8.66	NA	NA	7.59	8.97	0.36	NA	NA	16.61	17.99	090
68760		A	Close tear duct opening	1.73	6.05	3.53	0.87	0.69	0.07	7.85	5.33	2.67	2.49	010
68761		A	Close tear duct opening	1.36	5.73	3.37	0.63	0.57	0.07	7.16	4.80	2.06	2.00	010
68770		A	Close tear system fistula	7.02	13.43	9.02	5.51	3.91	0.31	20.76	16.35	12.84	11.24	090
68801		A	Dilate tear duct opening	0.94	6.76	3.61	0.46	0.35	0.04	7.74	4.59	1.44	1.33	010
68810		A	Probe nasolacrimal duct	1.90	8.60	4.60	1.94	1.12	0.08	10.58	6.58	3.92	3.10	010
68811		A	Probe nasolacrimal duct	2.35	NA	NA	2.18	1.90	0.10	NA	NA	4.63	4.35	010
68815		A	Probe nasolacrimal duct	3.20	9.35	5.72	2.62	1.84	0.14	12.69	9.06	5.96	5.18	010
68840		A	Explore/irrigate tear ducts	1.25	7.50	4.02	0.55	0.41	0.05	8.80	5.32	1.85	1.71	010
68850		A	Injection for tear sac x-ray	0.80	12.83	6.69	0.27	0.41	0.03	13.66	7.52	1.10	1.24	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.45	1.77	1.08	0.53	0.36	0.10	3.32	2.63	2.08	1.91	010
69005		A	Drain external ear lesion	2.11	2.18	1.72	1.81	1.22	0.15	4.44	3.98	4.07	3.48	010
69020		A	Drain outer ear canal lesion	1.48	1.86	1.18	0.76	0.51	0.11	3.45	2.77	2.35	2.10	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	1.49	1.11	0.41	0.39	0.04	2.34	1.96	1.26	1.24	000
69105		A	Biopsy of external ear canal	0.85	1.25	1.06	0.84	0.64	0.06	2.16	1.97	1.75	1.55	000
69110		A	Remove external ear, partial	3.44	3.15	3.00	2.47	2.66	0.25	6.84	6.69	6.16	6.35	090
69120		A	Removal of external ear	4.05	NA	NA	3.76	2.31	0.32	NA	NA	8.13	6.68	090
69140		A	Remove ear canal lesion(s)	7.97	NA	NA	7.10	7.89	0.56	NA	NA	15.63	16.42	090
69145		A	Remove ear canal lesion(s)	2.62	2.91	2.82	2.20	2.46	0.19	5.72	5.63	5.01	5.27	090
69150		A	Extensive ear canal surgery	13.43	NA	NA	10.26	10.81	1.01	NA	NA	24.70	25.25	090
69155		A	Extensive ear/neck surgery	20.80	NA	NA	14.17	15.73	1.65	NA	NA	36.62	38.18	090
69200		A	Clear outer ear canal	0.77	1.20	0.83	0.66	0.45	0.06	2.03	1.66	1.49	1.28	000
69205		A	Clear outer ear canal	1.20	NA	NA	1.26	1.21	0.09	NA	NA	2.55	2.50	010
69210		A	Remove impacted ear wax	0.61	1.12	0.69	0.24	0.19	0.04	1.77	1.34	0.89	0.84	000
69220		A	Clean out mastoid cavity	0.83	1.24	0.89	0.45	0.36	0.06	2.13	1.78	1.34	1.25	000
69222		A	Clean out mastoid cavity	1.40	1.82	1.31	1.41	0.91	0.10	3.32	2.81	2.91	2.41	010
69300		R	Revise external ear	6.36	NA	NA	4.22	4.99	0.51	NA	NA	11.09	11.86	YYY
69310		A	Rebuild outer ear canal	10.79	NA	NA	8.79	9.74	0.77	NA	NA	20.35	21.30	090
69320		A	Rebuild outer ear canal	16.96	NA	NA	12.94	14.42	1.21	NA	NA	31.11	32.59	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	1.24	0.87	0.45	0.35	0.06	2.13	1.76	1.34	1.24	000
69401		A	Inflate middle ear canal	0.63	1.12	0.70	0.37	0.26	0.05	1.80	1.38	1.05	0.94	000
69405		A	Catheterize middle ear canal	2.63	2.63	1.58	1.50	0.88	0.18	5.44	4.39	4.31	3.69	010
69410		A	Inset middle ear (baffle)	0.33	1.05	0.85	0.15	0.24	0.02	1.40	1.20	0.50	0.59	000
69420		A	Incision of eardrum	1.33	1.85	1.30	0.74	0.56	0.10	3.28	2.73	2.17	1.99	010
69421		A	Incision of eardrum	1.73	2.12	1.68	1.61	1.43	0.12	3.97	3.53	3.46	3.28	010
69424		A	Remove ventilating tube	0.85	1.32	0.99	0.71	0.52	0.06	2.23	1.90	1.62	1.43	000
69433		A	Create eardrum opening	1.52	1.90	1.67	0.88	0.80	0.11	3.53	3.30	2.51	2.43	010
69436		A	Create eardrum opening	1.96	NA	NA	1.75	2.03	0.14	NA	NA	3.85	4.13	010
69440		A	Exploration of middle ear	7.57	NA	NA	6.53	7.79	0.53	NA	NA	14.63	15.89	090
69450		A	Eardrum revision	5.57	NA	NA	5.28	5.97	0.40	NA	NA	11.25	11.94	090
69501		A	Mastoidectomy	9.07	NA	NA	7.41	9.12	0.66	NA	NA	17.14	18.85	090
69502		A	Mastoidectomy	12.38	NA	NA	9.80	12.15	0.89	NA	NA	23.07	25.42	090
69505		A	Remove mastoid structures	12.99	NA	NA	10.08	12.80	0.94	NA	NA	24.01	26.73	090
69511		A	Extensive mastoid surgery	13.52	NA	NA	10.38	13.26	0.96	NA	NA	24.86	27.74	090
69530		A	Extensive mastoid surgery	19.19	NA	NA	14.08	16.11	1.43	NA	NA	34.70	36.73	090
69535		A	Remove part of temporal bone	36.14	NA	NA	23.45	25.44	2.61	NA	NA	62.20	64.19	090
69540		A	Remove ear lesion	1.20	1.77	1.58	1.29	0.99	0.09	3.06	2.87	2.58	2.28	010
69550		A	Remove ear lesion	10.99	NA	NA	8.72	10.92	0.77	NA	NA	20.48	22.68	090
69552		A	Remove ear lesion	19.46	NA	NA	13.84	16.00	1.38	NA	NA	34.68	36.84	090
69554		A	Remove ear lesion	33.16	NA	NA	21.15	22.99	2.94	NA	NA	57.25	59.09	090
69601		A	Mastoid surgery revision	13.24	NA	NA	10.70	12.96	0.95	NA	NA	24.89	27.15	090
69602		A	Mastoid surgery revision	13.58	NA	NA	10.40	13.31	0.96	NA	NA	24.94	27.85	090
69603		A	Mastoid surgery revision	14.02	NA	NA	10.69	13.71	1.00	NA	NA	25.71	28.73	090
69604		A	Mastoid surgery revision	14.02	NA	NA	10.63	13.68	1.00	NA	NA	25.65	28.70	090
69605		A	Mastoid surgery revision	18.49	NA	NA	13.68	14.95	1.24	NA	NA	33.41	34.68	090
69610		A	Repair of eardrum	4.43	3.73	2.37	3.17	1.84	0.31	8.47	7.11	7.91	6.58	010
69620		A	Repair of eardrum	5.89	5.79	6.41	3.50	5.27	0.42	12.10	12.72	9.81	11.58	090
69631		A	Repair eardrum structures	9.86	NA	NA	8.32	10.05	0.70	NA	NA	18.88	20.61	090
69632		A	Rebuild eardrum structures	12.75	NA	NA	10.43	12.83	0.91	NA	NA	24.09	26.49	090
69633		A	Rebuild eardrum structures	12.10	NA	NA	10.09	12.27	0.86	NA	NA	23.05	25.23	090
69635		A	Repair eardrum structures	13.33	NA	NA	10.39	13.15	0.95	NA	NA	24.67	27.43	090
69636		A	Rebuild eardrum structures	15.22	NA	NA	11.97	15.07	1.09	NA	NA	28.28	31.38	090
69637		A	Rebuild eardrum structures	15.11	NA	NA	11.85	14.95	1.08	NA	NA	28.04	31.14	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
69641		A	Revise middle ear & mastoid	12.71	NA	NA	10.02	12.60	0.91	NA	NA	23.64	26.22	090
69642		A	Revise middle ear & mastoid	16.84	NA	NA	12.90	16.50	1.19	NA	NA	30.93	34.53	090
69643		A	Revise middle ear & mastoid	15.32	NA	NA	12.00	15.15	1.10	NA	NA	28.42	31.57	090
69644		A	Revise middle ear & mastoid	16.97	NA	NA	12.92	16.59	1.20	NA	NA	31.09	34.76	090
69645		A	Revise middle ear & mastoid	16.38	NA	NA	12.59	16.08	1.16	NA	NA	30.13	33.62	090
69646		A	Revise middle ear & mastoid	17.99	NA	NA	13.59	17.54	1.29	NA	NA	32.87	36.82	090
69650		A	Release middle ear bone	9.66	NA	NA	7.70	9.62	0.69	NA	NA	18.05	19.97	090
69660		A	Revise middle ear bone	11.90	NA	NA	9.01	11.61	0.85	NA	NA	21.76	24.36	090
69661		A	Revise middle ear bone	15.74	NA	NA	11.63	15.21	1.14	NA	NA	28.51	32.09	090
69662		A	Revise middle ear bone	15.44	NA	NA	11.47	14.95	1.10	NA	NA	28.01	31.49	090
69666		A	Repair middle ear structures	9.75	NA	NA	7.79	9.72	0.69	NA	NA	18.23	20.16	090
69667		A	Repair middle ear structures	9.76	NA	NA	7.77	9.72	0.69	NA	NA	18.22	20.17	090
69670		A	Remove mastoid air cells	11.51	NA	NA	9.25	10.15	0.79	NA	NA	21.55	22.45	090
69676		A	Remove middle ear nerve	9.52	NA	NA	8.02	8.64	0.66	NA	NA	18.20	18.82	090
69700		A	Close mastoid fistula	8.23	NA	NA	5.66	7.10	0.62	NA	NA	14.51	15.95	090
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711		A	Remove/repair hearing aid	10.44	NA	NA	8.41	8.79	0.73	NA	NA	19.58	19.96	090
69720		A	Release facial nerve	14.38	NA	NA	11.41	14.29	1.03	NA	NA	26.82	29.70	090
69725		A	Release facial nerve	25.38	NA	NA	17.48	16.69	1.62	NA	NA	44.48	43.69	090
69740		A	Repair facial nerve	15.96	NA	NA	10.91	11.88	1.11	NA	NA	27.98	28.95	090
69745		A	Repair facial nerve	16.69	NA	NA	11.46	14.39	1.80	NA	NA	29.95	32.88	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	8.56	NA	NA	7.13	8.68	0.61	NA	NA	16.30	17.85	090
69802		A	Incise inner ear	13.10	NA	NA	10.17	11.19	1.04	NA	NA	24.31	25.33	090
69805		A	Explore inner ear	13.82	NA	NA	10.12	12.19	0.97	NA	NA	24.91	26.98	090
69806		A	Explore inner ear	12.35	NA	NA	9.82	12.29	0.88	NA	NA	23.05	25.52	090
69820		A	Establish inner ear window	10.34	NA	NA	8.42	9.01	0.55	NA	NA	19.31	19.90	090
69840		A	Revise inner ear window	10.26	NA	NA	8.98	9.10	0.40	NA	NA	19.64	19.76	090
69905		A	Remove inner ear	11.10	NA	NA	9.05	11.15	0.77	NA	NA	20.92	23.02	090
69910		A	Remove inner ear & mastoid	13.63	NA	NA	10.34	13.31	0.97	NA	NA	24.94	27.91	090
69915		A	Incise inner ear nerve	21.23	NA	NA	15.03	17.13	1.50	NA	NA	37.76	39.86	090
69930		A	Implant cochlear device	16.81	NA	NA	11.99	16.03	1.21	NA	NA	30.01	34.05	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	25.64	NA	NA	16.22	17.87	2.34	NA	NA	44.20	45.85	090
69955		A	Release facial nerve	27.04	NA	NA	18.59	20.30	2.31	NA	NA	47.94	49.65	090
69960		A	Release inner ear canal	27.04	NA	NA	17.67	18.52	2.52	NA	NA	47.23	48.08	090
69970		A	Remove inner ear lesion	30.04	NA	NA	19.13	20.25	2.13	NA	NA	51.30	52.42	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990		R	Microsurgery add-on	3.47	1.84	1.84	1.84	1.84	0.64	5.95	5.95	5.95	5.95	ZZZ
70010		A	Contrast x-ray of brain	1.19	4.67	4.86	4.67	4.86	0.24	6.10	6.29	6.10	6.29	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.32	0.44	0.32	0.44	0.05	1.56	1.68	1.56	1.68	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.35	4.42	4.35	4.42	0.19	4.54	4.61	4.54	4.61	XXX
70015		A	Contrast x-ray of brain	1.19	1.70	1.83	1.70	1.83	0.12	3.01	3.14	3.01	3.14	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.34	0.45	0.34	0.45	0.05	1.58	1.69	1.58	1.69	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.36	1.38	1.36	1.38	0.07	1.43	1.45	1.43	1.45	XXX
70030		A	X-ray eye for foreign body	0.17	0.47	0.50	0.47	0.50	0.03	0.67	0.70	0.67	0.70	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
70100		A	X-ray exam of jaw	0.18	0.57	0.61	0.57	0.61	0.03	0.78	0.82	0.78	0.82	XXX
70100	26	A	X-ray exam of jaw	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
70110		A	X-ray exam of jaw	0.25	0.69	0.73	0.69	0.73	0.04	0.98	1.02	0.98	1.02	XXX
70110	26	A	X-ray exam of jaw	0.25	0.07	0.10	0.07	0.10	0.01	0.33	0.36	0.33	0.36	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70120		A	X-ray exam of mastoids	0.18	0.67	0.71	0.67	0.71	0.04	0.89	0.93	0.89	0.93	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70130		A	X-ray exam of mastoids	0.34	0.88	0.93	0.88	0.93	0.05	1.27	1.32	1.27	1.32	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
70134		A	X-ray exam of middle ear	0.34	0.83	0.88	0.83	0.88	0.05	1.22	1.27	1.22	1.27	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
70140		A	X-ray exam of facial bones	0.19	0.67	0.71	0.67	0.71	0.04	0.90	0.94	0.90	0.94	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70150		A	X-ray exam of facial bones	0.26	0.86	0.90	0.86	0.90	0.05	1.17	1.21	1.17	1.21	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
70160		A	X-ray exam of nasal bones	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
70170		A	X-ray exam of tear duct	0.30	1.03	1.09	1.03	1.09	0.06	1.39	1.45	1.39	1.45	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.08	0.12	0.08	0.12	0.01	0.39	0.43	0.39	0.43	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.95	0.97	0.95	0.97	0.05	1.00	1.02	1.00	1.02	XXX
70190		A	X-ray exam of eye sockets	0.21	0.68	0.72	0.68	0.72	0.04	0.93	0.97	0.93	0.97	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70200		A	X-ray exam of eye sockets	0.28	0.87	0.91	0.87	0.91	0.05	1.20	1.24	1.20	1.24	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
70210		A	X-ray exam of sinuses	0.17	0.67	0.70	0.67	0.70	0.04	0.88	0.91	0.88	0.91	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70220		A	X-ray exam of sinuses	0.25	0.86	0.90	0.86	0.90	0.05	1.16	1.20	1.16	1.20	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.07	0.10	0.07	0.10	0.01	0.33	0.36	0.33	0.36	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
70240		A	X-ray exam, pituitary saddle	0.19	0.47	0.51	0.47	0.51	0.03	0.69	0.73	0.69	0.73	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
70250		A	X-ray exam of skull	0.24	0.69	0.73	0.69	0.73	0.04	0.97	1.01	0.97	1.01	XXX
70250	26	A	X-ray exam of skull	0.24	0.07	0.10	0.07	0.10	0.01	0.32	0.35	0.32	0.35	XXX
70250	TC	A	X-ray exam of skull	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
70260		A	X-ray exam of skull	0.34	0.98	1.04	0.98	1.04	0.06	1.38	1.44	1.38	1.44	XXX
70260	26	A	X-ray exam of skull	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70260	TC	A	X-ray exam of skull	0.00	0.89	0.91	0.89	0.91	0.05	0.94	0.96	0.94	0.96	XXX
70300		A	X-ray exam of teeth	0.10	0.30	0.32	0.30	0.32	0.03	0.43	0.45	0.43	0.45	XXX
70300	26	A	X-ray exam of teeth	0.10	0.04	0.05	0.04	0.05	0.01	0.15	0.16	0.15	0.16	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.26	0.27	0.26	0.27	0.02	0.28	0.29	0.28	0.29	XXX
70310		A	X-ray exam of teeth	0.16	0.48	0.50	0.48	0.50	0.03	0.67	0.69	0.67	0.69	XXX
70310	26	A	X-ray exam of teeth	0.16	0.06	0.07	0.06	0.07	0.01	0.23	0.24	0.23	0.24	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
70320		A	Full mouth x-ray of teeth	0.22	0.85	0.89	0.85	0.89	0.05	1.12	1.16	1.12	1.16	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
70328		A	X-ray exam of jaw joint	0.18	0.55	0.59	0.55	0.59	0.03	0.76	0.80	0.76	0.80	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
70330		A	X-ray exam of jaw joints	0.24	0.92	0.96	0.92	0.96	0.05	1.21	1.25	1.21	1.25	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.07	0.10	0.07	0.10	0.01	0.32	0.35	0.32	0.35	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.85	0.86	0.85	0.86	0.04	0.89	0.90	0.89	0.90	XXX
70332		A	X-ray exam of jaw joint	0.54	2.27	2.36	2.27	2.36	0.12	2.93	3.02	2.93	3.02	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
70336		A	Magnetic image, jaw joint	1.48	11.67	11.87	11.67	11.87	0.56	13.71	13.91	13.71	13.91	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.41	0.44	0.41	0.44	0.06	1.95	1.98	1.95	1.98	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
70350		A	X-ray head for orthodontia	0.17	0.43	0.46	0.43	0.46	0.03	0.63	0.66	0.63	0.66	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
70355		A	Panoramic x-ray of jaws	0.20	0.63	0.66	0.63	0.66	0.04	0.87	0.90	0.87	0.90	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.08	0.06	0.08	0.01	0.27	0.29	0.27	0.29	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
70360		A	X-ray exam of neck	0.17	0.47	0.50	0.47	0.50	0.03	0.67	0.70	0.67	0.70	XXX
70360	26	A	X-ray exam of neck	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70360	TC	A	X-ray exam of neck	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.40	1.46	1.40	1.46	0.07	1.79	1.85	1.79	1.85	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
70371		A	Speech evaluation, complex	0.84	2.34	2.46	2.34	2.46	0.13	3.31	3.43	3.31	3.43	XXX
70371	26	A	Speech evaluation, complex	0.84	0.23	0.32	0.23	0.32	0.03	1.10	1.19	1.10	1.19	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
70373		A	Contrast x-ray of larynx	0.44	1.91	1.99	1.91	1.99	0.11	2.46	2.54	2.46	2.54	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.12	0.17	0.12	0.17	0.02	0.58	0.63	0.58	0.63	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.79	1.82	1.79	1.82	0.09	1.88	1.91	1.88	1.91	XXX
70380		A	X-ray exam of salivary gland	0.17	0.72	0.75	0.72	0.75	0.04	0.93	0.96	0.93	0.96	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
70390		A	X-ray exam of salivary duct	0.38	1.89	1.96	1.89	1.96	0.11	2.38	2.45	2.38	2.45	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.10	0.14	0.10	0.14	0.02	0.50	0.54	0.50	0.54	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.79	1.82	1.79	1.82	0.09	1.88	1.91	1.88	1.91	XXX
70450		A	CAT scan of head or brain	0.85	4.97	5.13	4.97	5.13	0.25	6.07	6.23	6.07	6.23	XXX
70450	26	A	CAT scan of head or brain	0.85	0.23	0.32	0.23	0.32	0.03	1.11	1.20	1.11	1.20	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.74	4.81	4.74	4.81	0.22	4.96	5.03	4.96	5.03	XXX
70460		A	Contrast CAT scan of head	1.13	6.00	6.20	6.00	6.20	0.31	7.44	7.64	7.44	7.64	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.32	0.43	0.32	0.43	0.05	1.50	1.61	1.50	1.61	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.68	5.77	5.68	5.77	0.26	5.94	6.03	5.94	6.03	XXX
70470		A	Contrast CAT scans of head	1.27	7.45	7.69	7.45	7.69	0.37	9.09	9.33	9.09	9.33	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.35	0.48	0.35	0.48	0.05	1.67	1.80	1.67	1.80	XXX
70470	TC	A	Contrast CAT scans of head	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
70480		A	CAT scan of skull	1.28	5.09	5.30	5.09	5.30	0.27	6.64	6.85	6.64	6.85	XXX
70480	26	A	CAT scan of skull	1.28	0.35	0.49	0.35	0.49	0.05	1.68	1.82	1.68	1.82	XXX
70480	TC	A	CAT scan of skull	0.00	4.74	4.81	4.74	4.81	0.22	4.96	5.03	4.96	5.03	XXX
70481		A	Contrast CAT scan of skull	1.38	6.06	6.29	6.06	6.29	0.31	7.75	7.98	7.75	7.98	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.38	0.52	0.38	0.52	0.05	1.81	1.95	1.81	1.95	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.68	5.77	5.68	5.77	0.26	5.94	6.03	5.94	6.03	XXX
70482		A	Contrast CAT scans of skull	1.45	7.50	7.76	7.50	7.76	0.38	9.33	9.59	9.33	9.59	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.40	0.55	0.40	0.55	0.06	1.91	2.06	1.91	2.06	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
70486		A	CAT scan of face/jaw	1.14	5.05	5.24	5.05	5.24	0.27	6.46	6.65	6.46	6.65	XXX
70486	26	A	CAT scan of face/jaw	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
70486	TC	A	CAT scan of face/jaw	0.00	4.74	4.81	4.74	4.81	0.22	4.96	5.03	4.96	5.03	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
70487		A	Contrast CAT scan, face/jaw	1.30	6.04	6.26	6.04	6.26	0.31	7.65	7.87	7.65	7.87	XXX
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.36	0.49	0.36	0.49	0.05	1.71	1.84	1.71	1.84	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.68	5.77	5.68	5.77	0.26	5.94	6.03	5.94	6.03	XXX
70488		A	Contrast CAT scans, face/jaw	1.42	7.49	7.75	7.49	7.75	0.38	9.29	9.55	9.29	9.55	XXX
70488	26	A	Contrast CAT scans, face/jaw	1.42	0.39	0.54	0.39	0.54	0.06	1.87	2.02	1.87	2.02	XXX
70488	TC	A	Contrast CAT scans, face/jaw	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
70490		A	CAT scan of neck tissue	1.28	5.09	5.30	5.09	5.30	0.27	6.64	6.85	6.64	6.85	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.35	0.49	0.35	0.49	0.05	1.68	1.82	1.68	1.82	XXX
70490	TC	A	CAT scan of neck tissue	0.00	4.74	4.81	4.74	4.81	0.22	4.96	5.03	4.96	5.03	XXX
70491		A	Contrast CAT of neck tissue	1.38	6.06	6.29	6.06	6.29	0.31	7.75	7.98	7.75	7.98	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.38	0.52	0.38	0.52	0.05	1.81	1.95	1.81	1.95	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	5.68	5.77	5.68	5.77	0.26	5.94	6.03	5.94	6.03	XXX
70492		A	Contrast CAT of neck tissue	1.45	7.49	7.75	7.49	7.75	0.38	9.32	9.58	9.32	9.58	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.39	0.54	0.39	0.54	0.06	1.90	2.05	1.90	2.05	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
70540		A	Magnetic image, face/neck	1.48	11.67	12.00	11.67	12.00	0.56	13.71	14.04	13.71	14.04	XXX
70540	26	A	Magnetic image, face/neck	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
70540	TC	A	Magnetic image, face/neck	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
70541		R	Magnetic image, head (MRA)	1.81	11.76	12.04	11.76	12.04	0.57	14.14	14.42	14.14	14.42	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.50	0.61	0.50	0.61	0.07	2.38	2.49	2.38	2.49	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
70551		A	Magnetic image, brain (MRI)	1.48	11.67	12.00	11.67	12.00	0.56	13.71	14.04	13.71	14.04	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
70552		A	Magnetic image, brain (MRI)	1.78	14.01	14.39	14.01	14.39	0.67	16.46	16.84	16.46	16.84	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.51	0.69	0.51	0.69	0.07	2.36	2.54	2.36	2.54	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	13.50	13.70	13.50	13.70	0.60	14.10	14.30	14.10	14.30	XXX
70553		A	Magnetic image, brain (mri)	2.36	25.66	26.29	25.66	26.29	1.21	29.23	29.86	29.23	29.86	XXX
70553	26	A	Magnetic image, brain (mri)	2.36	0.65	0.91	0.65	0.91	0.09	3.10	3.36	3.10	3.36	XXX
70553	TC	A	Magnetic image, brain (mri)	0.00	25.01	25.38	25.01	25.38	1.12	26.13	26.50	26.13	26.50	XXX
71010		A	Chest x-ray	0.18	0.53	0.56	0.53	0.56	0.03	0.74	0.77	0.74	0.77	XXX
71010	26	A	Chest x-ray	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
71010	TC	A	Chest x-ray	0.00	0.48	0.49	0.48	0.49	0.02	0.50	0.51	0.50	0.51	XXX
71015		A	Chest x-ray	0.21	0.58	0.62	0.58	0.62	0.03	0.82	0.86	0.82	0.86	XXX
71015	26	A	Chest x-ray	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
71015	TC	A	Chest x-ray	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
71020		A	Chest x-ray	0.22	0.68	0.72	0.68	0.72	0.04	0.94	0.98	0.94	0.98	XXX
71020	26	A	Chest x-ray	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71020	TC	A	Chest x-ray	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
71021		A	Chest x-ray	0.27	0.81	0.85	0.81	0.85	0.05	1.13	1.17	1.13	1.17	XXX
71021	26	A	Chest x-ray	0.27	0.07	0.10	0.07	0.10	0.01	0.35	0.38	0.35	0.38	XXX
71021	TC	A	Chest x-ray	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
71022		A	Chest x-ray	0.31	0.83	0.87	0.83	0.87	0.05	1.19	1.23	1.19	1.23	XXX
71022	26	A	Chest x-ray	0.31	0.09	0.12	0.09	0.12	0.01	0.41	0.44	0.41	0.44	XXX
71022	TC	A	Chest x-ray	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	0.91	0.95	0.91	0.95	0.05	1.34	1.38	1.34	1.38	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.12	0.15	0.12	0.15	0.01	0.51	0.54	0.51	0.54	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
71030		A	Chest x-ray	0.31	0.88	0.92	0.88	0.92	0.05	1.24	1.28	1.24	1.28	XXX
71030	26	A	Chest x-ray	0.31	0.09	0.12	0.09	0.12	0.01	0.41	0.44	0.41	0.44	XXX
71030	TC	A	Chest x-ray	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
71034		A	Chest x-ray and fluoroscopy	0.46	1.60	1.66	1.60	1.66	0.09	2.15	2.21	2.15	2.21	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.15	0.19	0.15	0.19	0.02	0.63	0.67	0.63	0.67	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.45	1.47	1.45	1.47	0.07	1.52	1.54	1.52	1.54	XXX
71035		A	Chest x-ray	0.18	0.57	0.60	0.57	0.60	0.03	0.78	0.81	0.78	0.81	XXX
71035	26	A	Chest x-ray	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
71035	TC	A	Chest x-ray	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
71036		A	X-ray guidance for biopsy	0.54	1.73	1.82	1.73	1.82	0.10	2.37	2.46	2.37	2.46	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.58	1.61	1.58	1.61	0.08	1.66	1.69	1.66	1.69	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.63	1.72	1.63	1.72	0.09	2.30	2.39	2.30	2.39	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.47	1.49	1.47	1.49	0.07	1.54	1.56	1.54	1.56	XXX
71060		A	Contrast x-ray of bronchi	0.74	2.42	2.54	2.42	2.54	0.14	3.30	3.42	3.30	3.42	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.22	2.25	2.22	2.25	0.11	2.33	2.36	2.33	2.36	XXX
71090		A	X-ray & pacemaker insertion	0.54	1.91	1.97	1.91	1.97	0.11	2.56	2.62	2.56	2.62	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.22	0.25	0.22	0.25	0.02	0.78	0.81	0.78	0.81	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	XXX
71100		A	X-ray exam of ribs	0.22	0.63	0.67	0.63	0.67	0.04	0.89	0.93	0.89	0.93	XXX
71100	26	A	X-ray exam of ribs	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
71101		A	X-ray exam of ribs/chest	0.27	0.74	0.79	0.74	0.79	0.04	1.05	1.10	1.05	1.10	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
71110		A	X-ray exam of ribs	0.27	0.86	0.91	0.86	0.91	0.05	1.18	1.23	1.18	1.23	XXX
71110	26	A	X-ray exam of ribs	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
71111		A	X-ray exam of ribs/ chest	0.32	0.98	1.04	0.98	1.04	0.06	1.36	1.42	1.36	1.42	XXX
71111	26	A	X-ray exam of ribs/ chest	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
71111	TC	A	X-ray exam of ribs/ chest	0.00	0.89	0.91	0.89	0.91	0.05	0.94	0.96	0.94	0.96	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
71120		A	X-ray exam of breastbone	0.20	0.70	0.74	0.70	0.74	0.04	0.94	0.98	0.94	0.98	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.05	0.08	0.05	0.08	0.01	0.26	0.29	0.26	0.29	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.65	0.66	0.65	0.66	0.03	0.68	0.69	0.68	0.69	XXX
71130		A	X-ray exam of breastbone	0.22	0.77	0.81	0.77	0.81	0.04	1.03	1.07	1.03	1.07	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.71	0.72	0.71	0.72	0.03	0.74	0.75	0.74	0.75	XXX
71250		A	CAT scan of chest	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
71250	26	A	CAT scan of chest	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
71250	TC	A	CAT scan of chest	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
71260		A	Contrast CAT scan of chest	1.24	7.44	7.68	7.44	7.68	0.37	9.05	9.29	9.05	9.29	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.34	0.47	0.34	0.47	0.05	1.63	1.76	1.63	1.76	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
71270		A	Contrast CAT scans of chest	1.38	9.27	9.54	9.27	9.54	0.44	11.09	11.36	11.09	11.36	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.38	0.52	0.38	0.52	0.05	1.81	1.95	1.81	1.95	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	8.89	9.02	8.89	9.02	0.39	9.28	9.41	9.28	9.41	XXX
71550		A	Magnetic image, chest (mri)	1.60	11.70	12.04	11.70	12.04	0.56	13.86	14.20	13.86	14.20	XXX
71550	26	A	Magnetic image, chest (mri)	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
71550	TC	A	Magnetic image, chest (mri)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
71555		R	Magnetic image, chest (mra)	1.81	11.77	12.08	11.77	12.08	0.57	14.15	14.46	14.15	14.46	XXX
71555	26	R	Magnetic image, chest (mra)	1.81	0.51	0.65	0.51	0.65	0.07	2.39	2.53	2.39	2.53	XXX
71555	TC	R	Magnetic image, chest (mra)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
72010		A	X-ray exam of spine	0.45	1.16	1.23	1.16	1.23	0.07	1.68	1.75	1.68	1.75	XXX
72010	26	A	X-ray exam of spine	0.45	0.13	0.18	0.13	0.18	0.02	0.60	0.65	0.60	0.65	XXX
72010	TC	A	X-ray exam of spine	0.00	1.03	1.05	1.03	1.05	0.05	1.08	1.10	1.08	1.10	XXX
72020		A	X-ray exam of spine	0.15	0.46	0.49	0.46	0.49	0.03	0.64	0.67	0.64	0.67	XXX
72020	26	A	X-ray exam of spine	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
72020	TC	A	X-ray exam of spine	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
72040		A	X-ray exam of neck spine	0.22	0.66	0.70	0.66	0.70	0.04	0.92	0.96	0.92	0.96	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.60	0.61	0.60	0.61	0.03	0.63	0.64	0.63	0.64	XXX
72050		A	X-ray exam of neck spine	0.31	0.98	1.03	0.98	1.03	0.06	1.35	1.40	1.35	1.40	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.09	0.12	0.09	0.12	0.01	0.41	0.44	0.41	0.44	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.89	0.91	0.89	0.91	0.05	0.94	0.96	0.94	0.96	XXX
72052		A	X-ray exam of neck spine	0.36	1.24	1.30	1.24	1.30	0.06	1.66	1.72	1.66	1.72	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.14	1.16	1.14	1.16	0.05	1.19	1.21	1.19	1.21	XXX
72069		A	X-ray exam of trunk spine	0.22	0.56	0.60	0.56	0.60	0.03	0.81	0.85	0.81	0.85	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.71	0.75	0.71	0.75	0.04	0.97	1.01	0.97	1.01	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.65	0.66	0.65	0.66	0.03	0.68	0.69	0.68	0.69	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.80	0.84	0.80	0.84	0.05	1.07	1.11	1.07	1.11	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.97	1.02	0.97	1.02	0.06	1.25	1.30	1.25	1.30	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
72080		A	X-ray exam of trunk spine	0.22	0.73	0.77	0.73	0.77	0.04	0.99	1.03	0.99	1.03	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
72090		A	X-ray exam of trunk spine	0.28	0.75	0.79	0.75	0.79	0.04	1.07	1.11	1.07	1.11	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
72100		A	X-ray exam of lower spine	0.22	0.73	0.77	0.73	0.77	0.04	0.99	1.03	0.99	1.03	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
72110		A	X-ray exam of lower spine	0.31	1.00	1.05	1.00	1.05	0.06	1.37	1.42	1.37	1.42	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.09	0.12	0.09	0.12	0.01	0.41	0.44	0.41	0.44	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
72114		A	X-ray exam of lower spine	0.36	1.30	1.36	1.30	1.36	0.07	1.73	1.79	1.73	1.79	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.10	0.14	0.10	0.14	0.02	0.48	0.52	0.48	0.52	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.20	1.22	1.20	1.22	0.05	1.25	1.27	1.25	1.27	XXX
72120		A	X-ray exam of lower spine	0.22	0.95	1.00	0.95	1.00	0.06	1.23	1.28	1.23	1.28	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.89	0.91	0.89	0.91	0.05	0.94	0.96	0.94	0.96	XXX
72125		A	CAT scan of neck spine	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
72125	26	A	CAT scan of neck spine	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
72125	TC	A	CAT scan of neck spine	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
72126		A	Contrast CAT scan of neck	1.22	7.43	7.67	7.43	7.67	0.37	9.02	9.26	9.02	9.26	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
72127		A	Contrast CAT scans of neck	1.27	9.24	9.50	9.24	9.50	0.44	10.95	11.21	10.95	11.21	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.35	0.48	0.35	0.48	0.05	1.67	1.80	1.67	1.80	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	8.89	9.02	8.89	9.02	0.39	9.28	9.41	9.28	9.41	XXX
72128		A	CAT scan of thorax spine	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
72128	TC	A	CAT scan of thorax spine	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
72129		A	Contrast CAT scan of thorax	1.22	7.43	7.67	7.43	7.67	0.37	9.02	9.26	9.02	9.26	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
72130		A	Contrast CAT scans of thorax	1.27	9.24	9.50	9.24	9.50	0.44	10.95	11.21	10.95	11.21	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.35	0.48	0.35	0.48	0.05	1.67	1.80	1.67	1.80	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	8.89	9.02	8.89	9.02	0.39	9.28	9.41	9.28	9.41	XXX
72131		A	CAT scan of lower spine	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
72131	26	A	CAT scan of lower spine	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
72131	TC	A	CAT scan of lower spine	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
72132		A	Contrast CAT of lower spine	1.22	7.43	7.67	7.43	7.67	0.37	9.02	9.26	9.02	9.26	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
72133		A	Contrst CAT scans, low spine	1.27	9.25	9.51	9.25	9.51	0.44	10.96	11.22	10.96	11.22	XXX
72133	26	A	Contrst CAT scans, low spine	1.27	0.36	0.49	0.36	0.49	0.05	1.68	1.81	1.68	1.81	XXX
72133	TC	A	Contrst CAT scans, low spine	0.00	8.89	9.02	8.89	9.02	0.39	9.28	9.41	9.28	9.41	XXX
72141		A	Magnetic image, neck spine	1.60	11.70	12.04	11.70	12.04	0.56	13.86	14.20	13.86	14.20	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
72141	TC	A	Magnetic image, neck spine	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
72142		A	Magnetic image, neck spine	1.92	14.05	14.44	14.05	14.44	0.68	16.65	17.04	16.65	17.04	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.55	0.74	0.55	0.74	0.08	2.55	2.74	2.55	2.74	XXX
72142	TC	A	Magnetic image, neck spine	0.00	13.50	13.70	13.50	13.70	0.60	14.10	14.30	14.10	14.30	XXX
72146		A	Magnetic image, chest spine	1.60	12.94	13.30	12.94	13.30	0.61	15.15	15.51	15.15	15.51	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
72146	TC	A	Magnetic image, chest spine	0.00	12.50	12.69	12.50	12.69	0.55	13.05	13.24	13.05	13.24	XXX
72147		A	Magnetic image, chest spine	1.92	14.04	14.44	14.04	14.44	0.68	16.64	17.04	16.64	17.04	XXX
72147	26	A	Magnetic image, chest spine	1.92	0.54	0.74	0.54	0.74	0.08	2.54	2.74	2.54	2.74	XXX
72147	TC	A	Magnetic image, chest spine	0.00	13.50	13.70	13.50	13.70	0.60	14.10	14.30	14.10	14.30	XXX
72148		A	Magnetic image, lumbar spine	1.48	12.91	13.26	12.91	13.26	0.61	15.00	15.35	15.00	15.35	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	12.50	12.69	12.50	12.69	0.55	13.05	13.24	13.05	13.24	XXX
72149		A	Magnetic image, lumbar spine	1.78	14.01	14.39	14.01	14.39	0.67	16.46	16.84	16.46	16.84	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.51	0.69	0.51	0.69	0.07	2.36	2.54	2.36	2.54	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	13.50	13.70	13.50	13.70	0.60	14.10	14.30	14.10	14.30	XXX
72156		A	Magnetic image, neck spine	2.57	25.72	26.36	25.72	26.36	1.22	29.51	30.15	29.51	30.15	XXX
72156	26	A	Magnetic image, neck spine	2.57	0.71	0.98	0.71	0.98	0.10	3.38	3.65	3.38	3.65	XXX
72156	TC	A	Magnetic image, neck spine	0.00	25.01	25.38	25.01	25.38	1.12	26.13	26.50	26.13	26.50	XXX
72157		A	Magnetic image, chest spine	2.57	25.72	26.36	25.72	26.36	1.22	29.51	30.15	29.51	30.15	XXX
72157	26	A	Magnetic image, chest spine	2.57	0.71	0.98	0.71	0.98	0.10	3.38	3.65	3.38	3.65	XXX
72157	TC	A	Magnetic image, chest spine	0.00	25.01	25.38	25.01	25.38	1.12	26.13	26.50	26.13	26.50	XXX
72158		A	Magnetic image, lumbar spine	2.36	25.66	26.29	25.66	26.29	1.21	29.23	29.86	29.23	29.86	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	0.65	0.91	0.65	0.91	0.09	3.10	3.36	3.10	3.36	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	25.01	25.38	25.01	25.38	1.12	26.13	26.50	26.13	26.50	XXX
72159		N	Magnetic image, spine (mra)	+1.80	13.20	13.40	13.20	13.40	0.62	15.62	15.82	15.62	15.82	XXX
72159	26	N	Magnetic image, spine (mra)	+1.80	0.70	0.71	0.70	0.71	0.07	2.57	2.58	2.57	2.58	XXX
72159	TC	N	Magnetic image, spine (mra)	+0.00	12.50	12.69	12.50	12.69	0.55	13.05	13.24	13.05	13.24	XXX
72170		A	X-ray exam of pelvis	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
72190		A	X-ray exam of pelvis	0.21	0.73	0.77	0.73	0.77	0.04	0.98	1.02	0.98	1.02	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
72192		A	CAT scan of pelvis	1.09	6.24	6.44	6.24	6.44	0.31	7.64	7.84	7.64	7.84	XXX
72192	26	A	CAT scan of pelvis	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
72192	TC	A	CAT scan of pelvis	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
72193		A	Contrast CAT scan of pelvis	1.16	7.20	7.42	7.20	7.42	0.36	8.72	8.94	8.72	8.94	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.88	6.98	6.88	6.98	0.31	7.19	7.29	7.19	7.29	XXX
72194		A	Contrast CAT scans of pelvis	1.22	8.86	9.12	8.86	9.12	0.42	10.50	10.76	10.50	10.76	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.53	8.66	8.53	8.66	0.37	8.90	9.03	8.90	9.03	XXX
72196		A	Magnetic image, pelvis	1.60	11.70	12.04	11.70	12.04	0.56	13.86	14.20	13.86	14.20	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
72196	TC	A	Magnetic image, pelvis	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
72198		N	Magnetic image, pelvis (mra)	+1.80	11.96	12.17	11.96	12.17	0.57	14.33	14.54	14.33	14.54	XXX
72198	26	N	Magnetic image, pelvis (mra)	+1.80	0.70	0.74	0.70	0.74	0.07	2.57	2.61	2.57	2.61	XXX
72198	TC	N	Magnetic image, pelvis (mra)	+0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.67	0.71	0.67	0.71	0.04	0.90	0.94	0.90	0.94	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
72220		A	X-ray exam of tailbone	0.17	0.62	0.65	0.62	0.65	0.04	0.83	0.86	0.83	0.86	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
72240		A	Contrast x-ray of neck spine	0.91	5.01	5.18	5.01	5.18	0.26	6.18	6.35	6.18	6.35	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.24	0.34	0.24	0.34	0.04	1.19	1.29	1.19	1.29	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.77	4.84	4.77	4.84	0.22	4.99	5.06	4.99	5.06	XXX
72255		A	Contrast x-ray, thorax spine	0.91	4.58	4.76	4.58	4.76	0.23	5.72	5.90	5.72	5.90	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.23	0.34	0.23	0.34	0.04	1.18	1.29	1.18	1.29	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	4.35	4.42	4.35	4.42	0.19	4.54	4.61	4.54	4.61	XXX
72265		A	Contrast x-ray, lower spine	0.83	4.30	4.46	4.30	4.46	0.23	5.36	5.52	5.36	5.52	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.21	0.31	0.21	0.31	0.04	1.08	1.18	1.08	1.18	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	4.09	4.15	4.09	4.15	0.19	4.28	4.34	4.28	4.34	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
72270		A	Contrast x-ray of spine	1.33	6.48	6.72	6.48	6.72	0.34	8.15	8.39	8.15	8.39	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.35	0.50	0.35	0.50	0.06	1.74	1.89	1.74	1.89	XXX
72270	TC	A	Contrast x-ray of spine	0.00	6.13	6.22	6.13	6.22	0.28	6.41	6.50	6.41	6.50	XXX
72275		A	Epidurography	0.54	2.25	2.25	2.25	2.25	0.24	3.03	3.03	3.03	3.03	XXX
72275	26	A	Epidurography	0.54	0.14	0.14	0.14	0.14	0.05	0.73	0.73	0.73	0.73	XXX
72275	TC	A	Epidurography	0.00	2.11	2.11	2.11	2.11	0.19	2.30	2.30	2.30	2.30	XXX
72285		A	X-ray c/t spine disk	1.16	8.76	8.93	8.76	8.93	0.41	10.33	10.50	10.33	10.50	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.34	0.38	0.34	0.38	0.04	1.54	1.58	1.54	1.58	XXX
72285	TC	A	X-ray c/t spine disk	0.00	8.42	8.55	8.42	8.55	0.37	8.79	8.92	8.79	8.92	XXX
72295		A	X-ray of lower spine disk	0.83	8.14	8.35	8.14	8.35	0.38	9.35	9.56	9.35	9.56	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.24	0.33	0.24	0.33	0.04	1.11	1.20	1.11	1.20	XXX
72295	TC	A	X-ray of lower spine disk	0.00	7.90	8.02	7.90	8.02	0.34	8.24	8.36	8.24	8.36	XXX
73000		A	X-ray exam of collar bone	0.16	0.56	0.59	0.56	0.59	0.03	0.75	0.78	0.75	0.78	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73010		A	X-ray exam of shoulder blade	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73020		A	X-ray exam of shoulder	0.15	0.52	0.55	0.52	0.55	0.03	0.70	0.73	0.70	0.73	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.48	0.49	0.48	0.49	0.02	0.50	0.51	0.50	0.51	XXX
73030		A	X-ray exam of shoulder	0.18	0.62	0.65	0.62	0.65	0.04	0.84	0.87	0.84	0.87	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.26	2.35	2.26	2.35	0.12	2.92	3.01	2.92	3.01	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
73050		A	X-ray exam of shoulders	0.20	0.73	0.76	0.73	0.76	0.04	0.97	1.00	0.97	1.00	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.06	0.08	0.06	0.08	0.01	0.27	0.29	0.27	0.29	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
73060		A	X-ray exam of humerus	0.17	0.62	0.65	0.62	0.65	0.04	0.83	0.86	0.83	0.86	XXX
73060	26	A	X-ray exam of humerus	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73070		A	X-ray exam of elbow	0.15	0.56	0.59	0.56	0.59	0.03	0.74	0.77	0.74	0.77	XXX
73070	26	A	X-ray exam of elbow	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73080		A	X-ray exam of elbow	0.17	0.62	0.65	0.62	0.65	0.04	0.83	0.86	0.83	0.86	XXX
73080	26	A	X-ray exam of elbow	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73085		A	Contrast x-ray of elbow	0.54	2.28	2.36	2.28	2.36	0.12	2.94	3.02	2.94	3.02	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.17	0.22	0.17	0.22	0.02	0.73	0.78	0.73	0.78	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
73090		A	X-ray exam of forearm	0.16	0.56	0.59	0.56	0.59	0.03	0.75	0.78	0.75	0.78	XXX
73090	26	A	X-ray exam of forearm	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73092		A	X-ray exam of arm, infant	0.16	0.54	0.57	0.54	0.57	0.03	0.73	0.76	0.73	0.76	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73100		A	X-ray exam of wrist	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73100	26	A	X-ray exam of wrist	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73110		A	X-ray exam of wrist	0.17	0.58	0.61	0.58	0.61	0.03	0.78	0.81	0.78	0.81	XXX
73110	26	A	X-ray exam of wrist	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.53	0.54	0.53	0.54	0.02	0.55	0.56	0.55	0.56	XXX
73115		A	Contrast x-ray of wrist	0.54	1.74	1.83	1.74	1.83	0.10	2.38	2.47	2.38	2.47	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.58	1.61	1.58	1.61	0.08	1.66	1.69	1.66	1.69	XXX
73120		A	X-ray exam of hand	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73120	26	A	X-ray exam of hand	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73120	TC	A	X-ray exam of hand	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73130		A	X-ray exam of hand	0.17	0.58	0.61	0.58	0.61	0.03	0.78	0.81	0.78	0.81	XXX
73130	26	A	X-ray exam of hand	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73130	TC	A	X-ray exam of hand	0.00	0.53	0.54	0.53	0.54	0.02	0.55	0.56	0.55	0.56	XXX
73140		A	X-ray exam of finger(s)	0.13	0.46	0.49	0.46	0.49	0.03	0.62	0.65	0.62	0.65	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.06	0.04	0.06	0.01	0.18	0.20	0.18	0.20	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
73200		A	CAT scan of arm	1.09	5.28	5.47	5.28	5.47	0.26	6.63	6.82	6.63	6.82	XXX
73200	26	A	CAT scan of arm	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
73200	TC	A	CAT scan of arm	0.00	4.98	5.06	4.98	5.06	0.22	5.20	5.28	5.20	5.28	XXX
73201		A	Contrast CAT scan of arm	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
73202		A	Contrast CAT scans of arm	1.22	7.79	8.03	7.79	8.03	0.38	9.39	9.63	9.39	9.63	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	7.46	7.57	7.46	7.57	0.33	7.79	7.90	7.79	7.90	XXX
73220		A	Magnetic image, arm/hand	1.48	11.67	12.00	11.67	12.00	0.56	13.71	14.04	13.71	14.04	XXX
73220	26	A	Magnetic image, arm/hand	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
73220	TC	A	Magnetic image, arm/hand	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
73221		A	Magnetic image, joint of arm	1.48	11.67	11.87	11.67	11.87	0.56	13.71	13.91	13.71	13.91	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.41	0.44	0.41	0.44	0.06	1.95	1.98	1.95	1.98	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
73225		N	Magnetic image, upper (mra)	+1.73	11.93	12.13	11.93	12.13	0.57	14.23	14.43	14.23	14.43	XXX
73225	26	N	Magnetic image, upper (mra)	+1.73	0.67	0.70	0.67	0.70	0.07	2.47	2.50	2.47	2.50	XXX
73225	TC	N	Magnetic image, upper (mra)	+0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
73500		A	X-ray exam of hip	0.17	0.53	0.56	0.53	0.56	0.03	0.73	0.76	0.73	0.76	XXX
73500	26	A	X-ray exam of hip	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73500	TC	A	X-ray exam of hip	0.00	0.48	0.49	0.48	0.49	0.02	0.50	0.51	0.50	0.51	XXX
73510		A	X-ray exam of hip	0.21	0.63	0.67	0.63	0.67	0.04	0.88	0.92	0.88	0.92	XXX
73510	26	A	X-ray exam of hip	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
73510	TC	A	X-ray exam of hip	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73520		A	X-ray exam of hips	0.26	0.74	0.78	0.74	0.78	0.04	1.04	1.08	1.04	1.08	XXX
73520	26	A	X-ray exam of hips	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
73520	TC	A	X-ray exam of hips	0.00	0.67	0.68	0.67	0.68	0.03	0.70	0.71	0.70	0.71	XXX
73525		A	Contrast x-ray of hip	0.54	2.26	2.35	2.26	2.35	0.12	2.92	3.01	2.92	3.01	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73525	TC	A	Contrast x-ray of hip	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
73530		A	X-ray exam of hip	0.29	0.60	0.64	0.60	0.64	0.03	0.92	0.96	0.92	0.96	XXX
73530	26	A	X-ray exam of hip	0.29	0.08	0.11	0.08	0.11	0.01	0.38	0.41	0.38	0.41	XXX
73530	TC	A	X-ray exam of hip	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.63	0.67	0.63	0.67	0.04	0.87	0.91	0.87	0.91	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73542		A	X-ray exam, sacroiliac joint	0.54	2.26	2.26	2.26	2.26	0.14	2.94	2.94	2.94	2.94	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.54	0.15	0.15	0.15	0.15	0.04	0.73	0.73	0.73	0.73	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.00	2.11	2.11	2.11	2.11	0.10	2.21	2.21	2.21	2.21	XXX
73550		A	X-ray exam of thigh	0.17	0.62	0.65	0.62	0.65	0.04	0.83	0.86	0.83	0.86	XXX
73550	26	A	X-ray exam of thigh	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73560		A	X-ray exam of knee, 1 or 2	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73562		A	X-ray exam of knee, 3	0.18	0.62	0.66	0.62	0.66	0.04	0.84	0.88	0.84	0.88	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
73564		A	X-ray exam, knee, 4 or more	0.22	0.68	0.72	0.68	0.72	0.04	0.94	0.98	0.94	0.98	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
73565		A	X-ray exam of knees	0.17	0.55	0.58	0.55	0.58	0.03	0.75	0.78	0.75	0.78	XXX
73565	26	A	X-ray exam of knees	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73565	TC	A	X-ray exam of knees	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73580		A	Contrast x-ray of knee joint	0.54	2.78	2.88	2.78	2.88	0.14	3.46	3.56	3.46	3.56	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
73590		A	X-ray exam of lower leg	0.17	0.57	0.60	0.57	0.60	0.03	0.77	0.80	0.77	0.80	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
73592		A	X-ray exam of leg, infant	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73600		A	X-ray exam of ankle	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73600	26	A	X-ray exam of ankle	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73610		A	X-ray exam of ankle	0.17	0.58	0.61	0.58	0.61	0.03	0.78	0.81	0.78	0.81	XXX
73610	26	A	X-ray exam of ankle	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.53	0.54	0.53	0.54	0.02	0.55	0.56	0.55	0.56	XXX
73615		A	Contrast x-ray of ankle	0.54	2.27	2.36	2.27	2.36	0.12	2.93	3.02	2.93	3.02	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
73620		A	X-ray exam of foot	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73620	26	A	X-ray exam of foot	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73620	TC	A	X-ray exam of foot	0.00	0.50	0.51	0.50	0.51	0.02	0.52	0.53	0.52	0.53	XXX
73630		A	X-ray exam of foot	0.17	0.58	0.61	0.58	0.61	0.03	0.78	0.81	0.78	0.81	XXX
73630	26	A	X-ray exam of foot	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73630	TC	A	X-ray exam of foot	0.00	0.53	0.54	0.53	0.54	0.02	0.55	0.56	0.55	0.56	XXX
73650		A	X-ray exam of heel	0.16	0.53	0.56	0.53	0.56	0.03	0.72	0.75	0.72	0.75	XXX
73650	26	A	X-ray exam of heel	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73650	TC	A	X-ray exam of heel	0.00	0.48	0.49	0.48	0.49	0.02	0.50	0.51	0.50	0.51	XXX
73660		A	X-ray exam of toe(s)	0.13	0.46	0.49	0.46	0.49	0.03	0.62	0.65	0.62	0.65	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.04	0.06	0.04	0.06	0.01	0.18	0.20	0.18	0.20	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
73700		A	CAT scan of leg	1.09	5.28	5.47	5.28	5.47	0.26	6.63	6.82	6.63	6.82	XXX
73700	26	A	CAT scan of leg	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
73700	TC	A	CAT scan of leg	0.00	4.98	5.06	4.98	5.06	0.22	5.20	5.28	5.20	5.28	XXX
73701		A	Contrast CAT scan of leg	1.16	6.26	6.47	6.26	6.47	0.32	7.74	7.95	7.74	7.95	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
73702		A	Contrast CAT scans of leg	1.22	7.79	8.03	7.79	8.03	0.38	9.39	9.63	9.39	9.63	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.46	7.57	7.46	7.57	0.33	7.79	7.90	7.79	7.90	XXX
73720		A	Magnetic image, leg/foot	1.48	11.67	12.00	11.67	12.00	0.56	13.71	14.04	13.71	14.04	XXX
73720	26	A	Magnetic image, leg/foot	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
73720	TC	A	Magnetic image, leg/foot	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
73721		A	Magnetic image, joint of leg	1.48	11.67	11.87	11.67	11.87	0.56	13.71	13.91	13.71	13.91	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.41	0.44	0.41	0.44	0.06	1.95	1.98	1.95	1.98	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
73725		R	Magnetic image/lower (mra)	1.82	11.76	12.04	11.76	12.04	0.57	14.15	14.43	14.15	14.43	XXX
73725	26	R	Magnetic image/lower (mra)	1.82	0.50	0.61	0.50	0.61	0.07	2.39	2.50	2.39	2.50	XXX
73725	TC	R	Magnetic image/lower (mra)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
74000		A	X-ray exam of abdomen	0.18	0.57	0.60	0.57	0.60	0.03	0.78	0.81	0.78	0.81	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
74010		A	X-ray exam of abdomen	0.23	0.63	0.67	0.63	0.67	0.04	0.90	0.94	0.90	0.94	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.09	0.06	0.09	0.01	0.30	0.33	0.30	0.33	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.57	0.58	0.57	0.58	0.03	0.60	0.61	0.60	0.61	XXX
74020		A	X-ray exam of abdomen	0.27	0.69	0.74	0.69	0.74	0.04	1.00	1.05	1.00	1.05	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.62	0.63	0.62	0.63	0.03	0.65	0.66	0.65	0.66	XXX
74022		A	X-ray exam series, abdomen	0.32	0.83	0.88	0.83	0.88	0.05	1.20	1.25	1.20	1.25	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
74150		A	CAT scan of abdomen	1.19	6.01	6.22	6.01	6.22	0.31	7.51	7.72	7.51	7.72	XXX
74150	26	A	CAT scan of abdomen	1.19	0.33	0.45	0.33	0.45	0.05	1.57	1.69	1.57	1.69	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.68	5.77	5.68	5.77	0.26	5.94	6.03	5.94	6.03	XXX
74160		A	Contrast CAT scan of abdomen	1.27	7.23	7.46	7.23	7.46	0.36	8.86	9.09	8.86	9.09	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.35	0.48	0.35	0.48	0.05	1.67	1.80	1.67	1.80	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.88	6.98	6.88	6.98	0.31	7.19	7.29	7.19	7.29	XXX
74170		A	Contrast CAT scans, abdomen	1.40	8.91	9.19	8.91	9.19	0.43	10.74	11.02	10.74	11.02	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.38	0.53	0.38	0.53	0.06	1.84	1.99	1.84	1.99	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.53	8.66	8.53	8.66	0.37	8.90	9.03	8.90	9.03	XXX
74181		A	Magnetic image/abdomen (mri)	1.60	11.70	12.04	11.70	12.04	0.56	13.86	14.20	13.86	14.20	XXX
74181	26	A	Magnetic image/abdomen (mri)	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
74181	TC	A	Magnetic image/abdomen (mri)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
74185		R	Magnetic image/abdomen (MRA)	1.80	11.75	12.07	11.75	12.07	0.57	14.12	14.44	14.12	14.44	XXX
74185	26	R	Magnetic image/abdomen (MRA)	1.80	0.49	0.64	0.49	0.64	0.07	2.36	2.51	2.36	2.51	XXX
74185	TC	R	Magnetic image/abdomen (MRA)	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
74190		A	X-ray exam of peritoneum	0.48	1.44	1.47	1.44	1.47	0.08	2.00	2.03	2.00	2.03	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.14	0.13	0.14	0.02	0.63	0.64	0.63	0.64	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74210		A	Contrst x-ray exam of throat	0.36	1.30	1.36	1.30	1.36	0.06	1.72	1.78	1.72	1.78	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.20	1.22	1.20	1.22	0.05	1.25	1.27	1.25	1.27	XXX
74220		A	Contrast x-ray, esophagus	0.46	1.33	1.40	1.33	1.40	0.07	1.86	1.93	1.86	1.93	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.13	0.18	0.13	0.18	0.02	0.61	0.66	0.61	0.66	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	1.20	1.22	1.20	1.22	0.05	1.25	1.27	1.25	1.27	XXX
74230		A	Cinema x-ray, throat/esoph	0.53	1.46	1.54	1.46	1.54	0.08	2.07	2.15	2.07	2.15	XXX
74230	26	A	Cinema x-ray, throat/esoph	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
74230	TC	A	Cinema x-ray, throat/esoph	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74235		A	Remove esophagus obstruction	1.19	2.96	3.12	2.96	3.12	0.17	4.32	4.48	4.32	4.48	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.33	0.45	0.33	0.45	0.05	1.57	1.69	1.57	1.69	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
74240		A	X-ray exam, upper gi tract	0.69	1.66	1.76	1.66	1.76	0.10	2.45	2.55	2.45	2.55	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	1.47	1.49	1.47	1.49	0.07	1.54	1.56	1.54	1.56	XXX
74241		A	X-ray exam, upper gi tract	0.69	1.69	1.79	1.69	1.79	0.10	2.48	2.58	2.48	2.58	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	1.50	1.52	1.50	1.52	0.07	1.57	1.59	1.57	1.59	XXX
74245		A	X-ray exam, upper gi tract	0.91	2.64	2.78	2.64	2.78	0.15	3.70	3.84	3.70	3.84	XXX
74245	26	A	X-ray exam, upper gi tract	0.91	0.25	0.35	0.25	0.35	0.04	1.20	1.30	1.20	1.30	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	2.39	2.43	2.39	2.43	0.11	2.50	2.54	2.50	2.54	XXX
74246		A	Contrst x-ray uppr gi tract	0.69	1.84	1.95	1.84	1.95	0.11	2.64	2.75	2.64	2.75	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	1.65	1.68	1.65	1.68	0.08	1.73	1.76	1.73	1.76	XXX
74247		A	Contrst x-ray uppr gi tract	0.69	1.88	1.99	1.88	1.99	0.12	2.69	2.80	2.69	2.80	XXX
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	XXX
74249		A	Contrst x-ray uppr gi tract	0.91	2.83	2.97	2.83	2.97	0.16	3.90	4.04	3.90	4.04	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.25	0.35	0.25	0.35	0.04	1.20	1.30	1.20	1.30	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	2.58	2.62	2.58	2.62	0.12	2.70	2.74	2.70	2.74	XXX
74250		A	X-ray exam of small bowel	0.47	1.44	1.51	1.44	1.51	0.08	1.99	2.06	1.99	2.06	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.13	0.18	0.13	0.18	0.02	0.62	0.67	0.62	0.67	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74251		A	X-ray exam of small bowel	0.69	1.50	1.54	1.50	1.54	0.09	2.28	2.32	2.28	2.32	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.19	0.21	0.19	0.21	0.03	0.91	0.93	0.91	0.93	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74260		A	X-ray exam of small bowel	0.50	1.64	1.72	1.64	1.72	0.09	2.23	2.31	2.23	2.31	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.14	0.20	0.14	0.20	0.02	0.66	0.72	0.66	0.72	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.50	1.52	1.50	1.52	0.07	1.57	1.59	1.57	1.59	XXX
74270		A	Contrast x-ray exam of colon	0.69	1.90	2.01	1.90	2.01	0.12	2.71	2.82	2.71	2.82	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.71	1.74	1.71	1.74	0.09	1.80	1.83	1.80	1.83	XXX
74280		A	Contrast x-ray exam of colon	0.99	2.51	2.66	2.51	2.66	0.15	3.65	3.80	3.65	3.80	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
74283		A	Contrast x-ray exam of colon	2.02	3.12	3.38	3.12	3.38	0.20	5.34	5.60	5.34	5.60	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.55	0.77	0.55	0.77	0.08	2.65	2.87	2.65	2.87	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.57	2.61	2.57	2.61	0.12	2.69	2.73	2.69	2.73	XXX
74290		A	Contrast x-ray, gallbladder	0.32	0.83	0.88	0.83	0.88	0.05	1.20	1.25	1.20	1.25	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
74291		A	Contrast x-rays, gallbladder	0.20	0.47	0.51	0.47	0.51	0.03	0.70	0.74	0.70	0.74	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.05	0.08	0.05	0.08	0.01	0.26	0.29	0.26	0.29	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
74300		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301		C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305		A	X-ray bile ducts/pancreas	0.42	0.90	0.96	0.90	0.96	0.06	1.38	1.44	1.38	1.44	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.11	0.16	0.11	0.16	0.02	0.55	0.60	0.55	0.60	XXX
74305	TC	A	X-ray bile ducts/pancreas	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
74320		A	Contrast x-ray of bile ducts	0.54	3.32	3.43	3.32	3.43	0.16	4.02	4.13	4.02	4.13	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74327		A	X-ray bile stone removal	0.70	1.96	2.07	1.96	2.07	0.12	2.78	2.89	2.78	2.89	XXX
74327	26	A	X-ray bile stone removal	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74327	TC	A	X-ray bile stone removal	0.00	1.77	1.80	1.77	1.80	0.09	1.86	1.89	1.86	1.89	XXX
74328		A	Xray bile duct endoscopy	0.70	3.36	3.49	3.36	3.49	0.17	4.23	4.36	4.23	4.36	XXX
74328	26	A	Xray bile duct endoscopy	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74328	TC	A	Xray bile duct endoscopy	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74329		A	X-ray for pancreas endoscopy	0.70	3.36	3.49	3.36	3.49	0.17	4.23	4.36	4.23	4.36	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74330		A	X-ray bile/panc endoscopy	0.90	3.42	3.52	3.42	3.52	0.18	4.50	4.60	4.50	4.60	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.25	0.30	0.25	0.30	0.04	1.19	1.24	1.19	1.24	XXX
74330	TC	A	X-ray bile/panc endoscopy	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74340		A	X-ray guide for GI tube	0.54	2.78	2.88	2.78	2.88	0.14	3.46	3.56	3.46	3.56	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
74350		A	X-ray guide, stomach tube	0.76	3.38	3.52	3.38	3.52	0.17	4.31	4.45	4.31	4.45	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.21	0.30	0.21	0.30	0.03	1.00	1.09	1.00	1.09	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74355		A	X-ray guide, intestinal tube	0.76	2.84	2.97	2.84	2.97	0.15	3.75	3.88	3.75	3.88	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.21	0.30	0.21	0.30	0.03	1.00	1.09	1.00	1.09	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
74360		A	X-ray guide, GI dilation	0.54	3.35	3.45	3.35	3.45	0.16	4.05	4.15	4.05	4.15	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.18	0.23	0.18	0.23	0.02	0.74	0.79	0.74	0.79	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74363		A	X-ray, bile duct dilation	0.88	6.37	6.56	6.37	6.56	0.32	7.57	7.76	7.57	7.76	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.24	0.34	0.24	0.34	0.04	1.16	1.26	1.16	1.26	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	6.13	6.22	6.13	6.22	0.28	6.41	6.50	6.41	6.50	XXX
74400		A	Contrst x-ray, urinary tract	0.49	1.82	1.91	1.82	1.91	0.11	2.42	2.51	2.42	2.51	XXX
74400	26	A	Contrst x-ray, urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74400	TC	A	Contrst x-ray, urinary tract	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	XXX
74410		A	Contrst x-ray, urinary tract	0.49	2.09	2.18	2.09	2.18	0.11	2.69	2.78	2.69	2.78	XXX
74410	26	A	Contrst x-ray, urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74410	TC	A	Contrst x-ray, urinary tract	0.00	1.96	1.99	1.96	1.99	0.09	2.05	2.08	2.05	2.08	XXX
74415		A	Contrst x-ray, urinary tract	0.49	2.26	2.35	2.26	2.35	0.12	2.87	2.96	2.87	2.96	XXX
74415	26	A	Contrst x-ray, urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74415	TC	A	Contrst x-ray, urinary tract	0.00	2.13	2.16	2.13	2.16	0.10	2.23	2.26	2.23	2.26	XXX
74420		A	Contrst x-ray, urinary tract	0.36	2.73	2.81	2.73	2.81	0.14	3.23	3.31	3.23	3.31	XXX
74420	26	A	Contrst x-ray, urinary tract	0.36	0.10	0.14	0.10	0.14	0.02	0.48	0.52	0.48	0.52	XXX
74420	TC	A	Contrst x-ray, urinary tract	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
74425		A	Contrst x-ray, urinary tract	0.36	1.41	1.47	1.41	1.47	0.07	1.84	1.90	1.84	1.90	XXX
74425	26	A	Contrst x-ray, urinary tract	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74425	TC	A	Contrst x-ray, urinary tract	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74430		A	Contrast x-ray, bladder	0.32	1.15	1.21	1.15	1.21	0.06	1.53	1.59	1.53	1.59	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
74440		A	X-ray, male genital tract	0.38	1.25	1.31	1.25	1.31	0.07	1.70	1.76	1.70	1.76	XXX
74440	26	A	X-ray, male genital tract	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
74440	TC	A	X-ray, male genital tract	0.00	1.14	1.16	1.14	1.16	0.05	1.19	1.21	1.19	1.21	XXX
74445		A	X-ray exam of penis	1.14	1.48	1.60	1.48	1.60	0.11	2.73	2.85	2.73	2.85	XXX
74445	26	A	X-ray exam of penis	1.14	0.34	0.44	0.34	0.44	0.06	1.54	1.64	1.54	1.64	XXX
74445	TC	A	X-ray exam of penis	0.00	1.14	1.16	1.14	1.16	0.05	1.19	1.21	1.19	1.21	XXX
74450		A	X-ray, urethra/bladder	0.33	1.56	1.62	1.56	1.62	0.08	1.97	2.03	1.97	2.03	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
74450	TC	A	X-ray, urethra/bladder	0.00	1.47	1.49	1.47	1.49	0.07	1.54	1.56	1.54	1.56	XXX
74455		A	X-ray, urethra/bladder	0.33	1.67	1.74	1.67	1.74	0.09	2.09	2.16	2.09	2.16	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	1.58	1.61	1.58	1.61	0.08	1.66	1.69	1.66	1.69	XXX
74470		A	X-ray exam of kidney lesion	0.54	1.40	1.48	1.40	1.48	0.08	2.02	2.10	2.02	2.10	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.25	1.27	1.25	1.27	0.06	1.31	1.33	1.31	1.33	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
74475		A	X-ray control, cath insert	0.54	4.24	4.36	4.24	4.36	0.21	4.99	5.11	4.99	5.11	XXX
74475	26	A	X-ray control, cath insert	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74475	TC	A	X-ray control, cath insert	0.00	4.09	4.15	4.09	4.15	0.19	4.28	4.34	4.28	4.34	XXX
74480		A	X-ray control, cath insert	0.54	4.24	4.36	4.24	4.36	0.21	4.99	5.11	4.99	5.11	XXX
74480	26	A	X-ray control, cath insert	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74480	TC	A	X-ray control, cath insert	0.00	4.09	4.15	4.09	4.15	0.19	4.28	4.34	4.28	4.34	XXX
74485		A	X-ray guide, GU dilation	0.54	3.32	3.43	3.32	3.43	0.16	4.02	4.13	4.02	4.13	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74710		A	X-ray measurement of pelvis	0.34	1.15	1.21	1.15	1.21	0.06	1.55	1.61	1.55	1.61	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
74740		A	X-ray, female genital tract	0.38	1.42	1.48	1.42	1.48	0.08	1.88	1.94	1.88	1.94	XXX
74740	26	A	X-ray, female genital tract	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
74740	TC	A	X-ray, female genital tract	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
74742		A	X-ray, fallopian tube	0.61	3.34	3.44	3.34	3.44	0.16	4.11	4.21	4.11	4.21	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.17	0.22	0.17	0.22	0.02	0.80	0.85	0.80	0.85	XXX
74742	TC	A	X-ray, fallopian tube	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
74775		A	X-ray exam of perineum	0.62	1.65	1.74	1.65	1.74	0.10	2.37	2.46	2.37	2.46	XXX
74775	26	A	X-ray exam of perineum	0.62	0.18	0.25	0.18	0.25	0.03	0.83	0.90	0.83	0.90	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.47	1.49	1.47	1.49	0.07	1.54	1.56	1.54	1.56	XXX
75552		A	Magnetic image, myocardium	1.60	11.71	12.05	11.71	12.05	0.56	13.87	14.21	13.87	14.21	XXX
75552	26	A	Magnetic image, myocardium	1.60	0.45	0.62	0.45	0.62	0.06	2.11	2.28	2.11	2.28	XXX
75552	TC	A	Magnetic image, myocardium	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
75553		A	Magnetic image, myocardium	2.00	11.80	12.09	11.80	12.09	0.58	14.38	14.67	14.38	14.67	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.54	0.66	0.54	0.66	0.08	2.62	2.74	2.62	2.74	XXX
75553	TC	A	Magnetic image, myocardium	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
75554		A	Cardiac MRI/function	1.83	11.84	12.11	11.84	12.11	0.57	14.24	14.51	14.24	14.51	XXX
75554	26	A	Cardiac MRI/function	1.83	0.58	0.68	0.58	0.68	0.07	2.48	2.58	2.48	2.58	XXX
75554	TC	A	Cardiac MRI/function	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
75555		A	Cardiac MRI/limited study	1.74	11.89	12.14	11.89	12.14	0.56	14.19	14.44	14.19	14.44	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.63	0.71	0.63	0.71	0.06	2.43	2.51	2.43	2.51	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600		A	Contrast x-ray exam of aorta	0.49	12.86	13.07	12.86	13.07	0.58	13.93	14.14	13.93	14.14	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.20	0.22	0.20	0.22	0.02	0.71	0.73	0.71	0.73	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75605		A	Contrast x-ray exam of aorta	1.14	13.03	13.31	13.03	13.31	0.60	14.77	15.05	14.77	15.05	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.37	0.46	0.37	0.46	0.04	1.55	1.64	1.55	1.64	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75625		A	Contrast x-ray exam of aorta	1.14	12.99	13.29	12.99	13.29	0.61	14.74	15.04	14.74	15.04	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.33	0.44	0.33	0.44	0.05	1.52	1.63	1.52	1.63	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75630		A	X-ray aorta, leg arteries	1.79	13.74	13.98	13.74	13.98	0.66	16.19	16.43	16.19	16.43	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.55	0.59	0.55	0.59	0.07	2.41	2.45	2.41	2.45	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	13.19	13.39	13.19	13.39	0.59	13.78	13.98	13.78	13.98	XXX
75650		A	Artery x-rays, head & neck	1.49	13.08	13.42	13.08	13.42	0.62	15.19	15.53	15.19	15.53	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.42	0.57	0.42	0.57	0.06	1.97	2.12	1.97	2.12	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75658		A	Artery x-rays, arm	1.31	13.13	13.40	13.13	13.40	0.61	15.05	15.32	15.05	15.32	XXX
75658	26	A	Artery x-rays, arm	1.31	0.47	0.55	0.47	0.55	0.05	1.83	1.91	1.83	1.91	XXX
75658	TC	A	Artery x-rays, arm	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75660		A	Artery x-rays, head & neck	1.31	13.05	13.36	13.05	13.36	0.61	14.97	15.28	14.97	15.28	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.39	0.51	0.39	0.51	0.05	1.75	1.87	1.75	1.87	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75662		A	Artery x-rays, head & neck	1.66	13.22	13.53	13.22	13.53	0.62	15.50	15.81	15.50	15.81	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.56	0.68	0.56	0.68	0.06	2.28	2.40	2.28	2.40	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75665		A	Artery x-rays, head & neck	1.31	13.04	13.36	13.04	13.36	0.62	14.97	15.29	14.97	15.29	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.38	0.51	0.38	0.51	0.06	1.75	1.88	1.75	1.88	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75671		A	Artery x-rays, head & neck	1.66	13.13	13.49	13.13	13.49	0.63	15.42	15.78	15.42	15.78	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.47	0.64	0.47	0.64	0.07	2.20	2.37	2.20	2.37	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75676		A	Artery x-rays, neck	1.31	13.05	13.36	13.05	13.36	0.62	14.98	15.29	14.98	15.29	XXX
75676	26	A	Artery x-rays, neck	1.31	0.39	0.51	0.39	0.51	0.06	1.76	1.88	1.76	1.88	XXX
75676	TC	A	Artery x-rays, neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75680		A	Artery x-rays, neck	1.66	13.13	13.49	13.13	13.49	0.63	15.42	15.78	15.42	15.78	XXX
75680	26	A	Artery x-rays, neck	1.66	0.47	0.64	0.47	0.64	0.07	2.20	2.37	2.20	2.37	XXX
75680	TC	A	Artery x-rays, neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75685		A	Artery x-rays, spine	1.31	13.03	13.35	13.03	13.35	0.61	14.95	15.27	14.95	15.27	XXX
75685	26	A	Artery x-rays, spine	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX
75685	TC	A	Artery x-rays, spine	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75705		A	Artery x-rays, spine	2.18	13.28	13.69	13.28	13.69	0.65	16.11	16.52	16.11	16.52	XXX
75705	26	A	Artery x-rays, spine	2.18	0.62	0.84	0.62	0.84	0.09	2.89	3.11	2.89	3.11	XXX
75705	TC	A	Artery x-rays, spine	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75710		A	Artery x-rays, arm/leg	1.14	13.01	13.30	13.01	13.30	0.61	14.76	15.05	14.76	15.05	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.35	0.45	0.35	0.45	0.05	1.54	1.64	1.54	1.64	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75716		A	Artery x-rays, arms/legs	1.31	13.03	13.35	13.03	13.35	0.61	14.95	15.27	14.95	15.27	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
75716	TC	A	Artery x-rays, arms/legs	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75722		A	Artery x-rays, kidney	1.14	13.03	13.31	13.03	13.31	0.60	14.77	15.05	14.77	15.05	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.37	0.46	0.37	0.46	0.04	1.55	1.64	1.55	1.64	XXX
75722	TC	A	Artery x-rays, kidney	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75724		A	Artery x-rays, kidneys	1.49	13.22	13.49	13.22	13.49	0.61	15.32	15.59	15.32	15.59	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.56	0.64	0.56	0.64	0.05	2.10	2.18	2.10	2.18	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75726		A	Artery x-rays, abdomen	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75731		A	Artery x-rays, adrenal gland	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75733		A	Artery x-rays, adrenals	1.31	13.04	13.36	13.04	13.36	0.61	14.96	15.28	14.96	15.28	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.38	0.51	0.38	0.51	0.05	1.74	1.87	1.74	1.87	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75736		A	Artery x-rays, pelvis	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75741		A	Artery x-rays, lung	1.31	13.02	13.35	13.02	13.35	0.61	14.94	15.27	14.94	15.27	XXX
75741	26	A	Artery x-rays, lung	1.31	0.36	0.50	0.36	0.50	0.05	1.72	1.86	1.72	1.86	XXX
75741	TC	A	Artery x-rays, lung	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75743		A	Artery x-rays, lungs	1.66	13.12	13.48	13.12	13.48	0.63	15.41	15.77	15.41	15.77	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.46	0.63	0.46	0.63	0.07	2.19	2.36	2.19	2.36	XXX
75743	TC	A	Artery x-rays, lungs	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75746		A	Artery x-rays, lung	1.14	12.98	13.28	12.98	13.28	0.60	14.72	15.02	14.72	15.02	XXX
75746	26	A	Artery x-rays, lung	1.14	0.32	0.43	0.32	0.43	0.04	1.50	1.61	1.50	1.61	XXX
75746	TC	A	Artery x-rays, lung	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75756		A	Artery x-rays, chest	1.14	13.14	13.36	13.14	13.36	0.60	14.88	15.10	14.88	15.10	XXX
75756	26	A	Artery x-rays, chest	1.14	0.48	0.51	0.48	0.51	0.04	1.66	1.69	1.66	1.69	XXX
75756	TC	A	Artery x-rays, chest	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75774		A	Artery x-ray, each vessel	0.36	12.77	12.99	12.77	12.99	0.57	13.70	13.92	13.70	13.92	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.11	0.14	0.11	0.14	0.01	0.48	0.51	0.48	0.51	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	ZZZ
75790		A	Visualize A-V shunt	1.84	1.87	2.09	1.87	2.09	0.15	3.86	4.08	3.86	4.08	XXX
75790	26	A	Visualize A-V shunt	1.84	0.51	0.71	0.51	0.71	0.08	2.43	2.63	2.43	2.63	XXX
75790	TC	A	Visualize A-V shunt	0.00	1.36	1.38	1.36	1.38	0.07	1.43	1.45	1.43	1.45	XXX
75801		A	Lymph vessel x-ray, arm/leg	0.81	5.67	5.84	5.67	5.84	0.29	6.77	6.94	6.77	6.94	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.23	0.32	0.23	0.32	0.04	1.08	1.17	1.08	1.17	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.44	5.52	5.44	5.52	0.25	5.69	5.77	5.69	5.77	XXX
75803		A	Lymph vessel x-ray,arms/legs	1.17	5.76	5.96	5.76	5.96	0.30	7.23	7.43	7.23	7.43	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.32	0.44	0.32	0.44	0.05	1.54	1.66	1.54	1.66	XXX
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.44	5.52	5.44	5.52	0.25	5.69	5.77	5.69	5.77	XXX
75805		A	Lymph vessel x-ray, trunk	0.81	6.36	6.54	6.36	6.54	0.31	7.48	7.66	7.48	7.66	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.23	0.32	0.23	0.32	0.03	1.07	1.16	1.07	1.16	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	6.13	6.22	6.13	6.22	0.28	6.41	6.50	6.41	6.50	XXX
75807		A	Lymph vessel x-ray, trunk	1.17	6.45	6.66	6.45	6.66	0.33	7.95	8.16	7.95	8.16	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.32	0.44	0.32	0.44	0.05	1.54	1.66	1.54	1.66	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	6.13	6.22	6.13	6.22	0.28	6.41	6.50	6.41	6.50	XXX
75809		A	Nonvascular shunt, x-ray	0.47	0.92	0.97	0.92	0.97	0.06	1.45	1.50	1.45	1.50	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.13	0.17	0.13	0.17	0.02	0.62	0.66	0.62	0.66	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
75810		A	Vein x-ray, spleen/liver	1.14	12.97	13.28	12.97	13.28	0.61	14.72	15.03	14.72	15.03	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75820		A	Vein x-ray, arm/leg	0.70	1.14	1.24	1.14	1.24	0.08	1.92	2.02	1.92	2.02	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.95	0.97	0.95	0.97	0.05	1.00	1.02	1.00	1.02	XXX
75822		A	Vein x-ray, arms/legs	1.06	1.78	1.91	1.78	1.91	0.11	2.95	3.08	2.95	3.08	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.29	0.40	0.29	0.40	0.04	1.39	1.50	1.39	1.50	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.49	1.51	1.49	1.51	0.07	1.56	1.58	1.56	1.58	XXX
75825		A	Vein x-ray, trunk	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75825	TC	A	Vein x-ray, trunk	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75827		A	Vein x-ray, chest	1.14	12.97	13.28	12.97	13.28	0.61	14.72	15.03	14.72	15.03	XXX
75827	26	A	Vein x-ray, chest	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75827	TC	A	Vein x-ray, chest	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75831		A	Vein x-ray, kidney	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75831	TC	A	Vein x-ray, kidney	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75833		A	Vein x-ray, kidneys	1.49	13.08	13.42	13.08	13.42	0.62	15.19	15.53	15.19	15.53	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.42	0.57	0.42	0.57	0.06	1.97	2.12	1.97	2.12	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75840		A	Vein x-ray, adrenal gland	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75842		A	Vein x-ray, adrenal glands	1.49	13.07	13.42	13.07	13.42	0.62	15.18	15.53	15.18	15.53	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.41	0.57	0.41	0.57	0.06	1.96	2.12	1.96	2.12	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75860		A	Vein x-ray, neck	1.14	12.99	13.29	12.99	13.29	0.61	14.74	15.04	14.74	15.04	XXX
75860	26	A	Vein x-ray, neck	1.14	0.33	0.44	0.33	0.44	0.05	1.52	1.63	1.52	1.63	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
75860	TC	A	Vein x-ray, neck	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75870		A	Vein x-ray, skull	1.14	12.98	13.28	12.98	13.28	0.61	14.73	15.03	14.73	15.03	XXX
75870	26	A	Vein x-ray, skull	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75870	TC	A	Vein x-ray, skull	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75872		A	Vein x-ray, skull	1.14	12.97	13.28	12.97	13.28	0.61	14.72	15.03	14.72	15.03	XXX
75872	26	A	Vein x-ray, skull	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75872	TC	A	Vein x-ray, skull	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75880		A	Vein x-ray, eye socket	0.70	1.14	1.24	1.14	1.24	0.08	1.92	2.02	1.92	2.02	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.95	0.97	0.95	0.97	0.05	1.00	1.02	1.00	1.02	XXX
75885		A	Vein x-ray, liver	1.44	13.05	13.39	13.05	13.39	0.62	15.11	15.45	15.11	15.45	XXX
75885	26	A	Vein x-ray, liver	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75885	TC	A	Vein x-ray, liver	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75887		A	Vein x-ray, liver	1.44	13.05	13.39	13.05	13.39	0.62	15.11	15.45	15.11	15.45	XXX
75887	26	A	Vein x-ray, liver	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75887	TC	A	Vein x-ray, liver	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75889		A	Vein x-ray, liver	1.14	12.97	13.28	12.97	13.28	0.61	14.72	15.03	14.72	15.03	XXX
75889	26	A	Vein x-ray, liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75889	TC	A	Vein x-ray, liver	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75891		A	Vein x-ray, liver	1.14	12.97	13.28	12.97	13.28	0.61	14.72	15.03	14.72	15.03	XXX
75891	26	A	Vein x-ray, liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75891	TC	A	Vein x-ray, liver	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75893		A	Venous sampling by catheter	0.54	12.81	13.06	12.81	13.06	0.58	13.93	14.18	13.93	14.18	XXX
75893	26	A	Venous sampling by catheter	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
75893	TC	A	Venous sampling by catheter	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75894		A	X-rays, transcath therapy	1.31	24.62	25.11	24.62	25.11	1.13	27.06	27.55	27.06	27.55	XXX
75894	26	A	X-rays, transcath therapy	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX
75894	TC	A	X-rays, transcath therapy	0.00	24.25	24.61	24.25	24.61	1.08	25.33	25.69	25.33	25.69	XXX
75896		A	X-rays, transcath therapy	1.31	21.49	21.92	21.49	21.92	0.99	23.79	24.22	23.79	24.22	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.40	0.52	0.40	0.52	0.05	1.76	1.88	1.76	1.88	XXX
75896	TC	A	X-rays, transcath therapy	0.00	21.09	21.40	21.09	21.40	0.94	22.03	22.34	22.03	22.34	XXX
75898		A	Follow-up angiogram	1.65	1.54	1.72	1.54	1.72	0.12	3.31	3.49	3.31	3.49	XXX
75898	26	A	Follow-up angiogram	1.65	0.48	0.64	0.48	0.64	0.07	2.20	2.36	2.20	2.36	XXX
75898	TC	A	Follow-up angiogram	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
75900		A	Arterial catheter exchange	0.49	21.21	21.58	21.21	21.58	0.97	22.67	23.04	22.67	23.04	XXX
75900	26	A	Arterial catheter exchange	0.49	0.14	0.20	0.14	0.20	0.02	0.65	0.71	0.65	0.71	XXX
75900	TC	A	Arterial catheter exchange	0.00	21.07	21.38	21.07	21.38	0.95	22.02	22.33	22.02	22.33	XXX
75940		A	X-ray placement, vein filter	0.54	12.81	13.06	12.81	13.06	0.58	13.93	14.18	13.93	14.18	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
75940	TC	A	X-ray placement, vein filter	0.00	12.66	12.85	12.66	12.85	0.56	13.22	13.41	13.22	13.41	XXX
75945		A	Intravascular us	0.40	4.74	4.86	4.74	4.86	0.24	5.38	5.50	5.38	5.50	XXX
75945	26	A	Intravascular us	0.40	0.15	0.20	0.15	0.20	0.03	0.58	0.63	0.58	0.63	XXX
75945	TC	A	Intravascular us	0.00	4.59	4.66	4.59	4.66	0.21	4.80	4.87	4.80	4.87	XXX
75946		A	Intravascular us add-on	0.40	2.45	2.54	2.45	2.54	0.13	2.98	3.07	2.98	3.07	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.15	0.20	0.15	0.20	0.02	0.57	0.62	0.57	0.62	ZZZ
75946	TC	A	Intravascular us add-on	0.00	2.30	2.34	2.30	2.34	0.11	2.41	2.45	2.41	2.45	ZZZ
75960		A	Transcatheter intro, stent	0.82	15.23	15.52	15.23	15.52	0.70	16.75	17.04	16.75	17.04	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.26	0.33	0.26	0.33	0.04	1.12	1.19	1.12	1.19	XXX
75960	TC	A	Transcatheter intro, stent	0.00	14.97	15.19	14.97	15.19	0.66	15.63	15.85	15.63	15.85	XXX
75961		A	Retrieval, broken catheter	4.25	11.74	12.34	11.74	12.34	0.63	16.62	17.22	16.62	17.22	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.19	1.63	1.19	1.63	0.16	5.60	6.04	5.60	6.04	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.55	10.71	10.55	10.71	0.47	11.02	11.18	11.02	11.18	XXX
75962		A	Repair arterial blockage	0.54	15.99	16.27	15.99	16.27	0.73	17.26	17.54	17.26	17.54	XXX
75962	26	A	Repair arterial blockage	0.54	0.17	0.22	0.17	0.22	0.02	0.73	0.78	0.73	0.78	XXX
75962	TC	A	Repair arterial blockage	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75964		A	Repair artery blockage, each	0.36	8.54	8.70	8.54	8.70	0.39	9.29	9.45	9.29	9.45	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.11	0.14	0.11	0.14	0.02	0.49	0.52	0.49	0.52	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	8.43	8.56	8.43	8.56	0.37	8.80	8.93	8.80	8.93	ZZZ
75966		A	Repair arterial blockage	1.31	16.26	16.59	16.26	16.59	0.76	18.33	18.66	18.33	18.66	XXX
75966	26	A	Repair arterial blockage	1.31	0.44	0.54	0.44	0.54	0.05	1.80	1.90	1.80	1.90	XXX
75966	TC	A	Repair arterial blockage	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75968		A	Repair artery blockage, each	0.36	8.55	8.71	8.55	8.71	0.38	9.29	9.45	9.29	9.45	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.12	0.15	0.12	0.15	0.01	0.49	0.52	0.49	0.52	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	8.43	8.56	8.43	8.56	0.37	8.80	8.93	8.80	8.93	ZZZ
75970		A	Vascular biopsy	0.83	11.86	12.11	11.86	12.11	0.55	13.24	13.49	13.24	13.49	XXX
75970	26	A	Vascular biopsy	0.83	0.26	0.34	0.26	0.34	0.03	1.12	1.20	1.12	1.20	XXX
75970	TC	A	Vascular biopsy	0.00	11.60	11.77	11.60	11.77	0.52	12.12	12.29	12.12	12.29	XXX
75978		A	Repair venous blockage	0.54	15.97	16.39	15.97	16.39	0.73	17.24	17.66	17.24	17.66	XXX
75978	26	A	Repair venous blockage	0.54	0.15	0.34	0.15	0.34	0.02	0.71	0.90	0.71	0.90	XXX
75978	TC	A	Repair venous blockage	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75980		A	Contrast xray exam bile duct	1.44	5.83	6.06	5.83	6.06	0.31	7.58	7.81	7.58	7.81	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	5.44	5.52	5.44	5.52	0.25	5.69	5.77	5.69	5.77	XXX
75982		A	Contrast xray exam bile duct	1.44	6.52	6.76	6.52	6.76	0.34	8.30	8.54	8.30	8.54	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	6.13	6.22	6.13	6.22	0.28	6.41	6.50	6.41	6.50	XXX
75984		A	Xray control catheter change	0.72	2.16	2.27	2.16	2.27	0.12	3.00	3.11	3.00	3.11	XXX
75984	26	A	Xray control catheter change	0.72	0.20	0.28	0.20	0.28	0.03	0.95	1.03	0.95	1.03	XXX
75984	TC	A	Xray control catheter change	0.00	1.96	1.99	1.96	1.99	0.09	2.05	2.08	2.05	2.08	XXX
75989		A	Abscess drainage under x-ray	1.19	3.50	3.67	3.50	3.67	0.19	4.88	5.05	4.88	5.05	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.33	0.45	0.33	0.45	0.05	1.57	1.69	1.57	1.69	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
75989	TC	A	Abscess drainage under x-ray	0.00	3.17	3.22	3.17	3.22	0.14	3.31	3.36	3.31	3.36	XXX
75992		A	Atherectomy, x-ray exam	0.54	16.00	16.28	16.00	16.28	0.73	17.27	17.55	17.27	17.55	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.18	0.23	0.18	0.23	0.02	0.74	0.79	0.74	0.79	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75993		A	Atherectomy, x-ray exam	0.36	8.58	8.72	8.58	8.72	0.38	9.32	9.46	9.32	9.46	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.15	0.16	0.15	0.16	0.01	0.52	0.53	0.52	0.53	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	8.43	8.56	8.43	8.56	0.37	8.80	8.93	8.80	8.93	ZZZ
75994		A	Atherectomy, x-ray exam	1.31	16.27	16.59	16.27	16.59	0.77	18.35	18.67	18.35	18.67	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.45	0.54	0.45	0.54	0.06	1.82	1.91	1.82	1.91	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75995		A	Atherectomy, x-ray exam	1.31	16.22	16.57	16.22	16.57	0.75	18.28	18.63	18.28	18.63	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.40	0.52	0.40	0.52	0.04	1.75	1.87	1.75	1.87	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	15.82	16.05	15.82	16.05	0.71	16.53	16.76	16.53	16.76	XXX
75996		A	Atherectomy, x-ray exam	0.36	8.55	8.71	8.55	8.71	0.38	9.29	9.45	9.29	9.45	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.15	0.12	0.15	0.01	0.49	0.52	0.49	0.52	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	8.43	8.56	8.43	8.56	0.37	8.80	8.93	8.80	8.93	ZZZ
76000		A	Fluoroscope examination	0.17	1.36	1.40	1.36	1.40	0.07	1.60	1.64	1.60	1.64	XXX
76000	26	A	Fluoroscope examination	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
76000	TC	A	Fluoroscope examination	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76001		A	Fluoroscope exam, extensive	0.67	2.82	2.94	2.82	2.94	0.15	3.64	3.76	3.64	3.76	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.19	0.27	0.19	0.27	0.03	0.89	0.97	0.89	0.97	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
76003		A	Needle localization by x-ray	0.54	1.46	1.54	1.46	1.54	0.08	2.08	2.16	2.08	2.16	XXX
76003	26	A	Needle localization by x-ray	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76005		A	Fluoroguide for spine inject	0.60	1.48	1.48	1.48	1.48	0.09	2.17	2.17	2.17	2.17	XXX
76005	26	A	Fluoroguide for spine inject	0.60	0.17	0.17	0.17	0.17	0.03	0.80	0.80	0.80	0.80	XXX
76005	TC	A	Fluoroguide for spine inject	0.00	1.31	1.31	1.31	1.31	0.06	1.37	1.37	1.37	1.37	XXX
76006		A	X-ray stress view	0.41	0.11	0.11	0.11	0.11	0.02	0.54	0.54	0.54	0.54	XXX
76010		A	X-ray, nose to rectum	0.18	0.57	0.60	0.57	0.60	0.03	0.78	0.81	0.78	0.81	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
76020		A	X-rays for bone age	0.19	0.57	0.61	0.57	0.61	0.03	0.79	0.83	0.79	0.83	XXX
76020	26	A	X-rays for bone age	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
76020	TC	A	X-rays for bone age	0.00	0.52	0.53	0.52	0.53	0.02	0.54	0.55	0.54	0.55	XXX
76040		A	X-rays, bone evaluation	0.27	0.87	0.91	0.87	0.91	0.05	1.19	1.23	1.19	1.23	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	XXX
76061		A	X-rays, bone survey	0.45	1.12	1.19	1.12	1.19	0.07	1.64	1.71	1.64	1.71	XXX
76061	26	A	X-rays, bone survey	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
76061	TC	A	X-rays, bone survey	0.00	1.00	1.02	1.00	1.02	0.05	1.05	1.07	1.05	1.07	XXX
76062		A	X-rays, bone survey	0.54	1.60	1.68	1.60	1.68	0.09	2.23	2.31	2.23	2.31	XXX
76062	26	A	X-rays, bone survey	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76062	TC	A	X-rays, bone survey	0.00	1.45	1.47	1.45	1.47	0.07	1.52	1.54	1.52	1.54	XXX
76065		A	X-rays, bone evaluation	0.28	0.82	0.86	0.82	0.86	0.05	1.15	1.19	1.15	1.19	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.74	0.75	0.74	0.75	0.04	0.78	0.79	0.78	0.79	XXX
76066		A	Joint(s) survey, single film	0.31	1.22	1.27	1.22	1.27	0.06	1.59	1.64	1.59	1.64	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.10	0.13	0.10	0.13	0.01	0.42	0.45	0.42	0.45	XXX
76066	TC	A	Joint(s) survey, single film	0.00	1.12	1.14	1.12	1.14	0.05	1.17	1.19	1.17	1.19	XXX
76070		I	CT scan, bone density study	+0.25	3.06	3.13	3.06	3.13	0.14	3.45	3.52	3.45	3.52	XXX
76070	26	I	CT scan, bone density study	+0.25	0.10	0.12	0.10	0.12	0.01	0.36	0.38	0.36	0.38	XXX
76070	TC	I	CT scan, bone density study	+0.00	2.96	3.01	2.96	3.01	0.13	3.09	3.14	3.09	3.14	XXX
76075		A	Dual energy x-ray study	0.30	3.20	3.27	3.20	3.27	0.15	3.65	3.72	3.65	3.72	XXX
76075	26	A	Dual energy x-ray study	0.30	0.09	0.11	0.09	0.11	0.01	0.40	0.42	0.40	0.42	XXX
76075	TC	A	Dual energy x-ray study	0.00	3.11	3.16	3.11	3.16	0.14	3.25	3.30	3.25	3.30	XXX
76076		A	Dual energy x-ray study	0.22	0.83	0.86	0.83	0.86	0.05	1.10	1.13	1.10	1.13	XXX
76076	26	A	Dual energy x-ray study	0.22	0.07	0.09	0.07	0.09	0.01	0.30	0.32	0.30	0.32	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.76	0.77	0.76	0.77	0.04	0.80	0.81	0.80	0.81	XXX
76078		A	Photodensitometry	0.20	0.82	0.86	0.82	0.86	0.05	1.07	1.11	1.07	1.11	XXX
76078	26	A	Photodensitometry	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
76078	TC	A	Photodensitometry	0.00	0.76	0.77	0.76	0.77	0.04	0.80	0.81	0.80	0.81	XXX
76080		A	X-ray exam of fistula	0.54	1.21	1.29	1.21	1.29	0.07	1.82	1.90	1.82	1.90	XXX
76080	26	A	X-ray exam of fistula	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76086		A	X-ray of mammary duct	0.36	2.73	2.81	2.73	2.81	0.13	3.22	3.30	3.22	3.30	XXX
76086	26	A	X-ray of mammary duct	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
76088		A	X-ray of mammary ducts	0.45	3.80	3.91	3.80	3.91	0.18	4.43	4.54	4.43	4.54	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.68	3.74	3.68	3.74	0.16	3.84	3.90	3.84	3.90	XXX
76090		A	Mammogram, one breast	0.58	1.22	1.23	1.22	1.23	0.07	1.87	1.88	1.87	1.88	XXX
76090	26	A	Mammogram, one breast	0.58	0.16	0.15	0.16	0.15	0.02	0.76	0.75	0.76	0.75	XXX
76090	TC	A	Mammogram, one breast	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76091		A	Mammogram, both breasts	0.69	1.50	1.53	1.50	1.53	0.09	2.28	2.31	2.28	2.31	XXX
76091	26	A	Mammogram, both breasts	0.69	0.19	0.20	0.19	0.20	0.03	0.91	0.92	0.91	0.92	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76092		X	Mamm0gram, screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093		A	Magnetic image, breast	1.63	18.16	18.59	18.16	18.59	0.84	20.63	21.06	20.63	21.06	XXX
76093	26	A	Magnetic image, breast	1.63	0.45	0.62	0.45	0.62	0.06	2.14	2.31	2.14	2.31	XXX
76093	TC	A	Magnetic image, breast	0.00	17.71	17.97	17.71	17.97	0.78	18.49	18.75	18.49	18.75	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
76094		A	Magnetic image, both breasts	1.63	24.48	25.00	24.48	25.00	1.12	27.23	27.75	27.23	27.75	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.45	0.62	0.45	0.62	0.06	2.14	2.31	2.14	2.31	XXX
76094	TC	A	Magnetic image, both breasts	0.00	24.03	24.38	24.03	24.38	1.06	25.09	25.44	25.09	25.44	XXX
76095		A	Stereotactic breast biopsy	1.59	7.66	7.93	7.66	7.93	0.40	9.65	9.92	9.65	9.92	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.46	0.62	0.46	0.62	0.08	2.13	2.29	2.13	2.29	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	7.20	7.31	7.20	7.31	0.32	7.52	7.63	7.52	7.63	XXX
76096		A	X-ray of needle wire, breast	0.56	1.46	1.55	1.46	1.55	0.08	2.10	2.19	2.10	2.19	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.15	0.22	0.15	0.22	0.02	0.73	0.80	0.73	0.80	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76098		A	X-ray exam, breast specimen	0.16	0.47	0.50	0.47	0.50	0.03	0.66	0.69	0.66	0.69	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
76100		A	X-ray exam of body section	0.58	1.41	1.50	1.41	1.50	0.08	2.07	2.16	2.07	2.16	XXX
76100	26	A	X-ray exam of body section	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76100	TC	A	X-ray exam of body section	0.00	1.25	1.27	1.25	1.27	0.06	1.31	1.33	1.31	1.33	XXX
76101		A	Complex body section x-ray	0.58	1.59	1.68	1.59	1.68	0.09	2.26	2.35	2.26	2.35	XXX
76101	26	A	Complex body section x-ray	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76101	TC	A	Complex body section x-ray	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76102		A	Complex body section x-rays	0.58	1.90	2.00	1.90	2.00	0.11	2.59	2.69	2.59	2.69	XXX
76102	26	A	Complex body section x-rays	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76102	TC	A	Complex body section x-rays	0.00	1.74	1.77	1.74	1.77	0.09	1.83	1.86	1.83	1.86	XXX
76120		A	Cinematic x-rays	0.38	1.19	1.24	1.19	1.24	0.07	1.64	1.69	1.64	1.69	XXX
76120	26	A	Cinematic x-rays	0.38	0.13	0.16	0.13	0.16	0.02	0.53	0.56	0.53	0.56	XXX
76120	TC	A	Cinematic x-rays	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76125		A	Cinematic x-rays add-on	0.27	0.87	0.91	0.87	0.91	0.05	1.19	1.23	1.19	1.23	ZZZ
76125	26	A	Cinematic x-rays add-on	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	ZZZ
76125	TC	A	Cinematic x-rays add-on	0.00	0.79	0.80	0.79	0.80	0.04	0.83	0.84	0.83	0.84	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	8.64	8.88	8.64	8.88	0.41	10.26	10.50	10.26	10.50	XXX
76355	26	A	CAT scan for localization	1.21	0.34	0.46	0.34	0.46	0.05	1.60	1.72	1.60	1.72	XXX
76355	TC	A	CAT scan for localization	0.00	8.30	8.42	8.30	8.42	0.36	8.66	8.78	8.66	8.78	XXX
76360		A	CAT scan for needle biopsy	1.16	8.62	8.85	8.62	8.85	0.41	10.19	10.42	10.19	10.42	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.32	0.43	0.32	0.43	0.05	1.53	1.64	1.53	1.64	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	8.30	8.42	8.30	8.42	0.36	8.66	8.78	8.66	8.78	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.62	8.85	8.62	8.85	0.41	10.19	10.42	10.19	10.42	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.32	0.43	0.32	0.43	0.05	1.53	1.64	1.53	1.64	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	8.30	8.42	8.30	8.42	0.36	8.66	8.78	8.66	8.78	XXX
76370		A	CAT scan for therapy guide	0.85	3.21	3.34	3.21	3.34	0.16	4.22	4.35	4.22	4.35	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.25	0.33	0.25	0.33	0.03	1.13	1.21	1.13	1.21	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.96	3.01	2.96	3.01	0.13	3.09	3.14	3.09	3.14	XXX
76375		A	3d/holograph reconstr add-on	0.16	3.60	3.67	3.60	3.67	0.16	3.92	3.99	3.92	3.99	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.56	3.61	3.56	3.61	0.15	3.71	3.76	3.71	3.76	XXX
76380		A	CAT scan follow-up study	0.98	3.79	3.95	3.79	3.95	0.19	4.96	5.12	4.96	5.12	XXX
76380	26	A	CAT scan follow-up study	0.98	0.27	0.38	0.27	0.38	0.04	1.29	1.40	1.29	1.40	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.52	3.57	3.52	3.57	0.15	3.67	3.72	3.67	3.72	XXX
76390		A	Mr spectroscopy	1.40	11.64	11.98	11.64	11.98	0.56	13.60	13.94	13.60	13.94	XXX
76390	26	A	Mr spectroscopy	1.40	0.38	0.55	0.38	0.55	0.06	1.84	2.01	1.84	2.01	XXX
76390	TC	A	Mr spectroscopy	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
76400		A	Magnetic image, bone marrow	1.60	11.69	12.04	11.69	12.04	0.56	13.85	14.20	13.85	14.20	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.43	0.61	0.43	0.61	0.06	2.09	2.27	2.09	2.27	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	11.26	11.43	11.26	11.43	0.50	11.76	11.93	11.76	11.93	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	1.64	1.71	1.64	1.71	0.10	2.37	2.44	2.37	2.44	XXX
76506	26	A	Echo exam of head	0.63	0.21	0.26	0.21	0.26	0.03	0.87	0.92	0.87	0.92	XXX
76506	TC	A	Echo exam of head	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76511		A	Echo exam of eye	0.94	1.68	1.62	1.68	1.62	0.09	2.71	2.65	2.71	2.65	XXX
76511	26	A	Echo exam of eye	0.94	0.43	0.35	0.43	0.35	0.03	1.40	1.32	1.40	1.32	XXX
76511	TC	A	Echo exam of eye	0.00	1.25	1.27	1.25	1.27	0.06	1.31	1.33	1.31	1.33	XXX
76512		A	Echo exam of eye	0.66	1.85	1.88	1.85	1.88	0.10	2.61	2.64	2.61	2.64	XXX
76512	26	A	Echo exam of eye	0.66	0.32	0.33	0.32	0.33	0.02	1.00	1.01	1.00	1.01	XXX
76512	TC	A	Echo exam of eye	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76513		A	Echo exam of eye, water bath	0.66	1.84	1.87	1.84	1.87	0.10	2.60	2.63	2.60	2.63	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.31	0.32	0.31	0.32	0.02	0.99	1.00	0.99	1.00	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76516		A	Echo exam of eye	0.54	1.52	1.54	1.52	1.54	0.08	2.14	2.16	2.14	2.16	XXX
76516	26	A	Echo exam of eye	0.54	0.27	0.27	0.27	0.27	0.02	0.83	0.83	0.83	0.83	XXX
76516	TC	A	Echo exam of eye	0.00	1.25	1.27	1.25	1.27	0.06	1.31	1.33	1.31	1.33	XXX
76519		A	Echo exam of eye	0.54	1.52	1.54	1.52	1.54	0.08	2.14	2.16	2.14	2.16	XXX
76519	26	A	Echo exam of eye	0.54	0.27	0.27	0.27	0.27	0.02	0.83	0.83	0.83	0.83	XXX
76519	TC	A	Echo exam of eye	0.00	1.25	1.27	1.25	1.27	0.06	1.31	1.33	1.31	1.33	XXX
76529		A	Echo exam of eye	0.57	1.66	1.68	1.66	1.68	0.09	2.32	2.34	2.32	2.34	XXX
76529	26	A	Echo exam of eye	0.57	0.29	0.29	0.29	0.29	0.02	0.88	0.88	0.88	0.88	XXX
76529	TC	A	Echo exam of eye	0.00	1.37	1.39	1.37	1.39	0.07	1.44	1.46	1.44	1.46	XXX
76536		A	Echo exam of head and neck	0.56	1.58	1.67	1.58	1.67	0.09	2.23	2.32	2.23	2.32	XXX
76536	26	A	Echo exam of head and neck	0.56	0.15	0.22	0.15	0.22	0.02	0.73	0.80	0.73	0.80	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
76604		A	Echo exam of chest	0.55	1.46	1.55	1.46	1.55	0.08	2.09	2.18	2.09	2.18	XXX
76604	26	A	Echo exam of chest	0.55	0.15	0.22	0.15	0.22	0.02	0.72	0.79	0.72	0.79	XXX
76604	TC	A	Echo exam of chest	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76645		A	Echo exam of breast(s)	0.54	1.21	1.29	1.21	1.29	0.07	1.82	1.90	1.82	1.90	XXX
76645	26	A	Echo exam of breast(s)	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76645	TC	A	Echo exam of breast(s)	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76700		A	Echo exam of abdomen	0.81	2.20	2.32	2.20	2.32	0.12	3.13	3.25	3.13	3.25	XXX
76700	26	A	Echo exam of abdomen	0.81	0.22	0.31	0.22	0.31	0.03	1.06	1.15	1.06	1.15	XXX
76700	TC	A	Echo exam of abdomen	0.00	1.98	2.01	1.98	2.01	0.09	2.07	2.10	2.07	2.10	XXX
76705		A	Echo exam of abdomen	0.59	1.59	1.68	1.59	1.68	0.09	2.27	2.36	2.27	2.36	XXX
76705	26	A	Echo exam of abdomen	0.59	0.16	0.23	0.16	0.23	0.02	0.77	0.84	0.77	0.84	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76770		A	Echo exam abdomen back wall	0.74	2.18	2.30	2.18	2.30	0.12	3.04	3.16	3.04	3.16	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	1.98	2.01	1.98	2.01	0.09	2.07	2.10	2.07	2.10	XXX
76775		A	Echo exam abdomen back wall	0.58	1.59	1.68	1.59	1.68	0.09	2.26	2.35	2.26	2.35	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76778		A	Echo exam kidney transplant	0.74	2.19	2.30	2.19	2.30	0.12	3.05	3.16	3.05	3.16	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
76778	TC	A	Echo exam kidney transplant	0.00	1.98	2.01	1.98	2.01	0.09	2.07	2.10	2.07	2.10	XXX
76800		A	Echo exam spinal canal	1.13	1.77	1.89	1.77	1.89	0.12	3.02	3.14	3.02	3.14	XXX
76800	26	A	Echo exam spinal canal	1.13	0.34	0.44	0.34	0.44	0.05	1.52	1.62	1.52	1.62	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76805		A	Echo exam of pregnant uterus	0.99	2.41	2.54	2.41	2.54	0.14	3.54	3.67	3.54	3.67	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.30	0.40	0.30	0.40	0.04	1.33	1.43	1.33	1.43	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.11	2.14	2.11	2.14	0.10	2.21	2.24	2.21	2.24	XXX
76810		A	Echo exam of pregnant uterus	1.97	4.82	5.06	4.82	5.06	0.26	7.05	7.29	7.05	7.29	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.60	0.78	0.60	0.78	0.07	2.64	2.82	2.64	2.82	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.22	4.28	4.22	4.28	0.19	4.41	4.47	4.41	4.47	XXX
76815		A	Echo exam of pregnant uterus	0.65	1.63	1.72	1.63	1.72	0.09	2.37	2.46	2.37	2.46	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.20	0.27	0.20	0.27	0.02	0.87	0.94	0.87	0.94	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76816		A	Echo exam follow-up/repeat	0.57	1.31	1.38	1.31	1.38	0.07	1.95	2.02	1.95	2.02	XXX
76816	26	A	Echo exam follow-up/repeat	0.57	0.19	0.24	0.19	0.24	0.02	0.78	0.83	0.78	0.83	XXX
76816	TC	A	Echo exam follow-up/repeat	0.00	1.12	1.14	1.12	1.14	0.05	1.17	1.19	1.17	1.19	XXX
76818		A	Fetal biophysical profile	0.77	1.88	1.97	1.88	1.97	0.11	2.76	2.85	2.76	2.85	XXX
76818	26	A	Fetal biophysical profile	0.77	0.26	0.32	0.26	0.32	0.03	1.06	1.12	1.06	1.12	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.62	1.65	1.62	1.65	0.08	1.70	1.73	1.70	1.73	XXX
76825		A	Echo exam of fetal heart	1.67	2.59	2.51	2.59	2.51	0.15	4.41	4.33	4.41	4.33	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.61	0.50	0.61	0.50	0.06	2.34	2.23	2.34	2.23	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.98	2.01	1.98	2.01	0.09	2.07	2.10	2.07	2.10	XXX
76826		A	Echo exam of fetal heart	0.83	1.01	1.24	1.01	1.24	0.07	1.91	2.14	1.91	2.14	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.30	0.52	0.30	0.52	0.03	1.16	1.38	1.16	1.38	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.71	0.72	0.71	0.72	0.04	0.75	0.76	0.75	0.76	XXX
76827		A	Echo exam of fetal heart	0.58	1.94	2.21	1.94	2.21	0.12	2.64	2.91	2.64	2.91	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.21	0.45	0.21	0.45	0.02	0.81	1.05	0.81	1.05	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.73	1.76	1.73	1.76	0.10	1.83	1.86	1.83	1.86	XXX
76828		A	Echo exam of fetal heart	0.56	1.33	1.40	1.33	1.40	0.09	1.98	2.05	1.98	2.05	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.26	0.21	0.26	0.02	0.79	0.84	0.79	0.84	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.12	1.14	1.12	1.14	0.07	1.19	1.21	1.19	1.21	XXX
76830		A	Echo exam, transvaginal	0.69	1.72	1.82	1.72	1.82	0.11	2.52	2.62	2.52	2.62	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76831		A	Echo exam, uterus	0.72	1.75	1.84	1.75	1.84	0.11	2.58	2.67	2.58	2.67	XXX
76831	26	A	Echo exam, uterus	0.72	0.22	0.29	0.22	0.29	0.03	0.97	1.04	0.97	1.04	XXX
76831	TC	A	Echo exam, uterus	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76856		A	Echo exam of pelvis	0.69	1.72	1.82	1.72	1.82	0.11	2.52	2.62	2.52	2.62	XXX
76856	26	A	Echo exam of pelvis	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76857		A	Echo exam of pelvis	0.38	1.17	1.23	1.17	1.23	0.07	1.62	1.68	1.62	1.68	XXX
76857	26	A	Echo exam of pelvis	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76870		A	Echo exam of scrotum	0.64	1.71	1.80	1.71	1.80	0.11	2.46	2.55	2.46	2.55	XXX
76870	26	A	Echo exam of scrotum	0.64	0.18	0.25	0.18	0.25	0.03	0.85	0.92	0.85	0.92	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76872		A	Echo exam, transrectal	0.69	1.74	1.83	1.74	1.83	0.11	2.54	2.63	2.54	2.63	XXX
76872	26	A	Echo exam, transrectal	0.69	0.21	0.28	0.21	0.28	0.03	0.93	1.00	0.93	1.00	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76873		A	Echograp trans r, pros study	1.38	2.54	2.54	2.54	2.54	0.20	4.12	4.12	4.12	4.12	XXX
76873	26	A	Echograp trans r, pros study	1.38	0.43	0.43	0.43	0.43	0.07	1.88	1.88	1.88	1.88	XXX
76873	TC	A	Echograp trans r, pros study	0.00	2.11	2.11	2.11	2.11	0.13	2.24	2.24	2.24	2.24	XXX
76880		A	Echo exam of extremity	0.59	1.59	1.68	1.59	1.68	0.09	2.27	2.36	2.27	2.36	XXX
76880	26	A	Echo exam of extremity	0.59	0.16	0.23	0.16	0.23	0.02	0.77	0.84	0.77	0.84	XXX
76880	TC	A	Echo exam of extremity	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX
76885		A	Echo exam, infant hips	0.74	1.74	1.83	1.74	1.83	0.11	2.59	2.68	2.59	2.68	XXX
76885	26	A	Echo exam, infant hips	0.74	0.21	0.28	0.21	0.28	0.03	0.98	1.05	0.98	1.05	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76886		A	Echo exam, infant hips	0.62	1.60	1.68	1.60	1.68	0.09	2.31	2.39	2.31	2.39	XXX
76886	26	A	Echo exam, infant hips	0.62	0.17	0.23	0.17	0.23	0.02	0.81	0.87	0.81	0.87	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.43	1.45	1.43	1.45	0.07	1.50	1.52	1.50	1.52	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
76930		A	Echo guide for heart sac tap	0.67	1.79	1.85	1.79	1.85	0.10	2.56	2.62	2.56	2.62	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.26	0.30	0.26	0.30	0.02	0.95	0.99	0.95	0.99	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76932		A	Echo guide for heart biopsy	0.67	1.80	1.86	1.80	1.86	0.10	2.57	2.63	2.57	2.63	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.27	0.31	0.27	0.31	0.02	0.96	1.00	0.96	1.00	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76934		A	Echo guide for chest tap	0.67	1.71	1.81	1.71	1.81	0.11	2.49	2.59	2.49	2.59	XXX
76934	26	A	Echo guide for chest tap	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76936		A	Echo guide for artery repair	1.99	6.93	7.40	6.93	7.40	0.40	9.32	9.79	9.32	9.79	XXX
76936	26	A	Echo guide for artery repair	1.99	0.61	0.98	0.61	0.98	0.11	2.71	3.08	2.71	3.08	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.32	6.42	6.32	6.42	0.29	6.61	6.71	6.61	6.71	XXX
76938		A	Echo exam for drainage	0.67	1.71	1.81	1.71	1.81	0.11	2.49	2.59	2.49	2.59	XXX
76938	26	A	Echo exam for drainage	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
76938	TC	A	Echo exam for drainage	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76941		A	Echo guide for transfusion	1.34	2.06	2.15	2.06	2.15	0.12	3.52	3.61	3.52	3.61	XXX
76941	26	A	Echo guide for transfusion	1.34	0.52	0.59	0.52	0.59	0.05	1.91	1.98	1.91	1.98	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.54	1.56	1.54	1.56	0.07	1.61	1.63	1.61	1.63	XXX
76942		A	Echo guide for biopsy	0.67	1.72	1.82	1.72	1.82	0.11	2.50	2.60	2.50	2.60	XXX
76942	26	A	Echo guide for biopsy	0.67	0.19	0.27	0.19	0.27	0.03	0.89	0.97	0.89	0.97	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76945		A	Echo guide, villus sampling	0.67	1.74	1.99	1.74	1.99	0.10	2.51	2.76	2.51	2.76	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.20	0.43	0.20	0.43	0.03	0.90	1.13	0.90	1.13	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.54	1.56	1.54	1.56	0.07	1.61	1.63	1.61	1.63	XXX
76946		A	Echo guide for amniocentesis	0.38	1.66	1.71	1.66	1.71	0.09	2.13	2.18	2.13	2.18	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.13	0.16	0.13	0.16	0.01	0.52	0.55	0.52	0.55	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76948		A	Echo guide, ova aspiration	0.38	1.64	1.70	1.64	1.70	0.10	2.12	2.18	2.12	2.18	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76950		A	Echo guidance radiotherapy	0.58	1.50	1.57	1.50	1.57	0.09	2.17	2.24	2.17	2.24	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.19	0.24	0.19	0.24	0.03	0.80	0.85	0.80	0.85	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76960		A	Echo guidance radiotherapy	0.58	1.49	1.57	1.49	1.57	0.09	2.16	2.24	2.16	2.24	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.18	0.24	0.18	0.24	0.03	0.79	0.85	0.79	0.85	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
76965		A	Echo guidance radiotherapy	1.34	6.04	6.70	6.04	6.70	0.32	7.70	8.36	7.70	8.36	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.44	1.02	0.44	1.02	0.07	1.85	2.43	1.85	2.43	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.60	5.68	5.60	5.68	0.25	5.85	5.93	5.85	5.93	XXX
76970		A	Ultrasound exam follow-up	0.40	1.17	1.24	1.17	1.24	0.07	1.64	1.71	1.64	1.71	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.06	1.08	1.06	1.08	0.05	1.11	1.13	1.11	1.13	XXX
76975		A	GI endoscopic ultrasound	0.81	1.80	1.87	1.80	1.87	0.11	2.72	2.79	2.72	2.79	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.27	0.32	0.27	0.32	0.03	1.11	1.16	1.11	1.16	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.53	1.55	1.53	1.55	0.08	1.61	1.63	1.61	1.63	XXX
76977		A	Us bone density measure	0.05	0.85	0.85	0.85	0.85	0.05	0.95	0.95	0.95	0.95	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.02	0.02	0.01	0.08	0.08	0.08	0.08	XXX
76977	TC	A	Us bone density measure	0.00	0.83	0.83	0.83	0.83	0.04	0.87	0.87	0.87	0.87	XXX
76986		A	Echo exam at surgery	1.20	3.00	3.15	3.00	3.15	0.18	4.38	4.53	4.38	4.53	XXX
76986	26	A	Echo exam at surgery	1.20	0.37	0.48	0.37	0.48	0.06	1.63	1.74	1.63	1.74	XXX
76986	TC	A	Echo exam at surgery	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261		A	Radiation therapy planning	1.39	0.51	0.59	0.51	0.59	0.05	1.95	2.03	1.95	2.03	XXX
77262		A	Radiation therapy planning	2.11	0.76	0.89	0.76	0.89	0.08	2.95	3.08	2.95	3.08	XXX
77263		A	Radiation therapy planning	3.14	1.13	1.33	1.13	1.33	0.12	4.39	4.59	4.39	4.59	XXX
77280		A	Set radiation therapy field	0.70	3.72	3.83	3.72	3.83	0.18	4.60	4.71	4.60	4.71	XXX
77280	26	A	Set radiation therapy field	0.70	0.23	0.29	0.23	0.29	0.03	0.96	1.02	0.96	1.02	XXX
77280	TC	A	Set radiation therapy field	0.00	3.49	3.54	3.49	3.54	0.15	3.64	3.69	3.64	3.69	XXX
77285		A	Set radiation therapy field	1.05	5.94	6.10	5.94	6.10	0.30	7.29	7.45	7.29	7.45	XXX
77285	26	A	Set radiation therapy field	1.05	0.34	0.42	0.34	0.42	0.04	1.43	1.51	1.43	1.51	XXX
77285	TC	A	Set radiation therapy field	0.00	5.60	5.68	5.60	5.68	0.26	5.86	5.94	5.86	5.94	XXX
77290		A	Set radiation therapy field	1.56	7.05	7.28	7.05	7.28	0.36	8.97	9.20	8.97	9.20	XXX
77290	26	A	Set radiation therapy field	1.56	0.51	0.64	0.51	0.64	0.06	2.13	2.26	2.13	2.26	XXX
77290	TC	A	Set radiation therapy field	0.00	6.54	6.64	6.54	6.64	0.30	6.84	6.94	6.84	6.94	XXX
77295		A	Set radiation therapy field	4.57	29.56	30.35	29.56	30.35	1.44	35.57	36.36	35.57	36.36	XXX
77295	26	A	Set radiation therapy field	4.57	1.49	1.87	1.49	1.87	0.17	6.23	6.61	6.23	6.61	XXX
77295	TC	A	Set radiation therapy field	0.00	28.07	28.48	28.07	28.48	1.27	29.34	29.75	29.34	29.75	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.55	1.62	1.55	1.62	0.08	2.25	2.32	2.25	2.32	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.20	0.25	0.20	0.25	0.02	0.84	0.89	0.84	0.89	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.35	1.37	1.35	1.37	0.06	1.41	1.43	1.41	1.43	XXX
77305		A	Radiation therapy dose plan	0.70	2.10	2.19	2.10	2.19	0.12	2.92	3.01	2.92	3.01	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.23	0.29	0.23	0.29	0.03	0.96	1.02	0.96	1.02	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.87	1.90	1.87	1.90	0.09	1.96	1.99	1.96	1.99	XXX
77310		A	Radiation therapy dose plan	1.05	2.68	2.80	2.68	2.80	0.15	3.88	4.00	3.88	4.00	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.34	0.42	0.34	0.42	0.04	1.43	1.51	1.43	1.51	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.34	2.38	2.34	2.38	0.11	2.45	2.49	2.45	2.49	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
77315		A	Radiation therapy dose plan	1.56	3.18	3.35	3.18	3.35	0.18	4.92	5.09	4.92	5.09	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.51	0.64	0.51	0.64	0.06	2.13	2.26	2.13	2.26	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.67	2.71	2.67	2.71	0.12	2.79	2.83	2.79	2.83	XXX
77321		A	Radiation therapy port plan	0.95	4.37	4.51	4.37	4.51	0.22	5.54	5.68	5.54	5.68	XXX
77321	26	A	Radiation therapy port plan	0.95	0.31	0.39	0.31	0.39	0.04	1.30	1.38	1.30	1.38	XXX
77321	TC	A	Radiation therapy port plan	0.00	4.06	4.12	4.06	4.12	0.18	4.24	4.30	4.24	4.30	XXX
77326		A	Radiation therapy dose plan	0.93	2.67	2.79	2.67	2.79	0.15	3.75	3.87	3.75	3.87	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.30	0.38	0.30	0.38	0.04	1.27	1.35	1.27	1.35	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.37	2.41	2.37	2.41	0.11	2.48	2.52	2.48	2.52	XXX
77327		A	Radiation therapy dose plan	1.39	3.94	4.10	3.94	4.10	0.21	5.54	5.70	5.54	5.70	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.45	0.56	0.45	0.56	0.06	1.90	2.01	1.90	2.01	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.49	3.54	3.49	3.54	0.15	3.64	3.69	3.64	3.69	XXX
77328		A	Radiation therapy dose plan	2.09	5.65	5.90	5.65	5.90	0.30	8.04	8.29	8.04	8.29	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.67	0.84	0.67	0.84	0.08	2.84	3.01	2.84	3.01	XXX
77328	TC	A	Radiation therapy dose plan	0.00	4.98	5.06	4.98	5.06	0.22	5.20	5.28	5.20	5.28	XXX
77331		A	Special radiation dosimetry	0.87	0.79	0.87	0.79	0.87	0.05	1.71	1.79	1.71	1.79	XXX
77331	26	A	Special radiation dosimetry	0.87	0.28	0.35	0.28	0.35	0.03	1.18	1.25	1.18	1.25	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.51	0.52	0.51	0.52	0.02	0.53	0.54	0.53	0.54	XXX
77332		A	Radiation treatment aid(s)	0.54	1.52	1.59	1.52	1.59	0.08	2.14	2.21	2.14	2.21	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.17	0.22	0.17	0.22	0.02	0.73	0.78	0.73	0.78	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.35	1.37	1.35	1.37	0.06	1.41	1.43	1.41	1.43	XXX
77333		A	Radiation treatment aid(s)	0.84	2.17	2.27	2.17	2.27	0.12	3.13	3.23	3.13	3.23	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.27	0.34	0.27	0.34	0.03	1.14	1.21	1.14	1.21	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.90	1.93	1.90	1.93	0.09	1.99	2.02	1.99	2.02	XXX
77334		A	Radiation treatment aid(s)	1.24	3.66	3.81	3.66	3.81	0.19	5.09	5.24	5.09	5.24	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.40	0.50	0.40	0.50	0.05	1.69	1.79	1.69	1.79	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.26	3.31	3.26	3.31	0.14	3.40	3.45	3.40	3.45	XXX
77336		A	Radiation physics consult	0.00	2.99	3.04	2.99	3.04	0.13	3.12	3.17	3.12	3.17	XXX
77370		A	Radiation physics consult	0.00	3.51	3.56	3.51	3.56	0.15	3.66	3.71	3.66	3.71	XXX
77380		D	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	26	D	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	TC	D	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381		D	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	26	D	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	TC	D	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	1.78	1.81	1.78	1.81	0.09	1.87	1.90	1.87	1.90	XXX
77402		A	Radiation treatment delivery	0.00	1.78	1.81	1.78	1.81	0.09	1.87	1.90	1.87	1.90	XXX
77403		A	Radiation treatment delivery	0.00	1.78	1.81	1.78	1.81	0.09	1.87	1.90	1.87	1.90	XXX
77404		A	Radiation treatment delivery	0.00	1.78	1.81	1.78	1.81	0.09	1.87	1.90	1.87	1.90	XXX
77406		A	Radiation treatment delivery	0.00	1.78	1.81	1.78	1.81	0.09	1.87	1.90	1.87	1.90	XXX
77407		A	Radiation treatment delivery	0.00	2.10	2.13	2.10	2.13	0.10	2.20	2.23	2.20	2.23	XXX
77408		A	Radiation treatment delivery	0.00	2.10	2.13	2.10	2.13	0.10	2.20	2.23	2.20	2.23	XXX
77409		A	Radiation treatment delivery	0.00	2.10	2.13	2.10	2.13	0.10	2.20	2.23	2.20	2.23	XXX
77411		A	Radiation treatment delivery	0.00	2.10	2.13	2.10	2.13	0.10	2.20	2.23	2.20	2.23	XXX
77412		A	Radiation treatment delivery	0.00	2.34	2.38	2.34	2.38	0.11	2.45	2.49	2.45	2.49	XXX
77413		A	Radiation treatment delivery	0.00	2.34	2.38	2.34	2.38	0.11	2.45	2.49	2.45	2.49	XXX
77414		A	Radiation treatment delivery	0.00	2.34	2.38	2.34	2.38	0.11	2.45	2.49	2.45	2.49	XXX
77416		A	Radiation treatment delivery	0.00	2.34	2.38	2.34	2.38	0.11	2.45	2.49	2.45	2.49	XXX
77417		A	Radiology port film(s)	0.00	0.59	0.60	0.59	0.60	0.03	0.62	0.63	0.62	0.63	XXX
77419		D	Weekly radiation therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77420		D	Weekly radiation therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77425		D	Weekly radiation therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77427		A	Radiation tx management, x5	3.31	1.08	1.08	1.08	1.08	0.11	4.50	4.50	4.50	4.50	XXX
77430		D	Weekly radiation therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77431		A	Radiation therapy management	1.81	0.69	0.79	0.69	0.79	0.07	2.57	2.67	2.57	2.67	XXX
77432		A	Stereotactic radiation trmt	7.93	2.93	4.15	2.93	4.15	0.31	11.17	12.39	11.17	12.39	XXX
77470		A	Special radiation treatment	2.09	11.88	12.22	11.88	12.22	0.58	14.55	14.89	14.55	14.89	XXX
77470	26	A	Special radiation treatment	2.09	0.68	0.85	0.68	0.85	0.08	2.85	3.02	2.85	3.02	XXX
77470	TC	A	Special radiation treatment	0.00	11.20	11.37	11.20	11.37	0.50	11.70	11.87	11.70	11.87	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520		C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523		C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	3.54	3.73	3.54	3.73	0.19	5.29	5.48	5.29	5.48	XXX
77600	26	R	Hyperthermia treatment	1.56	0.48	0.62	0.48	0.62	0.06	2.10	2.24	2.10	2.24	XXX
77600	TC	R	Hyperthermia treatment	0.00	3.06	3.11	3.06	3.11	0.13	3.19	3.24	3.19	3.24	XXX
77605		R	Hyperthermia treatment	2.09	4.81	5.01	4.81	5.01	0.28	7.18	7.38	7.18	7.38	XXX
77605	26	R	Hyperthermia treatment	2.09	0.73	0.87	0.73	0.87	0.09	2.91	3.05	2.91	3.05	XXX
77605	TC	R	Hyperthermia treatment	0.00	4.08	4.14	4.08	4.14	0.19	4.27	4.33	4.27	4.33	XXX
77610		R	Hyperthermia treatment	1.56	3.54	3.73	3.54	3.73	0.19	5.29	5.48	5.29	5.48	XXX
77610	26	R	Hyperthermia treatment	1.56	0.48	0.62	0.48	0.62	0.06	2.10	2.24	2.10	2.24	XXX
77610	TC	R	Hyperthermia treatment	0.00	3.06	3.11	3.06	3.11	0.13	3.19	3.24	3.19	3.24	XXX
77615		R	Hyperthermia treatment	2.09	4.75	4.98	4.75	4.98	0.27	7.11	7.34	7.11	7.34	XXX
77615	26	R	Hyperthermia treatment	2.09	0.67	0.84	0.67	0.84	0.08	2.84	3.01	2.84	3.01	XXX
77615	TC	R	Hyperthermia treatment	0.00	4.08	4.14	4.08	4.14	0.19	4.27	4.33	4.27	4.33	XXX
77620		R	Hyperthermia treatment	1.56	3.66	3.79	3.66	3.79	0.19	5.41	5.54	5.41	5.54	XXX
77620	26	R	Hyperthermia treatment	1.56	0.60	0.68	0.60	0.68	0.06	2.22	2.30	2.22	2.30	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
77620	TC	R	Hyperthermia treatment	0.00	3.06	3.11	3.06	3.11	0.13	3.19	3.24	3.19	3.24	XXX
77750		A	Infuse radioactive materials	4.91	2.92	3.26	2.92	3.26	0.24	8.07	8.41	8.07	8.41	090
77750	26	A	Infuse radioactive materials	4.91	1.58	1.90	1.58	1.90	0.18	6.67	6.99	6.67	6.99	090
77750	TC	A	Infuse radioactive materials	0.00	1.34	1.36	1.34	1.36	0.06	1.40	1.42	1.40	1.42	090
77761		A	Radioelement application	3.81	3.60	3.97	3.60	3.97	0.28	7.69	8.06	7.69	8.06	090
77761	26	A	Radioelement application	3.81	1.08	1.41	1.08	1.41	0.16	5.05	5.38	5.05	5.38	090
77761	TC	A	Radioelement application	0.00	2.52	2.56	2.52	2.56	0.12	2.64	2.68	2.64	2.68	090
77762		A	Radioelement application	5.72	5.52	5.93	5.52	5.93	0.40	11.64	12.05	11.64	12.05	090
77762	26	A	Radioelement application	5.72	1.90	2.25	1.90	2.25	0.24	7.86	8.21	7.86	8.21	090
77762	TC	A	Radioelement application	0.00	3.62	3.68	3.62	3.68	0.16	3.78	3.84	3.78	3.84	090
77763		A	Radioelement application	8.57	7.31	7.93	7.31	7.93	0.55	16.43	17.05	16.43	17.05	090
77763	26	A	Radioelement application	8.57	2.80	3.35	2.80	3.35	0.35	11.72	12.27	11.72	12.27	090
77763	TC	A	Radioelement application	0.00	4.51	4.58	4.51	4.58	0.20	4.71	4.78	4.71	4.78	090
77776		A	Radioelement application	4.66	3.32	3.92	3.32	3.92	0.31	8.29	8.89	8.29	8.89	XXX
77776	26	A	Radioelement application	4.66	1.13	1.70	1.13	1.70	0.20	5.99	6.56	5.99	6.56	XXX
77776	TC	A	Radioelement application	0.00	2.19	2.22	2.19	2.22	0.11	2.30	2.33	2.30	2.33	XXX
77777		A	Radioelement application	7.48	6.77	7.28	6.77	7.28	0.50	14.75	15.26	14.75	15.26	090
77777	26	A	Radioelement application	7.48	2.51	2.96	2.51	2.96	0.31	10.30	10.75	10.30	10.75	090
77777	TC	A	Radioelement application	0.00	4.26	4.32	4.26	4.32	0.19	4.45	4.51	4.45	4.51	090
77778		A	Radioelement application	11.19	8.77	9.59	8.77	9.59	0.67	20.63	21.45	20.63	21.45	090
77778	26	A	Radioelement application	11.19	3.61	4.35	3.61	4.35	0.44	15.24	15.98	15.24	15.98	090
77778	TC	A	Radioelement application	0.00	5.16	5.24	5.16	5.24	0.23	5.39	5.47	5.39	5.47	090
77781		A	High intensity brachytherapy	1.66	20.95	21.35	20.95	21.35	0.98	23.59	23.99	23.59	23.99	090
77781	26	A	High intensity brachytherapy	1.66	0.55	0.65	0.55	0.65	0.07	2.28	2.38	2.28	2.38	090
77781	TC	A	High intensity brachytherapy	0.00	20.40	20.70	20.40	20.70	0.91	21.31	21.61	21.31	21.61	090
77782		A	High intensity brachytherapy	2.49	21.21	21.68	21.21	21.68	1.01	24.71	25.18	24.71	25.18	090
77782	26	A	High intensity brachytherapy	2.49	0.81	0.98	0.81	0.98	0.10	3.40	3.57	3.40	3.57	090
77782	TC	A	High intensity brachytherapy	0.00	20.40	20.70	20.40	20.70	0.91	21.31	21.61	21.31	21.61	090
77783		A	High intensity brachytherapy	3.73	21.62	22.15	21.62	22.15	1.05	26.40	26.93	26.40	26.93	090
77783	26	A	High intensity brachytherapy	3.73	1.22	1.45	1.22	1.45	0.14	5.09	5.32	5.09	5.32	090
77783	TC	A	High intensity brachytherapy	0.00	20.40	20.70	20.40	20.70	0.91	21.31	21.61	21.31	21.61	090
77784		A	High intensity brachytherapy	5.61	22.22	22.88	22.22	22.88	1.12	28.95	29.61	28.95	29.61	090
77784	26	A	High intensity brachytherapy	5.61	1.82	2.18	1.82	2.18	0.21	7.64	8.00	7.64	8.00	090
77784	TC	A	High intensity brachytherapy	0.00	20.40	20.70	20.40	20.70	0.91	21.31	21.61	21.31	21.61	090
77789		A	Radioelement application	1.12	0.83	0.91	0.83	0.91	0.06	2.01	2.09	2.01	2.09	090
77789	26	A	Radioelement application	1.12	0.37	0.44	0.37	0.44	0.04	1.53	1.60	1.53	1.60	090
77789	TC	A	Radioelement application	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	090
77790		A	Radioelement handling	1.05	0.85	0.94	0.85	0.94	0.06	1.96	2.05	1.96	2.05	XXX
77790	26	A	Radioelement handling	1.05	0.34	0.42	0.34	0.42	0.04	1.43	1.51	1.43	1.51	XXX
77790	TC	A	Radioelement handling	0.00	0.51	0.52	0.51	0.52	0.02	0.53	0.54	0.53	0.54	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	1.02	1.07	1.02	1.07	0.06	1.27	1.32	1.27	1.32	XXX
78000	26	A	Thyroid, single uptake	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.97	0.99	0.97	0.99	0.05	1.02	1.04	1.02	1.04	XXX
78001		A	Thyroid, multiple uptakes	0.26	1.38	1.43	1.38	1.43	0.07	1.71	1.76	1.71	1.76	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
78003		A	Thyroid suppress/stimul	0.33	1.06	1.12	1.06	1.12	0.06	1.45	1.51	1.45	1.51	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.97	0.99	0.97	0.99	0.05	1.02	1.04	1.02	1.04	XXX
78006		A	Thyroid imaging with uptake	0.49	2.53	2.62	2.53	2.62	0.13	3.15	3.24	3.15	3.24	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	2.39	2.43	2.39	2.43	0.11	2.50	2.54	2.50	2.54	XXX
78007		A	Thyroid image, mult uptakes	0.50	2.72	2.82	2.72	2.82	0.14	3.36	3.46	3.36	3.46	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.14	0.20	0.14	0.20	0.02	0.66	0.72	0.66	0.72	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	2.58	2.62	2.58	2.62	0.12	2.70	2.74	2.70	2.74	XXX
78010		A	Thyroid imaging	0.39	1.94	2.01	1.94	2.01	0.11	2.44	2.51	2.44	2.51	XXX
78010	26	A	Thyroid imaging	0.39	0.11	0.15	0.11	0.15	0.02	0.52	0.56	0.52	0.56	XXX
78010	TC	A	Thyroid imaging	0.00	1.83	1.86	1.83	1.86	0.09	1.92	1.95	1.92	1.95	XXX
78011		A	Thyroid imaging with flow	0.45	2.55	2.64	2.55	2.64	0.13	3.13	3.22	3.13	3.22	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.13	0.18	0.13	0.18	0.02	0.60	0.65	0.60	0.65	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.42	2.46	2.42	2.46	0.11	2.53	2.57	2.53	2.57	XXX
78015		A	Thyroid met imaging	0.67	2.77	2.89	2.77	2.89	0.15	3.59	3.71	3.59	3.71	XXX
78015	26	A	Thyroid met imaging	0.67	0.19	0.27	0.19	0.27	0.03	0.89	0.97	0.89	0.97	XXX
78015	TC	A	Thyroid met imaging	0.00	2.58	2.62	2.58	2.62	0.12	2.70	2.74	2.70	2.74	XXX
78016		A	Thyroid met imaging/studies	0.82	3.74	3.88	3.74	3.88	0.18	4.74	4.88	4.74	4.88	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.24	0.33	0.24	0.33	0.03	1.09	1.18	1.09	1.18	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.50	3.55	3.50	3.55	0.15	3.65	3.70	3.65	3.70	XXX
78018		A	Thyroid met imaging, body	0.86	5.70	5.89	5.70	5.89	0.28	6.84	7.03	6.84	7.03	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.25	0.36	0.25	0.36	0.03	1.14	1.25	1.14	1.25	XXX
78018	TC	A	Thyroid met imaging, body	0.00	5.45	5.53	5.45	5.53	0.25	5.70	5.78	5.70	5.78	XXX
78020		A	Thyroid met uptake	0.60	0.38	0.38	0.38	0.38	0.00	0.98	0.98	0.98	0.98	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.23	0.23	0.23	0.23	0.00	0.83	0.83	0.83	0.83	ZZZ
78020	TC	A	Thyroid met uptake	0.00	0.15	0.15	0.15	0.15	0.00	0.15	0.15	0.15	0.15	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	2.06	2.10	2.06	2.10	0.12	3.00	3.04	3.00	3.04	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.24	0.23	0.24	0.03	1.08	1.09	1.08	1.09	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.83	1.86	1.83	1.86	0.09	1.92	1.95	1.92	1.95	XXX
78075		A	Adrenal nuclear imaging	0.74	5.68	5.83	5.68	5.83	0.28	6.70	6.85	6.70	6.85	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.23	0.30	0.23	0.30	0.03	1.00	1.07	1.00	1.07	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
78075	TC	A	Adrenal nuclear imaging	0.00	5.45	5.53	5.45	5.53	0.25	5.70	5.78	5.70	5.78	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	2.22	2.30	2.22	2.30	0.12	2.89	2.97	2.89	2.97	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.17	0.22	0.17	0.22	0.02	0.74	0.79	0.74	0.79	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	2.05	2.08	2.05	2.08	0.10	2.15	2.18	2.15	2.18	XXX
78103		A	Bone marrow imaging, mult	0.75	3.41	3.54	3.41	3.54	0.17	4.33	4.46	4.33	4.46	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.22	0.30	0.22	0.30	0.03	1.00	1.08	1.00	1.08	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.19	3.24	3.19	3.24	0.14	3.33	3.38	3.33	3.38	XXX
78104		A	Bone marrow imaging, body	0.80	4.32	4.47	4.32	4.47	0.22	5.34	5.49	5.34	5.49	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.23	0.32	0.23	0.32	0.03	1.06	1.15	1.06	1.15	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.09	4.15	4.09	4.15	0.19	4.28	4.34	4.28	4.34	XXX
78110		A	Plasma volume, single	0.19	1.01	1.05	1.01	1.05	0.06	1.26	1.30	1.26	1.30	XXX
78110	26	A	Plasma volume, single	0.19	0.06	0.08	0.06	0.08	0.01	0.26	0.28	0.26	0.28	XXX
78110	TC	A	Plasma volume, single	0.00	0.95	0.97	0.95	0.97	0.05	1.00	1.02	1.00	1.02	XXX
78111		A	Plasma volume, multiple	0.22	2.64	2.71	2.64	2.71	0.13	2.99	3.06	2.99	3.06	XXX
78111	26	A	Plasma volume, multiple	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.58	2.62	2.58	2.62	0.12	2.70	2.74	2.70	2.74	XXX
78120		A	Red cell mass, single	0.23	1.81	1.87	1.81	1.87	0.10	2.14	2.20	2.14	2.20	XXX
78120	26	A	Red cell mass, single	0.23	0.07	0.10	0.07	0.10	0.01	0.31	0.34	0.31	0.34	XXX
78120	TC	A	Red cell mass, single	0.00	1.74	1.77	1.74	1.77	0.09	1.83	1.86	1.83	1.86	XXX
78121		A	Red cell mass, multiple	0.32	3.01	3.10	3.01	3.10	0.13	3.46	3.55	3.46	3.55	XXX
78121	26	A	Red cell mass, multiple	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.92	2.97	2.92	2.97	0.12	3.04	3.09	3.04	3.09	XXX
78122		A	Blood volume	0.45	4.75	4.87	4.75	4.87	0.23	5.43	5.55	5.43	5.55	XXX
78122	26	A	Blood volume	0.45	0.13	0.18	0.13	0.18	0.02	0.60	0.65	0.60	0.65	XXX
78122	TC	A	Blood volume	0.00	4.62	4.69	4.62	4.69	0.21	4.83	4.90	4.83	4.90	XXX
78130		A	Red cell survival study	0.61	3.05	3.15	3.05	3.15	0.14	3.80	3.90	3.80	3.90	XXX
78130	26	A	Red cell survival study	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78130	TC	A	Red cell survival study	0.00	2.87	2.91	2.87	2.91	0.12	2.99	3.03	2.99	3.03	XXX
78135		A	Red cell survival kinetics	0.64	5.08	5.22	5.08	5.22	0.24	5.96	6.10	5.96	6.10	XXX
78135	26	A	Red cell survival kinetics	0.64	0.18	0.25	0.18	0.25	0.02	0.84	0.91	0.84	0.91	XXX
78135	TC	A	Red cell survival kinetics	0.00	4.90	4.97	4.90	4.97	0.22	5.12	5.19	5.12	5.19	XXX
78140		A	Red cell sequestration	0.61	4.13	4.25	4.13	4.25	0.20	4.94	5.06	4.94	5.06	XXX
78140	26	A	Red cell sequestration	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78140	TC	A	Red cell sequestration	0.00	3.95	4.01	3.95	4.01	0.18	4.13	4.19	4.13	4.19	XXX
78160		A	Plasma iron turnover	0.33	3.78	3.87	3.78	3.87	0.17	4.28	4.37	4.28	4.37	XXX
78160	26	A	Plasma iron turnover	0.33	0.10	0.13	0.10	0.13	0.01	0.44	0.47	0.44	0.47	XXX
78160	TC	A	Plasma iron turnover	0.00	3.68	3.74	3.68	3.74	0.16	3.84	3.90	3.84	3.90	XXX
78162		A	Iron absorption exam	0.45	3.39	3.47	3.39	3.47	0.15	3.99	4.07	3.99	4.07	XXX
78162	26	A	Iron absorption exam	0.45	0.17	0.20	0.17	0.20	0.01	0.63	0.66	0.63	0.66	XXX
78162	TC	A	Iron absorption exam	0.00	3.22	3.27	3.22	3.27	0.14	3.36	3.41	3.36	3.41	XXX
78170		A	Red cell iron utilization	0.41	5.45	5.57	5.45	5.57	0.26	6.12	6.24	6.12	6.24	XXX
78170	26	A	Red cell iron utilization	0.41	0.12	0.16	0.12	0.16	0.02	0.55	0.59	0.55	0.59	XXX
78170	TC	A	Red cell iron utilization	0.00	5.33	5.41	5.33	5.41	0.24	5.57	5.65	5.57	5.65	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.16	0.22	0.16	0.22	0.02	0.71	0.77	0.71	0.77	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78185		A	Spleen imaging	0.40	2.48	2.57	2.48	2.57	0.13	3.01	3.10	3.01	3.10	XXX
78185	26	A	Spleen imaging	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78185	TC	A	Spleen imaging	0.00	2.37	2.41	2.37	2.41	0.11	2.48	2.52	2.48	2.52	XXX
78190		A	Platelet survival, kinetics	1.09	6.14	6.29	6.14	6.29	0.30	7.53	7.68	7.53	7.68	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.40	0.46	0.40	0.46	0.04	1.53	1.59	1.53	1.59	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.74	5.83	5.74	5.83	0.26	6.00	6.09	6.00	6.09	XXX
78191		A	Platelet survival	0.61	7.55	7.72	7.55	7.72	0.34	8.50	8.67	8.50	8.67	XXX
78191	26	A	Platelet survival	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78191	TC	A	Platelet survival	0.00	7.37	7.48	7.37	7.48	0.32	7.69	7.80	7.69	7.80	XXX
78195		A	Lymph system imaging	1.20	4.44	4.50	4.44	4.50	0.24	5.88	5.94	5.88	5.94	XXX
78195	26	A	Lymph system imaging	1.20	0.35	0.35	0.35	0.35	0.05	1.60	1.60	1.60	1.60	XXX
78195	TC	A	Lymph system imaging	0.00	4.09	4.15	4.09	4.15	0.19	4.28	4.34	4.28	4.34	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	2.50	2.58	2.50	2.58	0.13	3.07	3.15	3.07	3.15	XXX
78201	26	A	Liver imaging	0.44	0.13	0.17	0.13	0.17	0.02	0.59	0.63	0.59	0.63	XXX
78201	TC	A	Liver imaging	0.00	2.37	2.41	2.37	2.41	0.11	2.48	2.52	2.48	2.52	XXX
78202		A	Liver imaging with flow	0.51	3.05	3.14	3.05	3.14	0.14	3.70	3.79	3.70	3.79	XXX
78202	26	A	Liver imaging with flow	0.51	0.15	0.20	0.15	0.20	0.02	0.68	0.73	0.68	0.73	XXX
78202	TC	A	Liver imaging with flow	0.00	2.90	2.94	2.90	2.94	0.12	3.02	3.06	3.02	3.06	XXX
78205		A	Liver imaging (3D)	0.71	6.14	6.31	6.14	6.31	0.30	7.15	7.32	7.15	7.32	XXX
78205	26	A	Liver imaging (3D)	0.71	0.20	0.28	0.20	0.28	0.03	0.94	1.02	0.94	1.02	XXX
78205	TC	A	Liver imaging (3D)	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
78206		A	Liver image (3d) w/flow	0.96	6.21	6.21	6.21	6.21	0.13	7.30	7.30	7.30	7.30	XXX
78206	26	A	Liver image (3d) w/flow	0.96	0.28	0.28	0.28	0.28	0.04	1.28	1.28	1.28	1.28	XXX
78206	TC	A	Liver image (3d) w/flow	0.00	5.93	5.93	5.93	5.93	0.09	6.02	6.02	6.02	6.02	XXX
78215		A	Liver and spleen imaging	0.49	3.09	3.19	3.09	3.19	0.14	3.72	3.82	3.72	3.82	XXX
78215	26	A	Liver and spleen imaging	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.95	3.00	2.95	3.00	0.12	3.07	3.12	3.07	3.12	XXX
78216		A	Liver & spleen image/flow	0.57	3.66	3.77	3.66	3.77	0.17	4.40	4.51	4.40	4.51	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
78216	TC	A	Liver & spleen image/flow	0.00	3.50	3.55	3.50	3.55	0.15	3.65	3.70	3.65	3.70	XXX
78220		A	Liver function study	0.49	3.88	3.99	3.88	3.99	0.18	4.55	4.66	4.55	4.66	XXX
78220	26	A	Liver function study	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78220	TC	A	Liver function study	0.00	3.74	3.80	3.74	3.80	0.16	3.90	3.96	3.90	3.96	XXX
78223		A	Hepatobiliary imaging	0.84	3.91	4.06	3.91	4.06	0.19	4.94	5.09	4.94	5.09	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.23	0.32	0.23	0.32	0.03	1.10	1.19	1.10	1.19	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.68	3.74	3.68	3.74	0.16	3.84	3.90	3.84	3.90	XXX
78230		A	Salivary gland imaging	0.45	2.33	2.41	2.33	2.41	0.13	2.91	2.99	2.91	2.99	XXX
78230	26	A	Salivary gland imaging	0.45	0.14	0.19	0.14	0.19	0.02	0.61	0.66	0.61	0.66	XXX
78230	TC	A	Salivary gland imaging	0.00	2.19	2.22	2.19	2.22	0.11	2.30	2.33	2.30	2.33	XXX
78231		A	Serial salivary imaging	0.52	3.34	3.45	3.34	3.45	0.16	4.02	4.13	4.02	4.13	XXX
78231	26	A	Serial salivary imaging	0.52	0.15	0.21	0.15	0.21	0.02	0.69	0.75	0.69	0.75	XXX
78231	TC	A	Serial salivary imaging	0.00	3.19	3.24	3.19	3.24	0.14	3.33	3.38	3.33	3.38	XXX
78232		A	Salivary gland function exam	0.47	3.70	3.80	3.70	3.80	0.17	4.34	4.44	4.34	4.44	XXX
78232	26	A	Salivary gland function exam	0.47	0.14	0.19	0.14	0.19	0.02	0.63	0.68	0.63	0.68	XXX
78232	TC	A	Salivary gland function exam	0.00	3.56	3.61	3.56	3.61	0.15	3.71	3.76	3.71	3.76	XXX
78258		A	Esophageal motility study	0.74	3.11	3.23	3.11	3.23	0.15	4.00	4.12	4.00	4.12	XXX
78258	26	A	Esophageal motility study	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78258	TC	A	Esophageal motility study	0.00	2.90	2.94	2.90	2.94	0.12	3.02	3.06	3.02	3.06	XXX
78261		A	Gastric mucosa imaging	0.69	4.33	4.46	4.33	4.46	0.22	5.24	5.37	5.24	5.37	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.21	0.28	0.21	0.28	0.03	0.93	1.00	0.93	1.00	XXX
78261	TC	A	Gastric mucosa imaging	0.00	4.12	4.18	4.12	4.18	0.19	4.31	4.37	4.31	4.37	XXX
78262		A	Gastroesophageal reflux exam	0.68	4.47	4.61	4.47	4.61	0.21	5.36	5.50	5.36	5.50	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.20	0.27	0.20	0.27	0.02	0.90	0.97	0.90	0.97	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.27	4.34	4.27	4.34	0.19	4.46	4.53	4.46	4.53	XXX
78264		A	Gastric emptying study	0.78	4.37	4.52	4.37	4.52	0.22	5.37	5.52	5.37	5.52	XXX
78264	26	A	Gastric emptying study	0.78	0.22	0.31	0.22	0.31	0.03	1.03	1.12	1.03	1.12	XXX
78264	TC	A	Gastric emptying study	0.00	4.15	4.21	4.15	4.21	0.19	4.34	4.40	4.34	4.40	XXX
78267		X	Breath tst attain/anal c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268		X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78270		A	Vit B-12 absorption exam	0.20	1.61	1.67	1.61	1.67	0.09	1.90	1.96	1.90	1.96	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.55	1.58	1.55	1.58	0.08	1.63	1.66	1.63	1.66	XXX
78271		A	Vit B-12 absorp exam, IF	0.20	1.71	1.77	1.71	1.77	0.09	2.00	2.06	2.00	2.06	XXX
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.65	1.68	1.65	1.68	0.08	1.73	1.76	1.73	1.76	XXX
78272		A	Vit B-12 absorp, combined	0.27	2.41	2.48	2.41	2.48	0.12	2.80	2.87	2.80	2.87	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	2.33	2.37	2.33	2.37	0.11	2.44	2.48	2.44	2.48	XXX
78278		A	Acute GI blood loss imaging	0.99	5.18	5.36	5.18	5.36	0.26	6.43	6.61	6.43	6.61	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.28	0.39	0.28	0.39	0.04	1.31	1.42	1.31	1.42	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	4.90	4.97	4.90	4.97	0.22	5.12	5.19	5.12	5.19	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.11	0.15	0.11	0.15	0.01	0.50	0.54	0.50	0.54	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290		A	Meckel's divert exam	0.68	3.25	3.38	3.25	3.38	0.16	4.09	4.22	4.09	4.22	XXX
78290	26	A	Meckel's divert exam	0.68	0.19	0.27	0.19	0.27	0.03	0.90	0.98	0.90	0.98	XXX
78290	TC	A	Meckel's divert exam	0.00	3.06	3.11	3.06	3.11	0.13	3.19	3.24	3.19	3.24	XXX
78291		A	Leveen/shunt patency exam	0.88	3.33	3.47	3.33	3.47	0.16	4.37	4.51	4.37	4.51	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.25	0.34	0.25	0.34	0.03	1.16	1.25	1.16	1.25	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	3.08	3.13	3.08	3.13	0.13	3.21	3.26	3.21	3.26	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	2.67	2.78	2.67	2.78	0.14	3.43	3.54	3.43	3.54	XXX
78300	26	A	Bone imaging, limited area	0.62	0.17	0.24	0.17	0.24	0.02	0.81	0.88	0.81	0.88	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.50	2.54	2.50	2.54	0.12	2.62	2.66	2.62	2.66	XXX
78305		A	Bone imaging, multiple areas	0.83	3.91	4.06	3.91	4.06	0.19	4.93	5.08	4.93	5.08	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.23	0.32	0.23	0.32	0.03	1.09	1.18	1.09	1.18	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.68	3.74	3.68	3.74	0.16	3.84	3.90	3.84	3.90	XXX
78306		A	Bone imaging, whole body	0.86	4.53	4.69	4.53	4.69	0.22	5.61	5.77	5.61	5.77	XXX
78306	26	A	Bone imaging, whole body	0.86	0.24	0.33	0.24	0.33	0.03	1.13	1.22	1.13	1.22	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.29	4.36	4.29	4.36	0.19	4.48	4.55	4.48	4.55	XXX
78315		A	Bone imaging, 3 phase	1.02	5.09	5.26	5.09	5.26	0.26	6.37	6.54	6.37	6.54	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.29	0.39	0.29	0.39	0.04	1.35	1.45	1.35	1.45	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.80	4.87	4.80	4.87	0.22	5.02	5.09	5.02	5.09	XXX
78320		A	Bone imaging (3D)	1.04	6.24	6.43	6.24	6.43	0.31	7.59	7.78	7.59	7.78	XXX
78320	26	A	Bone imaging (3D)	1.04	0.30	0.40	0.30	0.40	0.04	1.38	1.48	1.38	1.48	XXX
78320	TC	A	Bone imaging (3D)	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
78350		A	Bone mineral, single photon	0.22	0.82	0.86	0.82	0.86	0.05	1.09	1.13	1.09	1.13	XXX
78350	26	A	Bone mineral, single photon	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.76	0.77	0.76	0.77	0.04	0.80	0.81	0.80	0.81	XXX
78351		N	Bone mineral, dual photon	+0.30	1.46	0.84	0.12	0.17	0.01	1.77	1.15	0.43	0.48	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.15	0.19	0.15	0.19	0.02	0.62	0.66	0.62	0.66	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428		A	Cardiac shunt imaging	0.78	2.56	2.65	2.56	2.65	0.14	3.48	3.57	3.48	3.57	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.30	0.35	0.30	0.35	0.03	1.11	1.16	1.11	1.16	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
78428	TC	A	Cardiac shunt imaging	0.00	2.26	2.30	2.26	2.30	0.11	2.37	2.41	2.37	2.41	XXX
78445		A	Vascular flow imaging	0.49	2.01	2.10	2.01	2.10	0.11	2.61	2.70	2.61	2.70	XXX
78445	26	A	Vascular flow imaging	0.49	0.14	0.20	0.14	0.20	0.02	0.65	0.71	0.65	0.71	XXX
78445	TC	A	Vascular flow imaging	0.00	1.87	1.90	1.87	1.90	0.09	1.96	1.99	1.96	1.99	XXX
78455		A	Venous thrombosis study	0.73	4.21	4.35	4.21	4.35	0.21	5.15	5.29	5.15	5.29	XXX
78455	26	A	Venous thrombosis study	0.73	0.21	0.29	0.21	0.29	0.03	0.97	1.05	0.97	1.05	XXX
78455	TC	A	Venous thrombosis study	0.00	4.00	4.06	4.00	4.06	0.18	4.18	4.24	4.18	4.24	XXX
78456		A	Acute venous thrombus image	1.00	4.30	4.30	4.30	4.30	0.30	5.60	5.60	5.60	5.60	XXX
78456	26	A	Acute venous thrombus image	1.00	0.30	0.30	0.30	0.30	0.05	1.35	1.35	1.35	1.35	XXX
78456	TC	A	Acute venous thrombus image	0.00	4.00	4.00	4.00	4.00	0.25	4.25	4.25	4.25	4.25	XXX
78457		A	Venous thrombosis imaging	0.77	2.89	3.01	2.89	3.01	0.15	3.81	3.93	3.81	3.93	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.22	0.30	0.22	0.30	0.03	1.02	1.10	1.02	1.10	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.67	2.71	2.67	2.71	0.12	2.79	2.83	2.79	2.83	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.31	4.45	4.31	4.45	0.21	5.42	5.56	5.42	5.56	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.27	0.35	0.27	0.35	0.03	1.20	1.28	1.20	1.28	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.04	4.10	4.04	4.10	0.18	4.22	4.28	4.22	4.28	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	0.73	1.09	0.73	1.09	0.07	2.68	3.04	2.68	3.04	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood, single	0.86	2.63	2.75	2.63	2.75	0.14	3.63	3.75	3.63	3.75	XXX
78460	26	A	Heart muscle blood, single	0.86	0.26	0.34	0.26	0.34	0.03	1.15	1.23	1.15	1.23	XXX
78460	TC	A	Heart muscle blood, single	0.00	2.37	2.41	2.37	2.41	0.11	2.48	2.52	2.48	2.52	XXX
78461		A	Heart muscle blood, multiple	1.23	5.15	5.31	5.15	5.31	0.26	6.64	6.80	6.64	6.80	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.41	0.50	0.41	0.50	0.04	1.68	1.77	1.68	1.77	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	4.74	4.81	4.74	4.81	0.22	4.96	5.03	4.96	5.03	XXX
78464		A	Heart image (3d), single	1.09	7.44	7.64	7.44	7.64	0.36	8.89	9.09	8.89	9.09	XXX
78464	26	A	Heart image (3d), single	1.09	0.34	0.43	0.34	0.43	0.04	1.47	1.56	1.47	1.56	XXX
78464	TC	A	Heart image (3d), single	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
78465		A	Heart image (3d), multiple	1.46	12.34	12.63	12.34	12.63	0.58	14.38	14.67	14.38	14.67	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.49	0.60	0.49	0.60	0.05	2.00	2.11	2.00	2.11	XXX
78465	TC	A	Heart image (3d), multiple	0.00	11.85	12.03	11.85	12.03	0.53	12.38	12.56	12.38	12.56	XXX
78466		A	Heart infarct image	0.69	2.84	2.95	2.84	2.95	0.15	3.68	3.79	3.68	3.79	XXX
78466	26	A	Heart infarct image	0.69	0.21	0.28	0.21	0.28	0.03	0.93	1.00	0.93	1.00	XXX
78466	TC	A	Heart infarct image	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
78468		A	Heart infarct image (ef)	0.80	3.91	4.05	3.91	4.05	0.19	4.90	5.04	4.90	5.04	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.23	0.31	0.23	0.31	0.03	1.06	1.14	1.06	1.14	XXX
78468	TC	A	Heart infarct image (ef)	0.00	3.68	3.74	3.68	3.74	0.16	3.84	3.90	3.84	3.90	XXX
78469		A	Heart infarct image (3D)	0.92	5.55	5.70	5.55	5.70	0.27	6.74	6.89	6.74	6.89	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.30	0.37	0.30	0.37	0.03	1.25	1.32	1.25	1.32	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.25	5.33	5.25	5.33	0.24	5.49	5.57	5.49	5.57	XXX
78472		A	Gated heart, planar, single	0.98	5.85	6.02	5.85	6.02	0.30	7.13	7.30	7.13	7.30	XXX
78472	26	A	Gated heart, planar, single	0.98	0.31	0.40	0.31	0.40	0.04	1.33	1.42	1.33	1.42	XXX
78472	TC	A	Gated heart, planar, single	0.00	5.54	5.62	5.54	5.62	0.26	5.80	5.88	5.80	5.88	XXX
78473		A	Gated heart, multiple	1.47	8.76	9.01	8.76	9.01	0.41	10.64	10.89	10.64	10.89	XXX
78473	26	A	Gated heart, multiple	1.47	0.46	0.59	0.46	0.59	0.05	1.98	2.11	1.98	2.11	XXX
78473	TC	A	Gated heart, multiple	0.00	8.30	8.42	8.30	8.42	0.36	8.66	8.78	8.66	8.78	XXX
78478		A	Heart wall motion add-on	0.62	1.77	1.85	1.77	1.85	0.10	2.49	2.57	2.49	2.57	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.21	0.26	0.21	0.26	0.02	0.85	0.90	0.85	0.90	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	1.56	1.59	1.56	1.59	0.08	1.64	1.67	1.64	1.67	ZZZ
78480		A	Heart function add-on	0.62	1.77	1.85	1.77	1.85	0.10	2.49	2.57	2.49	2.57	ZZZ
78480	26	A	Heart function add-on	0.62	0.21	0.26	0.21	0.26	0.02	0.85	0.90	0.85	0.90	ZZZ
78480	TC	A	Heart function add-on	0.00	1.56	1.59	1.56	1.59	0.08	1.64	1.67	1.64	1.67	ZZZ
78481		A	Heart first pass, single	0.98	5.59	5.74	5.59	5.74	0.27	6.84	6.99	6.84	6.99	XXX
78481	26	A	Heart first pass, single	0.98	0.34	0.41	0.34	0.41	0.03	1.35	1.42	1.35	1.42	XXX
78481	TC	A	Heart first pass, single	0.00	5.25	5.33	5.25	5.33	0.24	5.49	5.57	5.49	5.57	XXX
78483		A	Heart first pass, multiple	1.47	8.45	8.66	8.45	8.66	0.40	10.32	10.53	10.32	10.53	XXX
78483	26	A	Heart first pass, multiple	1.47	0.54	0.63	0.54	0.63	0.05	2.06	2.15	2.06	2.15	XXX
78483	TC	A	Heart first pass, multiple	0.00	7.91	8.03	7.91	8.03	0.35	8.26	8.38	8.26	8.38	XXX
78491		I	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet), single	+1.50	0.58	1.02	0.58	1.02	0.05	2.13	2.57	2.13	2.57	XXX
78491	TC	I	Heart image (pet), single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492		I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet), multiple	+1.87	0.72	1.09	0.72	1.09	0.07	2.66	3.03	2.66	3.03	XXX
78492	TC	I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78494		A	Heart image, spect	1.19	7.47	7.47	7.47	7.47	0.30	8.96	8.96	8.96	8.96	XXX
78494	26	A	Heart image, spect	1.19	0.37	0.37	0.37	0.37	0.04	1.60	1.60	1.60	1.60	XXX
78494	TC	A	Heart image, spect	0.00	7.10	7.10	7.10	7.10	0.26	7.36	7.36	7.36	7.36	XXX
78496		A	Heart first pass add-on	0.50	1.75	1.75	1.75	1.75	0.28	2.53	2.53	2.53	2.53	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.02	0.71	0.71	0.71	0.71	ZZZ
78496	TC	A	Heart first pass add-on	0.00	1.56	1.56	1.56	1.56	0.26	1.82	1.82	1.82	1.82	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	3.66	3.79	3.66	3.79	0.18	4.58	4.71	4.58	4.71	XXX
78580	26	A	Lung perfusion imaging	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.45	3.50	3.45	3.50	0.15	3.60	3.65	3.60	3.65	XXX
78584		A	Lung V/Q image single breath	0.99	3.49	3.65	3.49	3.65	0.18	4.66	4.82	4.66	4.82	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.22	3.27	3.22	3.27	0.14	3.36	3.41	3.36	3.41	XXX
78585		A	Lung V/Q imaging	1.09	5.96	6.16	5.96	6.16	0.30	7.35	7.55	7.35	7.55	XXX
78585	26	A	Lung V/Q imaging	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
78585	TC	A	Lung V/Q imaging	0.00	5.66	5.75	5.66	5.75	0.26	5.92	6.01	5.92	6.01	XXX
78586		A	Aerosol lung image, single	0.40	2.71	2.80	2.71	2.80	0.14	3.25	3.34	3.25	3.34	XXX
78586	26	A	Aerosol lung image, single	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.60	2.64	2.60	2.64	0.12	2.72	2.76	2.72	2.76	XXX
78587		A	Aerosol lung image, multiple	0.49	2.96	3.05	2.96	3.05	0.14	3.59	3.68	3.59	3.68	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.82	2.86	2.82	2.86	0.12	2.94	2.98	2.94	2.98	XXX
78588		A	Perfusion lung image	1.09	5.97	5.97	5.97	5.97	0.19	7.25	7.25	7.25	7.25	XXX
78588	26	A	Perfusion lung image	1.09	0.31	0.31	0.31	0.31	0.04	1.44	1.44	1.44	1.44	XXX
78588	TC	A	Perfusion lung image	0.00	5.66	5.66	5.66	5.66	0.15	5.81	5.81	5.81	5.81	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	2.98	3.07	2.98	3.07	0.14	3.52	3.61	3.52	3.61	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.87	2.91	2.87	2.91	0.12	2.99	3.03	2.99	3.03	XXX
78593		A	Vent image, 1 proj, gas	0.49	3.61	3.71	3.61	3.71	0.17	4.27	4.37	4.27	4.37	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.47	3.52	3.47	3.52	0.15	3.62	3.67	3.62	3.67	XXX
78594		A	Vent image, mult proj, gas	0.53	5.15	5.29	5.15	5.29	0.24	5.92	6.06	5.92	6.06	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	5.00	5.08	5.00	5.08	0.22	5.22	5.30	5.22	5.30	XXX
78596		A	Lung differential function	1.27	7.46	7.70	7.46	7.70	0.37	9.10	9.34	9.10	9.34	XXX
78596	26	A	Lung differential function	1.27	0.36	0.49	0.36	0.49	0.05	1.68	1.81	1.68	1.81	XXX
78596	TC	A	Lung differential function	0.00	7.10	7.21	7.10	7.21	0.32	7.42	7.53	7.42	7.53	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain imaging, ltd static	0.44	3.03	3.12	3.03	3.12	0.14	3.61	3.70	3.61	3.70	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.13	0.18	0.13	0.18	0.02	0.59	0.64	0.59	0.64	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.90	2.94	2.90	2.94	0.12	3.02	3.06	3.02	3.06	XXX
78601		A	Brain imaging, ltd w/ flow	0.51	3.56	3.67	3.56	3.67	0.17	4.24	4.35	4.24	4.35	XXX
78601	26	A	Brain imaging, ltd w/ flow	0.51	0.14	0.20	0.14	0.20	0.02	0.67	0.73	0.67	0.73	XXX
78601	TC	A	Brain imaging, ltd w/ flow	0.00	3.42	3.47	3.42	3.47	0.15	3.57	3.62	3.57	3.62	XXX
78605		A	Brain imaging, complete	0.53	3.59	3.69	3.59	3.69	0.17	4.29	4.39	4.29	4.39	XXX
78605	26	A	Brain imaging, complete	0.53	0.17	0.22	0.17	0.22	0.02	0.72	0.77	0.72	0.77	XXX
78605	TC	A	Brain imaging, complete	0.00	3.42	3.47	3.42	3.47	0.15	3.57	3.62	3.57	3.62	XXX
78606		A	Brain imaging, compl w/flow	0.64	4.07	4.20	4.07	4.20	0.19	4.90	5.03	4.90	5.03	XXX
78606	26	A	Brain imaging, compl w/flow	0.64	0.18	0.25	0.18	0.25	0.02	0.84	0.91	0.84	0.91	XXX
78606	TC	A	Brain imaging, compl w/flow	0.00	3.89	3.95	3.89	3.95	0.17	4.06	4.12	4.06	4.12	XXX
78607		A	Brain imaging (3D)	1.23	6.95	7.17	6.95	7.17	0.35	8.53	8.75	8.53	8.75	XXX
78607	26	A	Brain imaging (3D)	1.23	0.36	0.48	0.36	0.48	0.05	1.64	1.76	1.64	1.76	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.59	6.69	6.59	6.69	0.30	6.89	6.99	6.89	6.99	XXX
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	1.67	1.73	1.67	1.73	0.09	2.06	2.12	2.06	2.12	XXX
78610	26	A	Brain flow imaging only	0.30	0.09	0.12	0.09	0.12	0.01	0.40	0.43	0.40	0.43	XXX
78610	TC	A	Brain flow imaging only	0.00	1.58	1.61	1.58	1.61	0.08	1.66	1.69	1.66	1.69	XXX
78615		A	Cerebral blood flow imaging	0.42	4.01	4.11	4.01	4.11	0.19	4.62	4.72	4.62	4.72	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.14	0.18	0.14	0.18	0.02	0.58	0.62	0.58	0.62	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	3.87	3.93	3.87	3.93	0.17	4.04	4.10	4.04	4.10	XXX
78630		A	Cerebrospinal fluid scan	0.68	5.25	5.41	5.25	5.41	0.26	6.19	6.35	6.19	6.35	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.19	0.27	0.19	0.27	0.03	0.90	0.98	0.90	0.98	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	5.06	5.14	5.06	5.14	0.23	5.29	5.37	5.29	5.37	XXX
78635		A	CSF ventriculography	0.61	2.81	2.88	2.81	2.88	0.14	3.56	3.63	3.56	3.63	XXX
78635	26	A	CSF ventriculography	0.61	0.25	0.28	0.25	0.28	0.02	0.88	0.91	0.88	0.91	XXX
78635	TC	A	CSF ventriculography	0.00	2.56	2.60	2.56	2.60	0.12	2.68	2.72	2.68	2.72	XXX
78645		A	CSF shunt evaluation	0.57	3.61	3.72	3.61	3.72	0.17	4.35	4.46	4.35	4.46	XXX
78645	26	A	CSF shunt evaluation	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.45	3.50	3.45	3.50	0.15	3.60	3.65	3.60	3.65	XXX
78647		A	Cerebrospinal fluid scan	0.90	6.19	6.38	6.19	6.38	0.30	7.39	7.58	7.39	7.58	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.25	0.35	0.25	0.35	0.03	1.18	1.28	1.18	1.28	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
78650		A	CSF leakage imaging	0.61	4.84	4.97	4.84	4.97	0.23	5.68	5.81	5.68	5.81	XXX
78650	26	A	CSF leakage imaging	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78650	TC	A	CSF leakage imaging	0.00	4.66	4.73	4.66	4.73	0.21	4.87	4.94	4.87	4.94	XXX
78660		A	Nuclear exam of tear flow	0.53	2.28	2.37	2.28	2.37	0.12	2.93	3.02	2.93	3.02	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.13	2.16	2.13	2.16	0.10	2.23	2.26	2.23	2.26	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	3.18	3.28	3.18	3.28	0.15	3.78	3.88	3.78	3.88	XXX
78700	26	A	Kidney imaging, static	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
78700	TC	A	Kidney imaging, static	0.00	3.06	3.11	3.06	3.11	0.13	3.19	3.24	3.19	3.24	XXX
78701		A	Kidney imaging with flow	0.49	3.72	3.82	3.72	3.82	0.17	4.38	4.48	4.38	4.48	XXX
78701	26	A	Kidney imaging with flow	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.58	3.63	3.58	3.63	0.15	3.73	3.78	3.73	3.78	XXX
78704		A	Imaging renogram	0.74	4.18	4.32	4.18	4.32	0.21	5.13	5.27	5.13	5.27	XXX
78704	26	A	Imaging renogram	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78704	TC	A	Imaging renogram	0.00	3.97	4.03	3.97	4.03	0.18	4.15	4.21	4.15	4.21	XXX
78707		A	Kidney flow/function image	0.96	4.76	4.93	4.76	4.93	0.24	5.96	6.13	5.96	6.13	XXX
78707	26	A	Kidney flow/function image	0.96	0.27	0.37	0.27	0.37	0.04	1.27	1.37	1.27	1.37	XXX
78707	TC	A	Kidney flow/function image	0.00	4.49	4.56	4.49	4.56	0.20	4.69	4.76	4.69	4.76	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
78708		A	Kidney flow/function image	1.21	4.83	4.96	4.83	4.96	0.25	6.29	6.42	6.29	6.42	XXX
78708	26	A	Kidney flow/function image	1.21	0.34	0.40	0.34	0.40	0.05	1.60	1.66	1.60	1.66	XXX
78708	TC	A	Kidney flow/function image	0.00	4.49	4.56	4.49	4.56	0.20	4.69	4.76	4.69	4.76	XXX
78709		A	Kidney flow/function image	1.41	4.88	4.99	4.88	4.99	0.25	6.54	6.65	6.54	6.65	XXX
78709	26	A	Kidney flow/function image	1.41	0.39	0.43	0.39	0.43	0.05	1.85	1.89	1.85	1.89	XXX
78709	TC	A	Kidney flow/function image	0.00	4.49	4.56	4.49	4.56	0.20	4.69	4.76	4.69	4.76	XXX
78710		A	Kidney imaging (3D)	0.66	6.13	6.29	6.13	6.29	0.30	7.09	7.25	7.09	7.25	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.19	0.26	0.19	0.26	0.03	0.88	0.95	0.88	0.95	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.94	6.03	5.94	6.03	0.27	6.21	6.30	6.21	6.30	XXX
78715		A	Renal vascular flow exam	0.30	1.68	1.74	1.68	1.74	0.09	2.07	2.13	2.07	2.13	XXX
78715	26	A	Renal vascular flow exam	0.30	0.10	0.13	0.10	0.13	0.01	0.41	0.44	0.41	0.44	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.58	1.61	1.58	1.61	0.08	1.66	1.69	1.66	1.69	XXX
78725		A	Kidney function study	0.38	1.90	1.97	1.90	1.97	0.10	2.38	2.45	2.38	2.45	XXX
78725	26	A	Kidney function study	0.38	0.11	0.15	0.11	0.15	0.01	0.50	0.54	0.50	0.54	XXX
78725	TC	A	Kidney function study	0.00	1.79	1.82	1.79	1.82	0.09	1.88	1.91	1.88	1.91	XXX
78730		A	Urinary bladder retention	0.36	1.59	1.64	1.59	1.64	0.09	2.04	2.09	2.04	2.09	XXX
78730	26	A	Urinary bladder retention	0.36	0.12	0.15	0.12	0.15	0.02	0.50	0.53	0.50	0.53	XXX
78730	TC	A	Urinary bladder retention	0.00	1.47	1.49	1.47	1.49	0.07	1.54	1.56	1.54	1.56	XXX
78740		A	Ureteral reflux study	0.57	2.29	2.38	2.29	2.38	0.12	2.98	3.07	2.98	3.07	XXX
78740	26	A	Ureteral reflux study	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX
78740	TC	A	Ureteral reflux study	0.00	2.13	2.16	2.13	2.16	0.10	2.23	2.26	2.23	2.26	XXX
78760		A	Testicular imaging	0.66	2.87	2.99	2.87	2.99	0.15	3.68	3.80	3.68	3.80	XXX
78760	26	A	Testicular imaging	0.66	0.18	0.26	0.18	0.26	0.03	0.87	0.95	0.87	0.95	XXX
78760	TC	A	Testicular imaging	0.00	2.69	2.73	2.69	2.73	0.12	2.81	2.85	2.81	2.85	XXX
78761		A	Testicular imaging/flow	0.71	3.42	3.55	3.42	3.55	0.17	4.30	4.43	4.30	4.43	XXX
78761	26	A	Testicular imaging/flow	0.71	0.20	0.28	0.20	0.28	0.03	0.94	1.02	0.94	1.02	XXX
78761	TC	A	Testicular imaging/flow	0.00	3.22	3.27	3.22	3.27	0.14	3.36	3.41	3.36	3.41	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.61	3.73	3.61	3.73	0.18	4.45	4.57	4.45	4.57	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.19	0.26	0.19	0.26	0.03	0.88	0.95	0.88	0.95	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.42	3.47	3.42	3.47	0.15	3.57	3.62	3.57	3.62	XXX
78801		A	Tumor imaging, mult areas	0.79	4.48	4.62	4.48	4.62	0.22	5.49	5.63	5.49	5.63	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.23	0.31	0.23	0.31	0.03	1.05	1.13	1.05	1.13	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.25	4.31	4.25	4.31	0.19	4.44	4.50	4.44	4.50	XXX
78802		A	Tumor imaging, whole body	0.86	5.81	5.98	5.81	5.98	0.29	6.96	7.13	6.96	7.13	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.25	0.34	0.25	0.34	0.03	1.14	1.23	1.14	1.23	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.56	5.64	5.56	5.64	0.26	5.82	5.90	5.82	5.90	XXX
78803		A	Tumor imaging (3D)	1.09	6.92	7.12	6.92	7.12	0.34	8.35	8.55	8.35	8.55	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.33	0.43	0.33	0.43	0.04	1.46	1.56	1.46	1.56	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.59	6.69	6.59	6.69	0.30	6.89	6.99	6.89	6.99	XXX
78805		A	Abscess imaging, ltd area	0.73	3.63	3.76	3.63	3.76	0.18	4.54	4.67	4.54	4.67	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.21	0.29	0.21	0.29	0.03	0.97	1.05	0.97	1.05	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.42	3.47	3.42	3.47	0.15	3.57	3.62	3.57	3.62	XXX
78806		A	Abscess imaging, whole body	0.86	6.71	6.89	6.71	6.89	0.33	7.90	8.08	7.90	8.08	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.25	0.33	0.25	0.33	0.03	1.14	1.22	1.14	1.22	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.46	6.56	6.46	6.56	0.30	6.76	6.86	6.76	6.86	XXX
78807		A	Nuclear localization/abscess	1.09	6.91	7.11	6.91	7.11	0.34	8.34	8.54	8.34	8.54	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.32	0.42	0.32	0.42	0.04	1.45	1.55	1.45	1.55	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.59	6.69	6.59	6.69	0.30	6.89	6.99	6.89	6.99	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	0.75	1.12	0.75	1.12	0.07	2.75	3.12	2.75	3.12	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	+0.05	1.33	1.35	1.33	1.35	0.06	1.44	1.46	1.44	1.46	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.02	0.02	0.01	0.08	0.08	0.08	0.08	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.31	1.33	1.31	1.33	0.05	1.36	1.38	1.36	1.38	XXX
78891		B	Nuclear med data proc	+0.10	2.67	2.72	2.67	2.72	0.12	2.89	2.94	2.89	2.94	XXX
78891	26	B	Nuclear med data proc	+0.10	0.04	0.05	0.04	0.05	0.01	0.15	0.16	0.15	0.16	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.63	2.67	2.63	2.67	0.11	2.74	2.78	2.74	2.78	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000		A	Init hyperthyroid therapy	1.80	3.15	3.37	3.15	3.37	0.19	5.14	5.36	5.14	5.36	XXX
79000	26	A	Init hyperthyroid therapy	1.80	0.52	0.70	0.52	0.70	0.07	2.39	2.57	2.39	2.57	XXX
79000	TC	A	Init hyperthyroid therapy	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.62	1.74	1.62	1.74	0.10	2.77	2.89	2.77	2.89	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.31	0.41	0.31	0.41	0.04	1.40	1.50	1.40	1.50	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
79020		A	Thyroid ablation	1.81	3.14	3.37	3.14	3.37	0.19	5.14	5.37	5.14	5.37	XXX
79020	26	A	Thyroid ablation	1.81	0.51	0.70	0.51	0.70	0.07	2.39	2.58	2.39	2.58	XXX
79020	TC	A	Thyroid ablation	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.25	3.49	3.25	3.49	0.20	5.55	5.79	5.55	5.79	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.62	0.82	0.62	0.82	0.08	2.80	3.00	2.80	3.00	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79035		A	Thyroid metastatic therapy	2.52	3.39	3.67	3.39	3.67	0.21	6.12	6.40	6.12	6.40	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.76	1.00	0.76	1.00	0.09	3.37	3.61	3.37	3.61	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79100		A	Hematopoetic nuclear therapy	1.32	3.03	3.19	3.03	3.19	0.17	4.52	4.68	4.52	4.68	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.40	0.52	0.40	0.52	0.05	1.77	1.89	1.77	1.89	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79200		A	Intracavitary nuclear trmt	1.99	3.23	3.46	3.23	3.46	0.19	5.41	5.64	5.41	5.64	XXX
79200	26	A	Intracavitary nuclear trmt	1.99	0.60	0.79	0.60	0.79	0.07	2.66	2.85	2.66	2.85	XXX
79200	TC	A	Intracavitary nuclear trmt	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.49	0.63	0.49	0.63	0.06	2.15	2.29	2.15	2.29	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79400		A	Nonhemato nuclear therapy	1.96	3.21	3.43	3.21	3.43	0.19	5.36	5.58	5.36	5.58	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.58	0.76	0.58	0.76	0.07	2.61	2.79	2.61	2.79	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79420		C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuclear ther	1.51	0.47	0.60	0.47	0.60	0.06	2.04	2.17	2.04	2.17	XXX
79420	TC	C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79440		A	Nuclear joint therapy	1.99	3.24	3.46	3.24	3.46	0.20	5.43	5.65	5.43	5.65	XXX
79440	26	A	Nuclear joint therapy	1.99	0.61	0.79	0.61	0.79	0.08	2.68	2.86	2.68	2.86	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80048		X	Basic metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049		D	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050		N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051		X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80053		X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054		D	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055		I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058		D	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059		D	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061		X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80069		X	Renal function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80074		X	Acute hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80076		X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091		D	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092		D	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156		X	Assay of carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162		X	Assay of digoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170		X	Assay of gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172		X	Assay of gold	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176		X	Assay of lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178		X	Assay of lithium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182		X	Assay of nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184		X	Assay of phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185		X	Assay of phenytoin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186		X	Assay of phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188		X	Assay of primidone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190		X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192		X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194		X	Assay of quinidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196		X	Assay of salicylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay of tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay of theophylline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay of tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay of topiramate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay of vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.19	0.21	0.17	0.20	0.01	0.57	0.59	0.55	0.58	XXX
80502		A	Lab pathology consultation	1.33	0.64	0.50	0.60	0.48	0.04	2.01	1.87	1.97	1.85	XXX
81000		X	Urinalysis, nonauto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005		X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000		X	Assay of blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003		X	Assay of acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010		X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016		X	Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017		X	Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024		X	Assay of acth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030		X	Assay of adp & amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040		X	Assay of serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042		X	Assay of urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay of ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay of breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Assay of aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay of aluminum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82120		X	Amines, vaginal fluid qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127		X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136		X	Amino acids, quant, 2-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82139		X	Amino acids, quan, 6 or more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Assay of androsterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Assay of apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Assay of beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247		X	Bilirubin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248		X	Bilirubin, direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82251		I	Assay of bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261		X	Assay of biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270		X	Test for blood, feces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300		X	Assay of cadmium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340		X	Assay of calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370		X	X-ray assay, calculus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374		X	Assay, blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375		X	Assay, blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379		X	Assay of carnitine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380		X	Assay of carotene	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382		X	Assay, urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383		X	Assay, blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384		X	Assay, three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387		X	Assay of cathepsin-d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390		X	Assay of ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415		X	Assay of chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435		X	Assay of blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436		X	Assay of urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438		X	Assay, other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465		X	Assay of serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480		X	Assay, serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482		X	Assay, rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485		X	Assay, chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromotography, quant, sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492		X	Chromotography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay of chromium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay of citrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay of cocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay of copper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay of corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay of creatine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541		X	Column chromotography, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542		X	Column chromotography, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543		X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544		X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay of ck (cpk)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay of cpk in blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay of creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay of urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay of cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595		X	Assay of cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay of cyanide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay of dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Assay of dihydrotestosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay of dihydroxyvitamin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657		X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658		X	Enzyme cell activity, ra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Assay of epiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Assay of erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
82670		X	Assay of estradiol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Assay of estrogens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Assay of estriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Assay of estrone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Assay of ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Assay of ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Assay of etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids, feces, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids, feces, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Assay of fecal fat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay of blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726		X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay of ferritin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731		X	Assay of fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay of fluoride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Assay of folic acid, rbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay of semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	Assay of rbc galactokinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay of galactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay of gammaglobulin igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay of gammaglobulin ige	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	Igg 1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947		X	Assay of glucose, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950		X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951		X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952		X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955		X	Assay of g6pd enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960		X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963		X	Assay of glucosidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965		X	Assay of gdh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975		X	Assay of glutamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978		X	Assay of glutathione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979		X	Assay, rbc glutathione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985		X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003		X	Assay, growth hormone (hgh)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008		X	Assay of guanosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010		X	Assay of haptoglobin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012		X	Assay of haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013		X	H pylori breath tst analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014		X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020		X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
83021		X	Hemoglobin chromotography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051		X	Assay of plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065		X	Assay of hemoglobin heat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069		X	Assay of urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070		X	Assay of hemosiderin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
83071		X	Assay of hemosiderin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080		X	Assay of b hexosaminidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088		X	Assay of histamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150		X	Assay of for hva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497		X	Assay of 5-hiaa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500		X	Assay, free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505		X	Assay, total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516		X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519		X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520		X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528		X	Assay of intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540		X	Assay of iron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550		X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570		X	Assay of idh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582		X	Assay of ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586		X	Assay 17- ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593		X	Fractionation, ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605		X	Assay of lactic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615		X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625		X	Assay of ldh enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634		X	Assay of urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655		X	Assay of lead	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661		X	Assay of l/s ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662		X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670		X	Assay of lap enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690		X	Assay of lipase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715		X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83716		X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718		X	Assay of lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719		X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721		X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727		X	Assay of lrh hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735		X	Assay of magnesium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775		X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785		X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83788		X	Mass spectrometry qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83789		X	Mass spectrometry quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805		X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825		X	Assay of mercury	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835		X	Assay of metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840		X	Assay of methadone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857		X	Assay of methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858		X	Assay of methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864		X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866		X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872		X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873		X	Assay of csf protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874		X	Assay of myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83883		X	Assay, nephelometry not spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885		X	Assay of nickel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887		X	Assay of nicotine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890		X	Molecule isolate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83891		X	Molecule isolate nucleic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83893		X	Molecule dot/slot/blot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894		X	Molecule gel electrophor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83897		X	Molecule nucleic transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898		X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83901		X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83903		X	Molecule mutation scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83904		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83905		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912		X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
83915		X	Assay of nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918		X	Assay, organic acids quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919		X	Assay, organic acids qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925		X	Assay of opiates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930		X	Assay of blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
83935		X	Assay of urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937		X	Assay of osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945		X	Assay of oxalate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986		X	Assay of body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992		X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030		X	Assay of blood pku	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035		X	Assay of phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085		X	Assay of rbc pg6d enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100		X	Assay of phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105		X	Assay of urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110		X	Assay of porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120		X	Assay of urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126		X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127		X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132		X	Assay of serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133		X	Assay of urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134		X	Assay of prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135		X	Assay of pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138		X	Assay of pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140		X	Assay of pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143		X	Assay of 17-hydroxypregneno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146		X	Assay of prolactin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153		X	Assay of psa, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154		X	Assay of psa, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155		X	Assay of protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160		X	Assay of serum protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165		X	Assay of serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay of serum proteins	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
84181		X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207		X	Assay of vitamin b-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210		X	Assay of pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220		X	Assay of pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228		X	Assay of quinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233		X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235		X	Assay of endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238		X	Assay, nonendocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244		X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252		X	Assay of vitamin b-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255		X	Assay of selenium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260		X	Assay of serotonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270		X	Assay of sex hormone globul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275		X	Assay of sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285		X	Assay of silica	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295		X	Assay of serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300		X	Assay of urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305		X	Assay of somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307		X	Assay of somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376		X	Sugars, single, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377		X	Sugars, multiple, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378		X	Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379		X	Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392		X	Assay of urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402		X	Assay of testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403		X	Assay of total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425		X	Assay of vitamin b-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430		X	Assay of thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432		X	Assay of thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
84436		X	Assay of total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437		X	Assay of neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439		X	Assay of free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442		X	Assay of thyroid activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445		X	Assay of tsi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446		X	Assay of vitamin e	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449		X	Assay of transcortin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466		X	Assay of transferrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478		X	Assay of triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479		X	Assay of thyroid (t3 or t4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480		X	Assay, triiodothyronine (t3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481		X	Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482		X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484		X	Assay of troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490		X	Assay of feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510		X	Assay of tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512		X	Assay of troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520		X	Assay of urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540		X	Assay of urine/urea-n	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550		X	Assay of blood/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560		X	Assay of urine/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577		X	Assay of feces/urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585		X	Assay of urine vma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586		X	Assay of vip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588		X	Assay of vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590		X	Assay of vitamin a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597		X	Assay of vitamin k	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600		X	Assay of volatiles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630		X	Assay of zinc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681		X	Assay of c-peptide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031		X	Manual hemogram, cbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85046		X	Reticyte/hgb concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060		A	Blood smear interpretation	0.45	0.20	0.22	0.20	0.22	0.01	0.66	0.68	0.66	0.68	XXX
85095		A	Bone marrow aspiration	1.08	4.29	2.51	0.44	0.59	0.03	5.40	3.62	1.55	1.70	XXX
85097		A	Bone marrow interpretation	0.94	0.41	0.47	0.41	0.47	0.03	1.38	1.44	1.38	1.44	XXX
85102		A	Bone marrow biopsy	1.37	4.41	2.64	0.55	0.71	0.04	5.82	4.05	1.96	2.12	XXX
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390		X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysins screen	0.37	0.12	0.17	0.12	0.17	0.01	0.50	0.55	0.50	0.55	XXX
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441		X	Heinz bodies, direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445		X	Heinz bodies, induced	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475		X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520		X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525		X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549		X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590		X	Platelet count, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635		X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651		X	Rbc sed rate, nonautomated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652		X	Rbc sed rate, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000		X	Agglutinins, febrile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060		X	Antistreptolysin o, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063		X	Antistreptolysin o, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077		A	Physician blood bank service	0.94	0.51	0.42	0.42	0.38	0.03	1.48	1.39	1.39	1.35	XXX
86078		A	Physician blood bank service	0.94	0.54	0.46	0.42	0.40	0.02	1.50	1.42	1.38	1.36	XXX
86079		A	Physician blood bank service	0.94	0.53	0.45	0.43	0.40	0.02	1.49	1.41	1.39	1.36	XXX
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148		X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156		X	Cold agglutinin, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225		X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243		X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255		X	Fluorescent antibody, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.18	0.20	0.17	0.20	0.01	0.56	0.58	0.55	0.58	XXX
86256		X	Fluorescent antibody, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317		X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318		X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.16	0.19	0.16	0.19	0.01	0.59	0.62	0.59	0.62	XXX
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341		X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359		X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360		X	T cell, absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361		X	T cell, absolute count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.29	0.30	0.29	0.30	0.02	0.31	0.32	0.31	0.32	XXX
86510		A	Histoplasmosis skin test	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	XXX
86580		A	TB intradermal test	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
86585		A	TB tine test	0.00	0.20	0.21	0.20	0.21	0.01	0.21	0.22	0.21	0.22	XXX
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588		D	Streptocollus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603		X	Adenovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609		X	Bacterium antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612		X	Blastomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622		X	Brucella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625		X	Campylobacter antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628		X	Candida antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631		X	Chlamydia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632		X	Chlamydia igm antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635		X	Coccidioides antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644		X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658		X	Enterovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671		X	Fungus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674		X	Giardia lamblia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682		X	Helminth antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687		X	Htlv-i antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688		X	Htlv-ii antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV-1/HIV-2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core antibody, igg/igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hep b surface antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hep be antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a antibody, igg/igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospira antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes ab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis ab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
86885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915		X	Bone marrow/stem cell prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86920		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932		X	Frozen blood freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940		X	Hemolysins/agglutinins, auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985		X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060		X	Nose/throat culture, bact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086		X	Urine culture/colony count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106		X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
87166		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
87190		X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260		X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265		X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270		X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272		X	Cryptosporidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274		X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276		X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278		X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280		X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285		X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290		X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299		X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301		X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320		X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324		X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328		X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332		X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335		X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87338		X	Hpylori, stool, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340		X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350		X	Hepatitis be ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380		X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385		X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390		X	Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391		X	Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420		X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425		X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430		X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449		X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450		X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470		X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471		X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472		X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475		X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476		X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477		X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480		X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481		X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482		X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485		X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486		X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487		X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490		X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491		X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492		X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495		X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496		X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497		X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510		X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511		X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512		X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515		X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516		X	Hepatitis b , dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517		X	Hepatitis b , dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520		X	Hepatitis c , rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521		X	Hepatitis c , rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522		X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525		X	Hepatitis g , dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526		X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527		X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528		X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529		X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530		X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531		X	Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532		X	Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533		X	Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534		X	Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
87535		X	Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536		X	Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537		X	Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538		X	Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539		X	Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540		X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541		X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542		X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550		X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551		X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552		X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555		X	M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556		X	M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557		X	M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560		X	M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561		X	M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562		X	M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580		X	M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581		X	M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582		X	M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590		X	N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591		X	N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592		X	N.gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620		X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621		X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622		X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650		X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651		X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652		X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797		X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798		X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799		X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810		X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850		X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880		X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899		X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999		X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040		N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045		N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099		N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104		A	Cytopathology, fluids	0.56	0.87	0.68	0.87	0.68	0.03	1.46	1.27	1.46	1.27	XXX
88104	26	A	Cytopathology, fluids	0.56	0.25	0.25	0.25	0.25	0.01	0.82	0.82	0.82	0.82	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.62	0.43	0.62	0.43	0.02	0.64	0.45	0.64	0.45	XXX
88106		A	Cytopathology, fluids	0.56	0.68	0.55	0.68	0.55	0.03	1.27	1.14	1.27	1.14	XXX
88106	26	A	Cytopathology, fluids	0.56	0.25	0.24	0.25	0.24	0.01	0.82	0.81	0.82	0.81	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.43	0.31	0.43	0.31	0.02	0.45	0.33	0.45	0.33	XXX
88107		A	Cytopathology, fluids	0.76	1.13	0.82	1.13	0.82	0.04	1.93	1.62	1.93	1.62	XXX
88107	26	A	Cytopathology, fluids	0.76	0.34	0.30	0.34	0.30	0.02	1.12	1.08	1.12	1.08	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.79	0.52	0.79	0.52	0.02	0.81	0.54	0.81	0.54	XXX
88108		A	Cytopath, concentrate tech	0.56	1.02	0.77	1.02	0.77	0.03	1.61	1.36	1.61	1.36	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.25	0.26	0.25	0.26	0.01	0.82	0.83	0.82	0.83	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.77	0.51	0.77	0.51	0.02	0.79	0.53	0.79	0.53	XXX
88125		A	Forensic cytopathology	0.26	0.26	0.19	0.26	0.19	0.02	0.54	0.47	0.54	0.47	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.10	0.12	0.10	0.01	0.39	0.37	0.39	0.37	XXX
88125	TC	A	Forensic cytopathology	0.00	0.14	0.09	0.14	0.09	0.01	0.15	0.10	0.15	0.10	XXX
88130		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141		A	Cytopath, c/v, interpret	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
88142		X	Cytopath, c/v, thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88143		X	Cytopath c/v thin layer redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88144		X	Cytopath, c/v thin lyr redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88145		X	Cytopath, c/v thin lyr sel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88147		X	Cytopath, c/v, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88148		X	Cytopath, c/v, auto rescreen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88150		X	Cytopath, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152		X	Cytopath, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88153		X	Cytopath, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88154		X	Cytopath, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
88155		X	Cytopath, c/v, index add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160		A	Cytopath smear, other source	0.50	1.31	0.84	1.31	0.84	0.03	1.84	1.37	1.84	1.37	XXX
88160	26	A	Cytopath smear, other source	0.50	0.23	0.21	0.23	0.21	0.01	0.74	0.72	0.74	0.72	XXX
88160	TC	A	Cytopath smear, other source	0.00	1.08	0.63	1.08	0.63	0.02	1.10	0.65	1.10	0.65	XXX
88161		A	Cytopath smear, other source	0.50	0.59	0.51	0.59	0.51	0.03	1.12	1.04	1.12	1.04	XXX
88161	26	A	Cytopath smear, other source	0.50	0.22	0.22	0.22	0.22	0.01	0.73	0.73	0.73	0.73	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.37	0.29	0.37	0.29	0.02	0.39	0.31	0.39	0.31	XXX
88162		A	Cytopath smear, other source	0.76	1.04	0.95	1.04	0.95	0.04	1.84	1.75	1.84	1.75	XXX
88162	26	A	Cytopath smear, other source	0.76	0.34	0.39	0.34	0.39	0.02	1.12	1.17	1.12	1.17	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.70	0.56	0.70	0.56	0.02	0.72	0.58	0.72	0.58	XXX
88164		X	Cytopath tbs, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88165		X	Cytopath tbs, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88166		X	Cytopath tbs, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88167		X	Cytopath tbs, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170		A	Fine needle aspiration	1.27	0.94	1.01	0.94	1.01	0.08	2.29	2.36	2.29	2.36	XXX
88170	26	A	Fine needle aspiration	1.27	0.55	0.56	0.55	0.56	0.05	1.87	1.88	1.87	1.88	XXX
88170	TC	A	Fine needle aspiration	0.00	0.39	0.45	0.39	0.45	0.03	0.42	0.48	0.42	0.48	XXX
88171		A	Fine needle aspiration	1.27	0.79	1.13	0.79	1.13	0.07	2.13	2.47	2.13	2.47	XXX
88171	26	A	Fine needle aspiration	1.27	0.45	0.61	0.45	0.61	0.04	1.76	1.92	1.76	1.92	XXX
88171	TC	A	Fine needle aspiration	0.00	0.34	0.52	0.34	0.52	0.03	0.37	0.55	0.37	0.55	XXX
88172		A	Evaluation of smear	0.60	1.31	1.04	1.31	1.04	0.04	1.95	1.68	1.95	1.68	XXX
88172	26	A	Evaluation of smear	0.60	0.27	0.33	0.27	0.33	0.02	0.89	0.95	0.89	0.95	XXX
88172	TC	A	Evaluation of smear	0.00	1.04	0.71	1.04	0.71	0.02	1.06	0.73	1.06	0.73	XXX
88173		A	Interpretation of smear	1.39	1.60	1.28	1.60	1.28	0.06	3.05	2.73	3.05	2.73	XXX
88173	26	A	Interpretation of smear	1.39	0.63	0.56	0.63	0.56	0.04	2.06	1.99	2.06	1.99	XXX
88173	TC	A	Interpretation of smear	0.00	0.97	0.72	0.97	0.72	0.02	0.99	0.74	0.99	0.74	XXX
88180		A	Cell marker study	0.36	0.87	0.61	0.87	0.61	0.03	1.26	1.00	1.26	1.00	XXX
88180	26	A	Cell marker study	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
88180	TC	A	Cell marker study	0.00	0.71	0.44	0.71	0.44	0.02	0.73	0.46	0.73	0.46	XXX
88182		A	Cell marker study	0.77	1.37	1.17	1.37	1.17	0.05	2.19	1.99	2.19	1.99	XXX
88182	26	A	Cell marker study	0.77	0.35	0.42	0.35	0.42	0.02	1.14	1.21	1.14	1.21	XXX
88182	TC	A	Cell marker study	0.00	1.02	0.75	1.02	0.75	0.03	1.05	0.78	1.05	0.78	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239		X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240		X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241		X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248		X	Chromosome analysis, 50-100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249		X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261		X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262		X	Chromosome analysis, 15-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263		X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267		X	Chromosome analys, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269		X	Chromosome analys, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271		X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272		X	Cytogenetics, 3-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273		X	Cytogenetics, 10-30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274		X	Cytogenetics, 25-99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275		X	Cytogenetics, 100-300	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88283		X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285		X	Chromosome count, additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289		X	Chromosome study, additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.23	0.23	0.23	0.23	0.01	0.76	0.76	0.76	0.76	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	0.46	0.35	0.46	0.35	0.02	0.56	0.45	0.56	0.45	XXX
88300	26	A	Surgical path, gross	0.08	0.04	0.08	0.04	0.08	0.01	0.13	0.17	0.13	0.17	XXX
88300	TC	A	Surgical path, gross	0.00	0.42	0.27	0.42	0.27	0.01	0.43	0.28	0.43	0.28	XXX
88302		A	Tissue exam by pathologist	0.13	1.44	0.94	1.44	0.94	0.03	1.60	1.10	1.60	1.10	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.12	0.06	0.12	0.01	0.20	0.26	0.20	0.26	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.38	0.82	1.38	0.82	0.02	1.40	0.84	1.40	0.84	XXX
88304		A	Tissue exam by pathologist	0.22	0.77	0.70	0.77	0.70	0.03	1.02	0.95	1.02	0.95	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.10	0.18	0.10	0.18	0.01	0.33	0.41	0.33	0.41	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.67	0.52	0.67	0.52	0.02	0.69	0.54	0.69	0.54	XXX
88305		A	Tissue exam by pathologist	0.75	1.43	1.28	1.43	1.28	0.05	2.23	2.08	2.23	2.08	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.34	0.46	0.34	0.46	0.02	1.11	1.23	1.11	1.23	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.09	0.82	1.09	0.82	0.03	1.12	0.85	1.12	0.85	XXX
88307		A	Tissue exam by pathologist	1.59	3.39	2.53	3.39	2.53	0.09	5.07	4.21	5.07	4.21	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.72	0.79	0.72	0.79	0.04	2.35	2.42	2.35	2.42	XXX
88307	TC	A	Tissue exam by pathologist	0.00	2.67	1.74	2.67	1.74	0.05	2.72	1.79	2.72	1.79	XXX
88309		A	Tissue exam by pathologist	2.28	5.00	3.54	5.00	3.54	0.11	7.39	5.93	7.39	5.93	XXX
88309	26	A	Tissue exam by pathologist	2.28	1.03	1.05	1.03	1.05	0.06	3.37	3.39	3.37	3.39	XXX
88309	TC	A	Tissue exam by pathologist	0.00	3.97	2.49	3.97	2.49	0.05	4.02	2.54	4.02	2.54	XXX
88311		A	Decalcify tissue	0.24	0.21	0.23	0.21	0.23	0.02	0.47	0.49	0.47	0.49	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
88311	26	A	Decalcify tissue	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88311	TC	A	Decalcify tissue	0.00	0.10	0.11	0.10	0.11	0.01	0.11	0.12	0.11	0.12	XXX
88312		A	Special stains	0.54	1.33	0.81	1.33	0.81	0.02	1.89	1.37	1.89	1.37	XXX
88312	26	A	Special stains	0.54	0.24	0.20	0.24	0.20	0.01	0.79	0.75	0.79	0.75	XXX
88312	TC	A	Special stains	0.00	1.09	0.61	1.09	0.61	0.01	1.10	0.62	1.10	0.62	XXX
88313		A	Special stains	0.24	2.05	1.15	2.05	1.15	0.02	2.31	1.41	2.31	1.41	XXX
88313	26	A	Special stains	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88313	TC	A	Special stains	0.00	1.94	1.03	1.94	1.03	0.01	1.95	1.04	1.95	1.04	XXX
88314		A	Histochemical stain	0.45	3.93	2.30	3.93	2.30	0.03	4.41	2.78	4.41	2.78	XXX
88314	26	A	Histochemical stain	0.45	0.20	0.29	0.20	0.29	0.01	0.66	0.75	0.66	0.75	XXX
88314	TC	A	Histochemical stain	0.00	3.73	2.01	3.73	2.01	0.02	3.75	2.03	3.75	2.03	XXX
88318		A	Chemical histochemistry	0.42	1.11	0.69	1.11	0.69	0.02	1.55	1.13	1.55	1.13	XXX
88318	26	A	Chemical histochemistry	0.42	0.19	0.16	0.19	0.16	0.01	0.62	0.59	0.62	0.59	XXX
88318	TC	A	Chemical histochemistry	0.00	0.92	0.53	0.92	0.53	0.01	0.93	0.54	0.93	0.54	XXX
88319		A	Enzyme histochemistry	0.53	3.79	2.16	3.79	2.16	0.03	4.35	2.72	4.35	2.72	XXX
88319	26	A	Enzyme histochemistry	0.53	0.24	0.26	0.24	0.26	0.01	0.78	0.80	0.78	0.80	XXX
88319	TC	A	Enzyme histochemistry	0.00	3.55	1.90	3.55	1.90	0.02	3.57	1.92	3.57	1.92	XXX
88321		A	Microslide consultation	1.30	0.63	0.54	0.58	0.51	0.04	1.97	1.88	1.92	1.85	XXX
88323		A	Microslide consultation	1.35	2.29	1.54	2.29	1.54	0.06	3.70	2.95	3.70	2.95	XXX
88323	26	A	Microslide consultation	1.35	0.62	0.52	0.62	0.52	0.04	2.01	1.91	2.01	1.91	XXX
88323	TC	A	Microslide consultation	0.00	1.67	1.02	1.67	1.02	0.02	1.69	1.04	1.69	1.04	XXX
88325		A	Comprehensive review of data	2.22	0.99	0.75	0.99	0.75	0.06	3.27	3.03	3.27	3.03	XXX
88329		A	Pathology consult in surgery	0.67	0.55	0.48	0.30	0.35	0.02	1.24	1.17	0.99	1.04	XXX
88331		A	Pathology consult in surgery	1.19	1.03	1.12	1.03	1.12	0.06	2.28	2.37	2.28	2.37	XXX
88331	26	A	Pathology consult in surgery	1.19	0.54	0.58	0.54	0.58	0.03	1.76	1.80	1.76	1.80	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.49	0.54	0.49	0.54	0.03	0.52	0.57	0.52	0.57	XXX
88332		A	Pathology consult in surgery	0.59	0.52	0.56	0.52	0.56	0.04	1.15	1.19	1.15	1.19	XXX
88332	26	A	Pathology consult in surgery	0.59	0.27	0.29	0.27	0.29	0.02	0.88	0.90	0.88	0.90	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.25	0.27	0.25	0.27	0.02	0.27	0.29	0.27	0.29	XXX
88342		A	Immunocytochemistry	0.85	2.04	1.37	2.04	1.37	0.04	2.93	2.26	2.93	2.26	XXX
88342	26	A	Immunocytochemistry	0.85	0.38	0.37	0.38	0.37	0.02	1.25	1.24	1.25	1.24	XXX
88342	TC	A	Immunocytochemistry	0.00	1.66	1.00	1.66	1.00	0.02	1.68	1.02	1.68	1.02	XXX
88346		A	Immunofluorescent study	0.86	2.05	1.34	2.05	1.34	0.04	2.95	2.24	2.95	2.24	XXX
88346	26	A	Immunofluorescent study	0.86	0.38	0.36	0.38	0.36	0.02	1.26	1.24	1.26	1.24	XXX
88346	TC	A	Immunofluorescent study	0.00	1.67	0.98	1.67	0.98	0.02	1.69	1.00	1.69	1.00	XXX
88347		A	Immunofluorescent study	0.86	1.17	0.81	1.17	0.81	0.04	2.07	1.71	2.07	1.71	XXX
88347	26	A	Immunofluorescent study	0.86	0.34	0.25	0.34	0.25	0.02	1.22	1.13	1.22	1.13	XXX
88347	TC	A	Immunofluorescent study	0.00	0.83	0.56	0.83	0.56	0.02	0.85	0.58	0.85	0.58	XXX
88348		A	Electron microscopy	1.51	11.84	7.16	11.84	7.16	0.10	13.45	8.77	13.45	8.77	XXX
88348	26	A	Electron microscopy	1.51	0.67	0.98	0.67	0.98	0.04	2.22	2.53	2.22	2.53	XXX
88348	TC	A	Electron microscopy	0.00	11.17	6.18	11.17	6.18	0.06	11.23	6.24	11.23	6.24	XXX
88349		A	Scanning electron microscopy	0.76	6.24	3.96	6.24	3.96	0.07	7.07	4.79	7.07	4.79	XXX
88349	26	A	Scanning electron microscopy	0.76	0.34	0.60	0.34	0.60	0.02	1.12	1.38	1.12	1.38	XXX
88349	TC	A	Scanning electron microscopy	0.00	5.90	3.36	5.90	3.36	0.05	5.95	3.41	5.95	3.41	XXX
88355		A	Analysis, skeletal muscle	1.85	2.60	2.25	2.60	2.25	0.10	4.55	4.20	4.55	4.20	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.83	0.92	0.83	0.92	0.05	2.73	2.82	2.73	2.82	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	1.77	1.33	1.77	1.33	0.05	1.82	1.38	1.82	1.38	XXX
88356		A	Analysis, nerve	3.02	3.62	3.26	3.62	3.26	0.15	6.79	6.43	6.79	6.43	XXX
88356	26	A	Analysis, nerve	3.02	1.26	1.39	1.26	1.39	0.09	4.37	4.50	4.37	4.50	XXX
88356	TC	A	Analysis, nerve	0.00	2.36	1.87	2.36	1.87	0.06	2.42	1.93	2.42	1.93	XXX
88358		A	Analysis, tumor	2.82	2.71	2.62	2.71	2.62	0.13	5.66	5.57	5.66	5.57	XXX
88358	26	A	Analysis, tumor	2.82	1.28	1.27	1.28	1.27	0.07	4.17	4.16	4.17	4.16	XXX
88358	TC	A	Analysis, tumor	0.00	1.43	1.35	1.43	1.35	0.06	1.49	1.41	1.49	1.41	XXX
88362		A	Nerve teasing preparations	2.17	3.83	2.99	3.83	2.99	0.12	6.12	5.28	6.12	5.28	XXX
88362	26	A	Nerve teasing preparations	2.17	0.94	1.02	0.94	1.02	0.07	3.18	3.26	3.18	3.26	XXX
88362	TC	A	Nerve teasing preparations	0.00	2.89	1.97	2.89	1.97	0.05	2.94	2.02	2.94	2.02	XXX
88365		A	Tissue hybridization	0.93	2.80	1.81	2.80	1.81	0.04	3.77	2.78	3.77	2.78	XXX
88365	26	A	Tissue hybridization	0.93	0.41	0.41	0.41	0.41	0.02	1.36	1.36	1.36	1.36	XXX
88365	TC	A	Tissue hybridization	0.00	2.39	1.40	2.39	1.40	0.02	2.41	1.42	2.41	1.42	XXX
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam,synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam,synovial fluid crystals	0.37	0.18	0.20	0.17	0.20	0.01	0.56	0.58	0.55	0.58	XXX
89100		A	Sample intestinal contents	0.60	1.56	1.01	0.21	0.34	0.02	2.18	1.63	0.83	0.96	XXX
89105		A	Sample intestinal contents	0.50	3.17	1.80	0.16	0.29	0.02	3.69	2.32	0.68	0.81	XXX
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130		A	Sample stomach contents	0.45	1.72	1.08	0.14	0.29	0.02	2.19	1.55	0.61	0.76	XXX
89132		A	Sample stomach contents	0.19	1.73	0.97	0.07	0.14	0.01	1.93	1.17	0.27	0.34	XXX
89135		A	Sample stomach contents	0.79	1.91	1.27	0.24	0.44	0.03	2.73	2.09	1.06	1.26	XXX
89136		A	Sample stomach contents	0.21	1.80	1.02	0.08	0.16	0.01	2.02	1.24	0.30	0.38	XXX
89140		A	Sample stomach contents	0.94	1.87	1.38	0.33	0.61	0.04	2.85	2.36	1.31	1.59	XXX
89141		A	Sample stomach contents	0.85	3.71	2.25	0.33	0.56	0.03	4.59	3.13	1.21	1.44	XXX
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264		X	Identify sperm tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.41	0.42	0.41	0.42	0.02	0.43	0.44	0.43	0.44	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		E	Hep b ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90378		X	Rsv ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379		E	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		E	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		X	Immunization admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90472		X	Immunization admin, each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90592		D	Cholera vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine, 6-35 mo, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90659		X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665		E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669		N	Pneumococcal vaccine, ped	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675		E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676		E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690		E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691		E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692		E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693		E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701		E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702		E	Dt vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703		E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705		E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
90708		E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709		E	Rubella & mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710		E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720		E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine, adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hep b vaccine, ped/adol, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745		D	Hepb vaccine, adol/risk, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hep b vaccine, ill pat, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		E	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90780		A	IV infusion therapy, 1 hour	0.00	1.12	1.14	1.12	1.14	0.06	1.18	1.20	1.18	1.20	XXX
90781		A	IV infusion, additional hour	0.00	0.56	0.57	0.56	0.57	0.03	0.59	0.60	0.59	0.60	ZZZ
90782		T	Injection, sc/im	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
90783		T	Injection, ia	0.00	0.41	0.42	0.41	0.42	0.02	0.43	0.44	0.43	0.44	XXX
90784		T	Injection, iv	0.00	0.48	0.49	0.48	0.49	0.03	0.51	0.52	0.51	0.52	XXX
90788		T	Injection of antibiotic	0.00	0.12	0.12	0.12	0.12	0.01	0.13	0.13	0.13	0.13	XXX
90799		C	Ther/prophylactic/dx inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.12	0.93	0.92	0.83	0.07	3.99	3.80	3.79	3.70	XXX
90802		A	Intac psy dx interview	3.01	1.14	0.78	0.96	0.69	0.08	4.23	3.87	4.05	3.78	XXX
90804		A	Psytx, office, 20-30 min	1.21	0.51	0.45	0.40	0.39	0.03	1.75	1.69	1.64	1.63	XXX
90805		A	Psytx, off, 20-30 min w/e&m	1.37	0.57	0.48	0.43	0.41	0.04	1.98	1.89	1.84	1.82	XXX
90806		A	Psytx, off, 45-50 min	1.86	0.76	0.68	0.65	0.62	0.05	2.67	2.59	2.56	2.53	XXX
90807		A	Psytx, off, 45-50 min w/e&m	2.02	0.76	0.68	0.64	0.62	0.05	2.83	2.75	2.71	2.69	XXX
90808		A	Psytx, office, 75-80 min	2.79	1.10	1.12	0.98	1.06	0.07	3.96	3.98	3.84	3.92	XXX
90809		A	Psytx, off, 75-80, w/e&m	2.95	1.08	1.11	0.93	1.04	0.08	4.11	4.14	3.96	4.07	XXX
90810		A	Intac psytx, off, 20-30 min	1.32	0.55	0.60	0.43	0.54	0.03	1.90	1.95	1.78	1.89	XXX
90811		A	Intac psytx, 20-30, w/e&m	1.48	0.59	0.62	0.46	0.55	0.04	2.11	2.14	1.98	2.07	XXX
90812		A	Intac psytx, off, 45-50 min	1.97	0.83	0.74	0.68	0.66	0.05	2.85	2.76	2.70	2.68	XXX
90813		A	Intac psytx, 45-50 min w/e&m	2.13	0.82	0.73	0.67	0.66	0.05	3.00	2.91	2.85	2.84	XXX
90814		A	Intac psytx, off, 75-80 min	2.90	1.18	0.91	1.01	0.83	0.07	4.15	3.88	3.98	3.80	XXX
90815		A	Intac psytx, 75-80 w/e&m	3.06	1.18	0.91	0.94	0.79	0.08	4.32	4.05	4.08	3.93	XXX
90816		A	Psytx, hosp, 20-30 min	1.25	0.58	0.48	0.43	0.41	0.03	1.86	1.76	1.71	1.69	XXX
90817		A	Psytx, hosp, 20-30 min w/e&m	1.41	0.60	0.49	0.44	0.41	0.04	2.05	1.94	1.89	1.86	XXX
90818		A	Psytx, hosp, 45-50 min	1.89	0.80	0.70	0.66	0.63	0.05	2.74	2.64	2.60	2.57	XXX
90819		A	Psytx, hosp, 45-50 min w/e&m	2.05	0.80	0.70	0.63	0.61	0.05	2.90	2.80	2.73	2.71	XXX
90821		A	Psytx, hosp, 75-80 min	2.83	1.15	1.15	0.97	1.06	0.07	4.05	4.05	3.87	3.96	XXX
90822		A	Psytx, hosp, 75-80 min w/e&m	2.99	1.10	1.12	0.93	1.04	0.08	4.17	4.19	4.00	4.11	XXX
90823		A	Intac psytx, hosp, 20-30 min	1.36	0.68	0.66	0.44	0.54	0.03	2.07	2.05	1.83	1.93	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	0.66	0.65	0.47	0.56	0.04	2.22	2.21	2.03	2.12	XXX
90826		A	Intac psytx, hosp, 45-50 min	2.01	0.92	0.78	0.70	0.67	0.05	2.98	2.84	2.76	2.73	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	0.88	0.76	0.67	0.66	0.06	3.10	2.98	2.89	2.88	XXX
90828		A	Intac psytx, hosp, 75-80 min	2.94	1.27	0.96	1.05	0.85	0.08	4.29	3.98	4.07	3.87	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	1.17	0.91	0.96	0.80	0.08	4.35	4.09	4.14	3.98	XXX
90845		A	Psychoanalysis	1.79	0.68	0.56	0.56	0.50	0.05	2.52	2.40	2.40	2.34	XXX
90846		R	Family psytx w/o patient	1.83	0.74	0.71	0.62	0.65	0.05	2.62	2.59	2.50	2.53	XXX
90847		R	Family psytx w/patient	2.21	0.85	0.74	0.74	0.69	0.06	3.12	3.01	3.01	2.96	XXX
90849		R	Multiple family group psytx	0.59	0.32	0.30	0.21	0.25	0.02	0.93	0.91	0.82	0.86	XXX
90853		A	Group psychotherapy	0.59	0.34	0.31	0.20	0.24	0.02	0.95	0.92	0.81	0.85	XXX
90857		A	Intac group psytx	0.63	0.34	0.25	0.22	0.19	0.02	0.99	0.90	0.87	0.84	XXX
90862		A	Medication management	0.95	0.42	0.41	0.30	0.35	0.02	1.39	1.38	1.27	1.32	XXX
90865		A	Narcosynthesis	2.84	1.34	0.94	0.88	0.71	0.10	4.28	3.88	3.82	3.65	XXX
90870		A	Electroconvulsive therapy	1.88	0.70	0.65	0.58	0.59	0.05	2.63	2.58	2.51	2.52	000
90871		A	Electroconvulsive therapy	2.72	NA	NA	0.85	0.88	0.07	NA	NA	3.64	3.67	000
90875		N	Psychophysiological therapy	+1.20	0.81	0.81	0.46	0.46	0.03	2.04	2.04	1.69	1.69	XXX
90876		N	Psychophysiological therapy	+1.90	1.08	1.08	0.73	0.73	0.05	3.03	3.03	2.68	2.68	XXX
90880		A	Hypnotherapy	2.19	0.88	0.79	0.70	0.70	0.06	3.13	3.04	2.95	2.95	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	+0.97	0.38	0.36	0.38	0.36	0.02	1.37	1.35	1.37	1.35	XXX
90887		B	Consultation with family	+1.48	0.77	0.57	0.57	0.47	0.04	2.29	2.09	2.09	1.99	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback train, any meth	0.41	0.66	0.86	0.18	0.62	0.02	1.09	1.29	0.61	1.05	000
90911		A	Biofeedback peri/uro/rectal	0.89	0.74	0.99	0.37	0.80	0.05	1.68	1.93	1.31	1.74	000
90918		A	ESRD related services, month	11.18	5.17	3.78	5.17	3.78	0.48	16.83	15.44	16.83	15.44	XXX
90919		A	ESRD related services, month	8.54	4.26	3.32	4.26	3.32	0.39	13.19	12.25	13.19	12.25	XXX
90920		A	ESRD related services, month	7.27	3.60	2.99	3.60	2.99	0.38	11.25	10.64	11.25	10.64	XXX
90921		A	ESRD related services, month	4.47	2.52	2.45	2.52	2.45	0.26	7.25	7.18	7.25	7.18	XXX
90922		A	ESRD related services, day	0.37	0.15	0.12	0.15	0.12	0.02	0.54	0.51	0.54	0.51	XXX
90923		A	Esrd related services, day	0.28	0.14	0.11	0.14	0.11	0.01	0.43	0.40	0.43	0.40	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
90924		A	Esrd related services, day	0.24	0.12	0.10	0.12	0.10	0.01	0.37	0.35	0.37	0.35	XXX
90925		A	Esrd related services, day	0.15	0.08	0.08	0.08	0.08	0.01	0.24	0.24	0.24	0.24	XXX
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.40	0.93	0.07	NA	NA	1.69	2.22	000
90937		A	Hemodialysis, repeated eval	2.11	NA	NA	0.69	1.61	0.11	NA	NA	2.91	3.83	000
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.42	0.90	0.08	NA	NA	1.78	2.26	000
90947		A	Dialysis, repeated eval	2.16	NA	NA	0.71	1.49	0.12	NA	NA	2.99	3.77	000
90989		X	Dialysis training, complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training, incompl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.62	1.41	0.10	NA	NA	2.56	3.35	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	0.33	0.53	0.33	0.53	0.03	1.09	1.29	1.09	1.29	000
91000	26	A	Esophageal intubation	0.73	0.25	0.45	0.25	0.45	0.02	1.00	1.20	1.00	1.20	000
91000	TC	A	Esophageal intubation	0.00	0.08	0.08	0.08	0.08	0.01	0.09	0.09	0.09	0.09	000
91010		A	Esophagus motility study	1.25	1.26	1.81	1.26	1.81	0.09	2.60	3.15	2.60	3.15	000
91010	26	A	Esophagus motility study	1.25	0.43	0.97	0.43	0.97	0.04	1.72	2.26	1.72	2.26	000
91010	TC	A	Esophagus motility study	0.00	0.83	0.84	0.83	0.84	0.05	0.88	0.89	0.88	0.89	000
91011		A	Esophagus motility study	1.50	1.55	2.21	1.55	2.21	0.10	3.15	3.81	3.15	3.81	000
91011	26	A	Esophagus motility study	1.50	0.52	1.16	0.52	1.16	0.05	2.07	2.71	2.07	2.71	000
91011	TC	A	Esophagus motility study	0.00	1.03	1.05	1.03	1.05	0.05	1.08	1.10	1.08	1.10	000
91012		A	Esophagus motility study	1.46	1.67	2.31	1.67	2.31	0.12	3.25	3.89	3.25	3.89	000
91012	26	A	Esophagus motility study	1.46	0.51	1.13	0.51	1.13	0.06	2.03	2.65	2.03	2.65	000
91012	TC	A	Esophagus motility study	0.00	1.16	1.18	1.16	1.18	0.06	1.22	1.24	1.22	1.24	000
91020		A	Gastric motility	1.44	1.26	1.88	1.26	1.88	0.11	2.81	3.43	2.81	3.43	000
91020	26	A	Gastric motility	1.44	0.49	1.10	0.49	1.10	0.06	1.99	2.60	1.99	2.60	000
91020	TC	A	Gastric motility	0.00	0.77	0.78	0.77	0.78	0.05	0.82	0.83	0.82	0.83	000
91030		A	Acid perfusion of esophagus	0.91	0.54	0.58	0.54	0.58	0.05	1.50	1.54	1.50	1.54	000
91030	26	A	Acid perfusion of esophagus	0.91	0.32	0.35	0.32	0.35	0.03	1.26	1.29	1.26	1.29	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	000
91032		A	Esophagus, acid reflux test	1.21	1.17	1.65	1.17	1.65	0.09	2.47	2.95	2.47	2.95	000
91032	26	A	Esophagus, acid reflux test	1.21	0.42	0.89	0.42	0.89	0.04	1.67	2.14	1.67	2.14	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.75	0.76	0.75	0.76	0.05	0.80	0.81	0.80	0.81	000
91033		A	Prolonged acid reflux test	1.30	1.80	2.37	1.80	2.37	0.14	3.24	3.81	3.24	3.81	000
91033	26	A	Prolonged acid reflux test	1.30	0.45	1.00	0.45	1.00	0.05	1.80	2.35	1.80	2.35	000
91033	TC	A	Prolonged acid reflux test	0.00	1.35	1.37	1.35	1.37	0.09	1.44	1.46	1.44	1.46	000
91052		A	Gastric analysis test	0.79	0.62	0.76	0.62	0.76	0.05	1.46	1.60	1.46	1.60	000
91052	26	A	Gastric analysis test	0.79	0.28	0.41	0.28	0.41	0.03	1.10	1.23	1.10	1.23	000
91052	TC	A	Gastric analysis test	0.00	0.34	0.35	0.34	0.35	0.02	0.36	0.37	0.36	0.37	000
91055		A	Gastric intubation for smear	0.94	0.57	0.72	0.57	0.72	0.07	1.58	1.73	1.58	1.73	000
91055	26	A	Gastric intubation for smear	0.94	0.27	0.41	0.27	0.41	0.05	1.26	1.40	1.26	1.40	000
91055	TC	A	Gastric intubation for smear	0.00	0.30	0.31	0.30	0.31	0.02	0.32	0.33	0.32	0.33	000
91060		A	Gastric saline load test	0.45	0.37	0.58	0.37	0.58	0.04	0.86	1.07	0.86	1.07	000
91060	26	A	Gastric saline load test	0.45	0.15	0.35	0.15	0.35	0.02	0.62	0.82	0.62	0.82	000
91060	TC	A	Gastric saline load test	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	000
91065		A	Breath hydrogen test	0.20	0.43	0.53	0.43	0.53	0.03	0.66	0.76	0.66	0.76	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.16	0.07	0.16	0.01	0.28	0.37	0.28	0.37	000
91065	TC	A	Breath hydrogen test	0.00	0.36	0.37	0.36	0.37	0.02	0.38	0.39	0.38	0.39	000
91100		A	Pass intestine bleeding tube	1.08	NA	NA	0.28	0.45	0.07	NA	NA	1.43	1.60	000
91105		A	Gastric intubation treatment	0.37	NA	NA	0.09	0.27	0.02	NA	NA	0.48	0.66	000
91122		A	Anal pressure record	1.77	1.34	1.61	1.34	1.61	0.18	3.29	3.56	3.29	3.56	000
91122	26	A	Anal pressure record	1.77	0.63	0.89	0.63	0.89	0.11	2.51	2.77	2.51	2.77	000
91122	TC	A	Anal pressure record	0.00	0.71	0.72	0.71	0.72	0.07	0.78	0.79	0.78	0.79	000
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	1.08	0.81	0.34	0.31	0.03	1.99	1.72	1.25	1.22	XXX
92004		A	Eye exam, new patient	1.67	1.67	1.15	0.69	0.50	0.06	3.40	2.88	2.42	2.23	XXX
92012		A	Eye exam established pat	0.67	1.05	0.77	0.31	0.28	0.02	1.74	1.46	1.00	0.97	XXX
92014		A	Eye exam & treatment	1.10	1.35	0.97	0.49	0.40	0.04	2.49	2.11	1.63	1.54	XXX
92015		N	Refraction	+0.38	1.47	0.91	0.15	0.25	0.01	1.86	1.30	0.54	0.64	XXX
92018		A	New eye exam & treatment	1.51	NA	NA	0.72	0.62	0.05	NA	NA	2.28	2.18	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.60	0.43	0.05	NA	NA	1.96	1.79	XXX
92020		A	Special eye evaluation	0.37	0.73	0.52	0.17	0.17	0.01	1.11	0.90	0.55	0.55	XXX
92060		A	Special eye evaluation	0.69	1.24	0.84	1.24	0.84	0.03	1.96	1.56	1.96	1.56	XXX
92060	26	A	Special eye evaluation	0.69	0.29	0.26	0.29	0.26	0.02	1.00	0.97	1.00	0.97	XXX
92060	TC	A	Special eye evaluation	0.00	0.95	0.58	0.95	0.58	0.01	0.96	0.59	0.96	0.59	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.75	0.58	0.75	0.58	0.02	1.14	0.97	1.14	0.97	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.15	0.19	0.15	0.19	0.01	0.53	0.57	0.53	0.57	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.60	0.39	0.60	0.39	0.01	0.61	0.40	0.61	0.40	XXX
92070		A	Fitting of contact lens	0.70	1.01	1.16	0.35	0.50	0.02	1.73	1.88	1.07	1.22	XXX
92081		A	Visual field examination(s)	0.36	1.50	0.92	1.50	0.92	0.02	1.88	1.30	1.88	1.30	XXX
92081	26	A	Visual field examination(s)	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
92081	TC	A	Visual field examination(s)	0.00	1.34	0.75	1.34	0.75	0.01	1.35	0.76	1.35	0.76	XXX
92082		A	Visual field examination(s)	0.44	1.49	1.02	1.49	1.02	0.02	1.95	1.48	1.95	1.48	XXX
92082	26	A	Visual field examination(s)	0.44	0.21	0.27	0.21	0.27	0.01	0.66	0.72	0.66	0.72	XXX
92082	TC	A	Visual field examination(s)	0.00	1.28	0.75	1.28	0.75	0.01	1.29	0.76	1.29	0.76	XXX
92083		A	Visual field examination(s)	0.50	1.23	1.07	1.23	1.07	0.03	1.76	1.60	1.76	1.60	XXX
92083	26	A	Visual field examination(s)	0.50	0.24	0.42	0.24	0.42	0.02	0.76	0.94	0.76	0.94	XXX
92083	TC	A	Visual field examination(s)	0.00	0.99	0.65	0.99	0.65	0.01	1.00	0.66	1.00	0.66	XXX
92100		A	Serial tonometry exam(s)	0.92	0.76	0.52	0.37	0.26	0.03	1.71	1.47	1.32	1.21	XXX
92120		A	Tonography & eye evaluation	0.81	0.74	0.54	0.31	0.24	0.03	1.58	1.38	1.15	1.08	XXX
92130		A	Water provocation tonography	0.81	0.84	0.69	0.31	0.29	0.03	1.68	1.53	1.15	1.13	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
92135		A	Opthalmic dx imaging	0.35	1.56	1.56	1.56	1.56	0.02	1.93	1.93	1.93	1.93	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.17	0.17	0.17	0.17	0.01	0.53	0.53	0.53	0.53	XXX
92135	TC	A	Opthalmic dx imaging	0.00	1.39	1.39	1.39	1.39	0.01	1.40	1.40	1.40	1.40	XXX
92140		A	Glaucoma provocative tests	0.50	0.87	0.60	0.23	0.20	0.02	1.39	1.12	0.75	0.72	XXX
92225		A	Special eye exam, initial	0.38	1.80	1.15	0.16	0.21	0.01	2.19	1.54	0.55	0.60	XXX
92226		A	Special eye exam, subsequent	0.33	1.92	1.18	0.16	0.19	0.01	2.26	1.52	0.50	0.53	XXX
92230		A	Eye exam with photos	0.60	1.40	1.08	0.21	0.30	0.02	2.02	1.70	0.83	0.92	XXX
92235		A	Eye exam with photos	0.81	2.15	1.94	2.15	1.94	0.08	3.04	2.83	3.04	2.83	XXX
92235	26	A	Eye exam with photos	0.81	0.41	0.53	0.41	0.53	0.03	1.25	1.37	1.25	1.37	XXX
92235	TC	A	Eye exam with photos	0.00	1.74	1.41	1.74	1.41	0.05	1.79	1.46	1.79	1.46	XXX
92240		A	Icg angiography	1.10	3.08	2.40	3.08	2.40	0.08	4.26	3.58	4.26	3.58	XXX
92240	26	A	Icg angiography	1.10	0.55	0.60	0.55	0.60	0.03	1.68	1.73	1.68	1.73	XXX
92240	TC	A	Icg angiography	0.00	2.53	1.80	2.53	1.80	0.05	2.58	1.85	2.58	1.85	XXX
92250		A	Eye exam with photos	0.44	1.94	1.20	1.94	1.20	0.02	2.40	1.66	2.40	1.66	XXX
92250	26	A	Eye exam with photos	0.44	0.21	0.24	0.21	0.24	0.01	0.66	0.69	0.66	0.69	XXX
92250	TC	A	Eye exam with photos	0.00	1.73	0.96	1.73	0.96	0.01	1.74	0.97	1.74	0.97	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.21	0.40	0.09	0.20	0.01	0.42	0.61	0.30	0.41	XXX
92265		A	Eye muscle evaluation	0.81	1.59	0.96	1.59	0.96	0.05	2.45	1.82	2.45	1.82	XXX
92265	26	A	Eye muscle evaluation	0.81	0.30	0.19	0.30	0.19	0.03	1.14	1.03	1.14	1.03	XXX
92265	TC	A	Eye muscle evaluation	0.00	1.29	0.77	1.29	0.77	0.02	1.31	0.79	1.31	0.79	XXX
92270		A	Electro-oculography	0.81	1.09	0.91	1.09	0.91	0.05	1.95	1.77	1.95	1.77	XXX
92270	26	A	Electro-oculography	0.81	0.34	0.37	0.34	0.37	0.03	1.18	1.21	1.18	1.21	XXX
92270	TC	A	Electro-oculography	0.00	0.75	0.54	0.75	0.54	0.02	0.77	0.56	0.77	0.56	XXX
92275		A	Electroretinography	1.01	0.73	0.85	0.73	0.85	0.06	1.80	1.92	1.80	1.92	XXX
92275	26	A	Electroretinography	1.01	0.45	0.50	0.45	0.50	0.04	1.50	1.55	1.50	1.55	XXX
92275	TC	A	Electroretinography	0.00	0.28	0.35	0.28	0.35	0.02	0.30	0.37	0.30	0.37	XXX
92283		A	Color vision examination	0.17	0.77	0.54	0.77	0.54	0.02	0.96	0.73	0.96	0.73	XXX
92283	26	A	Color vision examination	0.17	0.08	0.13	0.08	0.13	0.01	0.26	0.31	0.26	0.31	XXX
92283	TC	A	Color vision examination	0.00	0.69	0.41	0.69	0.41	0.01	0.70	0.42	0.70	0.42	XXX
92284		A	Dark adaptation eye exam	0.24	0.89	0.69	0.89	0.69	0.02	1.15	0.95	1.15	0.95	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.20	0.09	0.20	0.01	0.34	0.45	0.34	0.45	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.80	0.49	0.80	0.49	0.01	0.81	0.50	0.81	0.50	XXX
92285		A	Eye photography	0.20	2.00	1.16	2.00	1.16	0.02	2.22	1.38	2.22	1.38	XXX
92285	26	A	Eye photography	0.20	0.10	0.15	0.10	0.15	0.01	0.31	0.36	0.31	0.36	XXX
92285	TC	A	Eye photography	0.00	1.90	1.01	1.90	1.01	0.01	1.91	1.02	1.91	1.02	XXX
92286		A	Internal eye photography	0.66	2.23	1.78	2.23	1.78	0.04	2.93	2.48	2.93	2.48	XXX
92286	26	A	Internal eye photography	0.66	0.32	0.61	0.32	0.61	0.02	1.00	1.29	1.00	1.29	XXX
92286	TC	A	Internal eye photography	0.00	1.91	1.17	1.91	1.17	0.02	1.93	1.19	1.93	1.19	XXX
92287		A	Internal eye photography	0.81	2.08	1.87	0.37	0.60	0.03	2.92	2.71	1.21	1.44	XXX
92310		N	Contact lens fitting	+1.17	0.97	1.19	0.45	0.93	0.00	2.14	2.36	1.62	2.10	XXX
92311		A	Contact lens fitting	1.08	1.04	1.01	0.39	0.44	0.04	2.16	2.13	1.51	1.56	XXX
92312		A	Contact lens fitting	1.26	0.99	1.13	0.66	0.65	0.04	2.29	2.43	1.96	1.95	XXX
92313		A	Contact lens fitting	0.92	0.94	0.95	0.27	0.38	0.03	1.89	1.90	1.22	1.33	XXX
92314		N	Prescription of contact lens	+0.69	0.78	0.80	0.27	0.55	0.00	1.47	1.49	0.96	1.24	XXX
92315		A	Prescription of contact lens	0.45	0.73	0.73	0.17	0.27	0.02	1.20	1.20	0.64	0.74	XXX
92316		A	Prescription of contact lens	0.68	0.80	0.92	0.26	0.39	0.02	1.50	1.62	0.96	1.09	XXX
92317		A	Prescription of contact lens	0.45	0.93	0.68	0.17	0.19	0.01	1.39	1.14	0.63	0.65	XXX
92325		A	Modification of contact lens	0.00	0.36	0.39	0.14	0.28	0.01	0.37	0.40	0.15	0.29	XXX
92326		A	Replacement of contact lens	0.00	0.37	1.03	0.15	0.92	0.05	0.42	1.08	0.20	0.97	XXX
92330		A	Fitting of artificial eye	1.08	0.80	1.02	0.26	0.44	0.04	1.92	2.14	1.38	1.56	XXX
92335		A	Fitting of artificial eye	0.45	0.86	1.50	0.17	0.62	0.02	1.33	1.97	0.64	1.09	XXX
92340		N	Fitting of spectacles	+0.37	0.58	0.52	0.14	0.29	0.00	0.95	0.89	0.51	0.66	XXX
92341		N	Fitting of spectacles	+0.47	0.62	0.60	0.18	0.37	0.00	1.09	1.07	0.65	0.84	XXX
92342		N	Fitting of spectacles	+0.53	0.65	0.65	0.20	0.42	0.00	1.18	1.18	0.73	0.95	XXX
92352		B	Special spectacles fitting	+0.37	0.58	0.46	0.14	0.24	0.01	0.96	0.84	0.52	0.62	XXX
92353		B	Special spectacles fitting	+0.50	0.63	0.53	0.19	0.31	0.02	1.15	1.05	0.71	0.83	XXX
92354		B	Special spectacles fitting	+0.00	0.52	4.84	0.18	4.67	0.08	0.60	4.92	0.26	4.75	XXX
92355		B	Special spectacles fitting	+0.00	0.52	2.50	0.18	2.33	0.01	0.53	2.51	0.19	2.34	XXX
92358		B	Eye prosthesis service	+0.00	0.33	0.67	0.12	0.56	0.04	0.37	0.71	0.16	0.60	XXX
92370		N	Repair & adjust spectacles	+0.32	0.45	0.42	0.12	0.25	0.00	0.77	0.74	0.44	0.57	XXX
92371		B	Repair & adjust spectacles	+0.00	0.33	0.49	0.12	0.38	0.02	0.35	0.51	0.14	0.40	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392		I	Supply of low vision aids	+0.00	0.33	2.26	0.12	2.15	0.02	0.35	2.28	0.14	2.17	XXX
92393		I	Supply of artificial eye	+0.00	0.33	6.66	0.12	6.55	0.48	0.81	7.14	0.60	7.03	XXX
92395		I	Supply of spectacles	+0.00	0.33	0.88	0.12	0.77	0.08	0.41	0.96	0.20	0.85	XXX
92396		I	Supply of contact lenses	+0.00	0.33	1.36	0.12	1.25	0.06	0.39	1.42	0.18	1.31	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.18	1.20	0.05	NA	NA	2.74	2.76	000
92504		A	Ear microscopy examination	0.18	0.76	0.52	0.09	0.12	0.01	0.95	0.71	0.28	0.31	XXX
92506		A	Speech/hearing evaluation	0.86	1.14	0.85	0.41	0.35	0.03	2.03	1.74	1.30	1.24	XXX
92507		A	Speech/hearing therapy	0.52	1.06	0.71	0.26	0.22	0.02	1.60	1.25	0.80	0.76	XXX
92508		A	Speech/hearing therapy	0.26	0.91	0.56	0.15	0.13	0.01	1.18	0.83	0.42	0.40	XXX
92510		A	Rehab for ear implant	1.50	1.58	1.53	0.68	0.71	0.05	3.13	3.08	2.23	2.26	XXX
92511		A	Nasopharyngoscopy	0.84	0.98	0.95	0.44	0.45	0.03	1.85	1.82	1.31	1.32	000
92512		A	Nasal function studies	0.55	0.86	0.69	0.25	0.26	0.02	1.43	1.26	0.82	0.83	XXX
92516		A	Facial nerve function test	0.43	0.70	0.56	0.23	0.22	0.01	1.14	1.00	0.67	0.66	XXX
92520		A	Laryngeal function studies	0.76	0.46	0.52	0.45	0.37	0.03	1.25	1.31	1.24	1.16	XXX
92525		A	Oral function evaluation	1.50	1.47	1.29	0.76	0.66	0.05	3.02	2.84	2.31	2.21	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
92526		A	Oral function therapy	0.55	1.17	0.84	0.21	0.24	0.02	1.74	1.41	0.78	0.81	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	0.43	0.59	0.43	0.59	0.03	0.86	1.02	0.86	1.02	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.20	0.35	0.20	0.35	0.01	0.61	0.76	0.61	0.76	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.23	0.24	0.23	0.24	0.02	0.25	0.26	0.25	0.26	XXX
92542		A	Positional nystagmus test	0.33	0.42	0.55	0.42	0.55	0.03	0.78	0.91	0.78	0.91	XXX
92542	26	A	Positional nystagmus test	0.33	0.16	0.28	0.16	0.28	0.01	0.50	0.62	0.50	0.62	XXX
92542	TC	A	Positional nystagmus test	0.00	0.26	0.27	0.26	0.27	0.02	0.28	0.29	0.28	0.29	XXX
92543		A	Caloric vestibular test	0.10	0.16	0.20	0.16	0.20	0.02	0.28	0.32	0.28	0.32	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.09	0.05	0.09	0.01	0.16	0.20	0.16	0.20	XXX
92543	TC	A	Caloric vestibular test	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
92544		A	Optokinetic nystagmus test	0.26	0.34	0.43	0.34	0.43	0.03	0.63	0.72	0.63	0.72	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.21	0.13	0.21	0.01	0.40	0.48	0.40	0.48	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
92545		A	Oscillating tracking test	0.23	0.32	0.39	0.32	0.39	0.03	0.58	0.65	0.58	0.65	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.17	0.11	0.17	0.01	0.35	0.41	0.35	0.41	XXX
92545	TC	A	Oscillating tracking test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
92546		A	Sinusoidal rotational test	0.29	0.37	0.48	0.37	0.48	0.03	0.69	0.80	0.69	0.80	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.13	0.23	0.13	0.23	0.01	0.43	0.53	0.43	0.53	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.24	0.25	0.24	0.25	0.02	0.26	0.27	0.26	0.27	XXX
92547		A	Supplemental electrical test	0.00	0.56	0.57	0.56	0.57	0.05	0.61	0.62	0.61	0.62	ZZZ
92548		A	Posturography	0.50	1.75	1.88	1.75	1.88	0.13	2.38	2.51	2.38	2.51	XXX
92548	26	A	Posturography	0.50	0.27	0.38	0.27	0.38	0.02	0.79	0.90	0.79	0.90	XXX
92548	TC	A	Posturography	0.00	1.48	1.50	1.48	1.50	0.11	1.59	1.61	1.59	1.61	XXX
92551		N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552		A	Pure tone audiometry, air	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
92553		A	Audiometry, air & bone	0.00	0.66	0.67	0.66	0.67	0.05	0.71	0.72	0.71	0.72	XXX
92555		A	Speech threshold audiometry	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92556		A	Speech audiometry, complete	0.00	0.57	0.58	0.57	0.58	0.05	0.62	0.63	0.62	0.63	XXX
92557		A	Comprehensive hearing test	0.00	1.20	1.22	1.20	1.22	0.10	1.30	1.32	1.30	1.32	XXX
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	0.72	0.73	0.72	0.73	0.05	0.77	0.78	0.77	0.78	XXX
92562		A	Loudness balance test	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	XXX
92563		A	Tone decay hearing test	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92564		A	Sisi hearing test	0.00	0.48	0.49	0.48	0.49	0.04	0.52	0.53	0.52	0.53	XXX
92565		A	Stenger test, pure tone	0.00	0.40	0.41	0.40	0.31	0.03	0.43	0.44	0.43	0.34	XXX
92567		A	Tympanometry	0.00	0.52	0.53	0.52	0.53	0.05	0.57	0.58	0.57	0.58	XXX
92568		A	Acoustic reflex testing	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92569		A	Acoustic reflex decay test	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	XXX
92571		A	Filtered speech hearing test	0.00	0.39	0.40	0.39	0.30	0.03	0.42	0.43	0.42	0.33	XXX
92572		A	Staggered spondaic word test	0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
92573		A	Lombard test	0.00	0.35	0.36	0.35	0.36	0.03	0.38	0.39	0.38	0.39	XXX
92575		A	Sensorineural acuity test	0.00	0.30	0.31	0.30	0.23	0.02	0.32	0.33	0.32	0.25	XXX
92576		A	Synthetic sentence test	0.00	0.45	0.46	0.45	0.34	0.04	0.49	0.50	0.49	0.38	XXX
92577		A	Stenger test, speech	0.00	0.72	0.73	0.72	0.55	0.06	0.78	0.79	0.78	0.61	XXX
92579		A	Visual audiometry (vra)	0.00	0.73	0.74	0.73	0.74	0.05	0.78	0.79	0.78	0.79	XXX
92582		A	Conditioning play audiometry	0.00	0.73	0.74	0.73	0.56	0.05	0.78	0.79	0.78	0.61	XXX
92583		A	Select picture audiometry	0.00	0.89	0.91	0.89	0.91	0.07	0.96	0.98	0.96	0.98	XXX
92584		A	Electrocochleography	0.00	2.49	2.53	2.49	2.53	0.18	2.67	2.71	2.67	2.71	XXX
92585		A	Auditory evoked potential	0.50	2.07	2.81	2.07	2.81	0.14	2.71	3.45	2.71	3.45	XXX
92585	26	A	Auditory evoked potential	0.50	0.21	0.92	0.21	0.92	0.02	0.73	1.44	0.73	1.44	XXX
92585	TC	A	Auditory evoked potential	0.00	1.86	1.89	1.86	1.89	0.12	1.98	2.01	1.98	2.01	XXX
92587		A	Evoked auditory test	0.13	1.37	1.42	1.37	1.42	0.10	1.60	1.65	1.60	1.65	XXX
92587	26	A	Evoked auditory test	0.13	0.06	0.09	0.06	0.09	0.01	0.20	0.23	0.20	0.23	XXX
92587	TC	A	Evoked auditory test	0.00	1.31	1.33	1.31	1.33	0.09	1.40	1.42	1.40	1.42	XXX
92588		A	Evoked auditory test	0.36	1.63	1.74	1.63	1.74	0.12	2.11	2.22	2.11	2.22	XXX
92588	26	A	Evoked auditory test	0.36	0.15	0.24	0.15	0.24	0.01	0.52	0.61	0.52	0.61	XXX
92588	TC	A	Evoked auditory test	0.00	1.48	1.50	1.48	1.50	0.11	1.59	1.61	1.59	1.61	XXX
92589		A	Auditory function test(s)	0.00	0.53	0.54	0.53	0.54	0.05	0.58	0.59	0.58	0.59	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearng aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearng aid tst, both	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	0.59	0.60	0.59	0.60	0.05	0.64	0.65	0.64	0.65	XXX
92597		A	Oral speech device eval	1.35	1.54	1.32	0.77	0.94	0.04	2.93	2.71	2.16	2.33	XXX
92598		A	Modify oral speech device	0.99	0.99	0.86	0.53	0.63	0.03	2.01	1.88	1.55	1.65	XXX
92599		C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.80	1.58	2.02	0.99	1.73	0.21	5.59	6.03	5.00	5.74	000
92953		A	Temporary external pacing	0.23	NA	NA	0.07	0.17	0.01	NA	NA	0.31	0.41	000
92960		A	Cardioversion electric, ext	2.25	2.05	2.05	0.89	1.47	0.08	4.38	4.38	3.22	3.80	000
92961		A	Cardioversion, electric, int	4.60	1.54	1.54	1.54	1.54	0.31	6.45	6.45	6.45	6.45	000
92970		A	Cardioassist, internal	3.52	NA	NA	1.04	2.41	0.17	NA	NA	4.73	6.10	000
92971		A	Cardioassist, external	1.77	NA	NA	0.73	0.97	0.06	NA	NA	2.56	2.80	000

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
92975		A	Dissolve clot, heart vessel	7.25	NA	NA	3.07	4.64	0.22	NA	NA	10.54	12.11	000
92977		A	Dissolve clot, heart vessel	0.00	NA	NA	8.09	8.21	0.39	NA	NA	8.48	8.60	XXX
92978		A	Intravasc us, heart add-on	1.80	5.35	5.62	5.35	5.62	0.27	7.42	7.69	7.42	7.69	ZZZ
92978	26	A	Intravasc us, heart add-on	1.80	0.76	0.96	0.76	0.96	0.06	2.62	2.82	2.62	2.82	ZZZ
92978	TC	A	Intravasc us, heart add-on	0.00	4.59	4.66	4.59	4.66	0.21	4.80	4.87	4.80	4.87	ZZZ
92979		A	Intravasc us, heart add-on	1.44	2.91	3.11	2.91	3.11	0.15	4.50	4.70	4.50	4.70	ZZZ
92979	26	A	Intravasc us, heart add-on	1.44	0.61	0.77	0.61	0.77	0.04	2.09	2.25	2.09	2.25	ZZZ
92979	TC	A	Intravasc us, heart add-on	0.00	2.30	2.34	2.30	2.34	0.11	2.41	2.45	2.41	2.45	ZZZ
92980		A	Insert intracoronary stent	14.84	NA	NA	6.32	12.02	2.00	NA	NA	23.16	28.86	000
92981		A	Insert intracoronary stent	4.17	NA	NA	1.77	3.38	0.56	NA	NA	6.50	8.11	ZZZ
92982		A	Coronary artery dilation	10.98	NA	NA	4.68	8.90	1.48	NA	NA	17.14	21.36	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.26	2.41	0.40	NA	NA	4.63	5.78	ZZZ
92986		A	Revision of aortic valve	21.80	NA	NA	10.88	11.98	2.82	NA	NA	35.50	36.60	090
92987		A	Revision of mitral valve	22.70	NA	NA	11.22	12.23	2.99	NA	NA	36.91	37.92	090
92990		A	Revision of pulmonary valve	17.34	NA	NA	8.54	9.48	1.90	NA	NA	27.78	28.72	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.09	NA	NA	5.15	9.79	1.63	NA	NA	18.87	23.51	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.42	2.66	0.44	NA	NA	5.12	6.36	ZZZ
92997		A	Pul art balloon repr, percut	12.00	NA	NA	5.10	9.72	1.45	NA	NA	18.55	23.17	000
92998		A	Pul art balloon repr, percut	6.00	NA	NA	2.46	3.29	0.73	NA	NA	9.19	10.02	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.52	0.59	0.52	0.59	0.03	0.72	0.79	0.72	0.79	XXX
93005		A	Electrocardiogram, tracing	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
93010		A	Electrocardiogram report	0.17	0.06	0.12	0.06	0.12	0.01	0.24	0.30	0.24	0.30	XXX
93012		A	Transmission of ecg	0.00	2.37	2.41	2.37	2.41	0.15	2.52	2.56	2.52	2.56	XXX
93014		A	Report on transmitted ecg	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
93015		A	Cardiovascular stress test	0.75	1.99	2.26	1.99	2.26	0.11	2.85	3.12	2.85	3.12	XXX
93016		A	Cardiovascular stress test	0.45	0.18	0.30	0.18	0.30	0.01	0.64	0.76	0.64	0.76	XXX
93017		A	Cardiovascular stress test	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	XXX
93018		A	Cardiovascular stress test	0.30	0.12	0.24	0.12	0.24	0.01	0.43	0.55	0.43	0.55	XXX
93024		A	Cardiac drug stress test	1.17	1.60	2.09	1.60	2.09	0.11	2.88	3.37	2.88	3.37	XXX
93024	26	A	Cardiac drug stress test	1.17	0.47	0.94	0.47	0.94	0.04	1.68	2.15	1.68	2.15	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.13	1.15	1.13	1.15	0.07	1.20	1.22	1.20	1.22	XXX
93040		A	Rhythm ECG with report	0.16	0.20	0.24	0.20	0.24	0.02	0.38	0.42	0.38	0.42	XXX
93041		A	Rhythm ECG, tracing	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.09	0.05	0.09	0.01	0.22	0.26	0.22	0.26	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	3.64	3.90	3.64	3.90	0.21	4.37	4.63	4.37	4.63	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	2.20	2.23	2.20	2.23	0.12	2.32	2.35	2.32	2.35	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	3.92	4.18	3.92	4.18	0.22	4.66	4.92	4.66	4.92	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	1.53	1.55	1.53	1.55	0.09	1.62	1.64	1.62	1.64	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	2.19	2.22	2.19	2.22	0.11	2.30	2.33	2.30	2.33	XXX
93233		A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93235		A	ECG monitor/report, 24 hrs	0.45	2.81	3.03	2.81	3.03	0.13	3.39	3.61	3.39	3.61	XXX
93236		A	ECG monitor/report, 24 hrs	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.18	0.36	0.18	0.36	0.01	0.64	0.82	0.64	0.82	XXX
93268		A	ECG record/review	0.52	3.80	3.98	3.80	3.98	0.24	4.56	4.74	4.56	4.74	XXX
93270		A	ECG recording	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
93271		A	Ecg/monitoring and analysis	0.00	2.37	2.41	2.37	2.41	0.15	2.52	2.56	2.52	2.56	XXX
93272		A	Ecg/review,interpret only	0.52	0.19	0.31	0.19	0.31	0.02	0.73	0.85	0.73	0.85	XXX
93278		A	ECG/signal-averaged	0.25	1.26	1.38	1.26	1.38	0.10	1.61	1.73	1.61	1.73	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.20	0.10	0.20	0.01	0.36	0.46	0.36	0.46	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.16	1.18	1.16	1.18	0.09	1.25	1.27	1.25	1.27	XXX
93303		A	Echo transthoracic	1.30	4.35	4.72	4.35	4.72	0.24	5.89	6.26	5.89	6.26	XXX
93303	26	A	Echo transthoracic	1.30	0.47	0.78	0.47	0.78	0.04	1.81	2.12	1.81	2.12	XXX
93303	TC	A	Echo transthoracic	0.00	3.88	3.94	3.88	3.94	0.20	4.08	4.14	4.08	4.14	XXX
93304		A	Echo transthoracic	0.75	2.24	2.50	2.24	2.50	0.13	3.12	3.38	3.12	3.38	XXX
93304	26	A	Echo transthoracic	0.75	0.29	0.52	0.29	0.52	0.02	1.06	1.29	1.06	1.29	XXX
93304	TC	A	Echo transthoracic	0.00	1.95	1.98	1.95	1.98	0.11	2.06	2.09	2.06	2.09	XXX
93307		A	Echo exam of heart	0.92	4.26	4.68	4.26	4.68	0.23	5.41	5.83	5.41	5.83	XXX
93307	26	A	Echo exam of heart	0.92	0.38	0.74	0.38	0.74	0.03	1.33	1.69	1.33	1.69	XXX
93307	TC	A	Echo exam of heart	0.00	3.88	3.94	3.88	3.94	0.20	4.08	4.14	4.08	4.14	XXX
93308		A	Echo exam of heart	0.53	2.16	2.40	2.16	2.40	0.13	2.82	3.06	2.82	3.06	XXX
93308	26	A	Echo exam of heart	0.53	0.21	0.42	0.21	0.42	0.02	0.76	0.97	0.76	0.97	XXX
93308	TC	A	Echo exam of heart	0.00	1.95	1.98	1.95	1.98	0.11	2.06	2.09	2.06	2.09	XXX
93312		A	Echo transesophageal	2.20	4.66	5.03	4.66	5.03	0.34	7.20	7.57	7.20	7.57	XXX
93312	26	A	Echo transesophageal	2.20	0.86	1.17	0.86	1.17	0.09	3.15	3.46	3.15	3.46	XXX
93312	TC	A	Echo transesophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93313		A	Echo transesophageal	0.95	4.83	2.78	0.21	0.47	0.05	5.83	3.78	1.21	1.47	XXX
93314		A	Echo transesophageal	1.25	4.29	4.47	4.29	4.47	0.29	5.83	6.01	5.83	6.01	XXX
93314	26	A	Echo transesophageal	1.25	0.49	0.61	0.49	0.61	0.04	1.78	1.90	1.78	1.90	XXX
93314	TC	A	Echo transesophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93315		A	Echo transesophageal	2.78	4.87	5.13	4.87	5.13	0.36	8.01	8.27	8.01	8.27	XXX
93315	26	A	Echo transesophageal	2.78	1.07	1.27	1.07	1.27	0.11	3.96	4.16	3.96	4.16	XXX
93315	TC	A	Echo transesophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93316		A	Echo transesophageal	0.95	1.69	1.21	0.27	0.50	0.05	2.69	2.21	1.27	1.50	XXX
93317		A	Echo transesophageal	1.83	4.52	4.59	4.52	4.59	0.32	6.67	6.74	6.67	6.74	XXX
93317	26	A	Echo transesophageal	1.83	0.72	0.73	0.72	0.73	0.07	2.62	2.63	2.62	2.63	XXX
93317	TC	A	Echo transesophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93320		A	Doppler echo exam, heart	0.38	1.88	2.06	1.88	2.06	0.11	2.37	2.55	2.37	2.55	ZZZ

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93320	26	A	Doppler echo exam, heart	0.38	0.16	0.31	0.16	0.31	0.01	0.55	0.70	0.55	0.70	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.72	1.75	1.72	1.75	0.10	1.82	1.85	1.82	1.85	ZZZ
93321		A	Doppler echo exam, heart	0.15	1.18	1.26	1.18	1.26	0.08	1.41	1.49	1.41	1.49	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.12	0.06	0.12	0.01	0.22	0.28	0.22	0.28	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.12	1.14	1.12	1.14	0.07	1.19	1.21	1.19	1.21	ZZZ
93325		A	Doppler color flow add-on	0.07	2.94	3.00	2.94	3.00	0.19	3.20	3.26	3.20	3.26	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.04	0.03	0.04	0.01	0.11	0.12	0.11	0.12	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	2.91	2.96	2.91	2.96	0.18	3.09	3.14	3.09	3.14	ZZZ
93350		A	Echo transthoracic	0.78	2.09	2.43	2.09	2.43	0.13	3.00	3.34	3.00	3.34	XXX
93350	26	A	Echo transthoracic	0.78	0.32	0.63	0.32	0.63	0.02	1.12	1.43	1.12	1.43	XXX
93350	TC	A	Echo transthoracic	0.00	1.77	1.80	1.77	1.80	0.11	1.88	1.91	1.88	1.91	XXX
93501		A	Right heart catheterization	3.02	17.92	19.51	17.92	19.51	1.27	22.21	23.80	22.21	23.80	000
93501	26	A	Right heart catheterization	3.02	1.23	2.42	1.23	2.42	0.37	4.62	5.81	4.62	5.81	000
93501	TC	A	Right heart catheterization	0.00	16.69	17.09	16.69	17.09	0.90	17.59	17.99	17.59	17.99	000
93503		A	Insert/place heart catheter	2.91	1.02	1.80	0.71	1.64	0.22	4.15	4.93	3.84	4.77	000
93505		A	Biopsy of heart lining	4.38	3.78	4.56	3.78	4.56	0.70	8.86	9.64	8.86	9.64	000
93505	26	A	Biopsy of heart lining	4.38	1.83	2.56	1.83	2.56	0.57	6.78	7.51	6.78	7.51	000
93505	TC	A	Biopsy of heart lining	0.00	1.95	2.00	1.95	2.00	0.13	2.08	2.13	2.08	2.13	000
93508		A	Cath placement, angiography	4.10	14.16	15.11	14.16	15.11	1.11	19.37	20.32	19.37	20.32	000
93508	26	A	Cath placement, angiography	4.10	1.72	2.37	1.72	2.37	0.55	6.37	7.02	6.37	7.02	000
93508	TC	A	Cath placement, angiography	0.00	12.44	12.74	12.44	12.74	0.56	13.00	13.30	13.00	13.30	000
93510		A	Left heart catheterization	4.33	38.29	39.92	38.29	39.92	2.55	45.17	46.80	45.17	46.80	000
93510	26	A	Left heart catheterization	4.33	1.83	2.58	1.83	2.58	0.58	6.74	7.49	6.74	7.49	000
93510	TC	A	Left heart catheterization	0.00	36.46	37.34	36.46	37.34	1.97	38.43	39.31	38.43	39.31	000
93511		A	Left heart catheterization	5.03	37.61	38.83	37.61	38.83	2.59	45.23	46.45	45.23	46.45	000
93511	26	A	Left heart catheterization	5.03	2.12	2.48	2.12	2.48	0.68	7.83	8.19	7.83	8.19	000
93511	TC	A	Left heart catheterization	0.00	35.49	36.35	35.49	36.35	1.91	37.40	38.26	37.40	38.26	000
93514		A	Left heart catheterization	7.05	38.38	40.27	38.38	40.27	2.87	48.30	50.19	48.30	50.19	000
93514	26	A	Left heart catheterization	7.05	2.89	3.92	2.89	3.92	0.96	10.90	11.93	10.90	11.93	000
93514	TC	A	Left heart catheterization	0.00	35.49	36.35	35.49	36.35	1.91	37.40	38.26	37.40	38.26	000
93524		A	Left heart catheterization	6.95	49.27	51.48	49.27	51.48	3.45	59.67	61.88	59.67	61.88	000
93524	26	A	Left heart catheterization	6.95	2.90	3.98	2.90	3.98	0.95	10.80	11.88	10.80	11.88	000
93524	TC	A	Left heart catheterization	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93526		A	Rt & Lt heart catheters	5.99	50.17	53.02	50.17	53.02	3.37	59.53	62.38	59.53	62.38	000
93526	26	A	Rt & Lt heart catheters	5.99	2.52	4.22	2.52	4.22	0.80	9.31	11.01	9.31	11.01	000
93526	TC	A	Rt & Lt heart catheters	0.00	47.65	48.80	47.65	48.80	2.57	50.22	51.37	50.22	51.37	000
93527		A	Rt & Lt heart catheters	7.28	49.44	52.91	49.44	52.91	3.47	60.19	63.66	60.19	63.66	000
93527	26	A	Rt & Lt heart catheters	7.28	3.07	5.41	3.07	5.41	0.97	11.32	13.66	11.32	13.66	000
93527	TC	A	Rt & Lt heart catheters	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93528		A	Rt & Lt heart catheters	9.00	50.21	51.83	50.21	51.83	3.73	62.94	64.56	62.94	64.56	000
93528	26	A	Rt & Lt heart catheters	9.00	3.84	4.33	3.84	4.33	1.23	14.07	14.56	14.07	14.56	000
93528	TC	A	Rt & Lt heart catheters	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93529		A	Rt, Lt heart catheterization	4.80	48.28	50.05	48.28	50.05	3.08	56.16	57.93	56.16	57.93	000
93529	26	A	Rt, Lt heart catheterization	4.80	1.91	2.55	1.91	2.55	0.58	7.29	7.93	7.29	7.93	000
93529	TC	A	Rt, Lt heart catheterization	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93530		A	Rt heart cath, congenital	4.23	18.34	19.88	18.34	19.88	1.45	24.02	25.56	24.02	25.56	000
93530	26	A	Rt heart cath, congenital	4.23	1.65	2.79	1.65	2.79	0.55	6.43	7.57	6.43	7.57	000
93530	TC	A	Rt heart cath, congenital	0.00	16.69	17.09	16.69	17.09	0.90	17.59	17.99	17.59	17.99	000
93531		A	R & l heart cath, congenital	8.35	51.10	53.48	51.10	53.48	3.70	63.15	65.53	63.15	65.53	000
93531	26	A	R & l heart cath, congenital	8.35	3.45	4.68	3.45	4.68	1.13	12.93	14.16	12.93	14.16	000
93531	TC	A	R & l heart cath, congenital	0.00	47.65	48.80	47.65	48.80	2.57	50.22	51.37	50.22	51.37	000
93532		A	R & l heart cath, congenital	10.00	50.25	53.32	50.25	53.32	3.92	64.17	67.24	64.17	67.24	000
93532	26	A	R & l heart cath, congenital	10.00	3.88	5.82	3.88	5.82	1.42	15.30	17.24	15.30	17.24	000
93532	TC	A	R & l heart cath, congenital	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93533		A	R & l heart cath, congenital	6.70	48.74	50.28	48.74	50.28	3.40	58.84	60.38	58.84	60.38	000
93533	26	A	R & l heart cath, congenital	6.70	2.37	2.78	2.37	2.78	0.90	9.97	10.38	9.97	10.38	000
93533	TC	A	R & l heart cath, congenital	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93536		A	Insert circulation assi	4.85	NA	NA	2.08	3.94	0.65	NA	NA	7.58	9.44	000
93539		A	Injection, cardiac cath	0.40	0.75	0.86	0.17	0.33	0.01	1.16	1.27	0.58	0.74	000
93540		A	Injection, cardiac cath	0.43	0.78	0.87	0.18	0.35	0.01	1.22	1.31	0.62	0.79	000
93541		A	Injection for lung angiogram	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93542		A	Injection for heart x-rays	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93543		A	Injection for heart x-rays	0.29	0.50	0.56	0.12	0.24	0.01	0.80	0.86	0.42	0.54	000
93544		A	Injection for aortography	0.25	0.48	0.55	0.11	0.21	0.01	0.74	0.81	0.37	0.47	000
93545		A	Inject for coronary x-rays	0.40	0.77	0.63	0.17	0.33	0.01	1.18	1.04	0.58	0.74	000
93555		A	Imaging, cardiac cath	0.81	6.53	6.66	6.53	6.66	0.32	7.66	7.79	7.66	7.79	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.34	0.32	0.34	0.32	0.03	1.18	1.16	1.18	1.16	XXX
93555	TC	A	Imaging, cardiac cath	0.00	6.19	6.34	6.19	6.34	0.29	6.48	6.63	6.48	6.63	XXX
93556		A	Imaging, cardiac cath	0.83	10.11	10.42	10.11	10.42	0.46	11.40	11.71	11.40	11.71	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.35	0.42	0.35	0.42	0.03	1.21	1.28	1.21	1.28	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.76	10.00	9.76	10.00	0.43	10.19	10.43	10.19	10.43	XXX
93561		A	Cardiac output measurement	0.50	0.70	0.93	0.70	0.93	0.07	1.27	1.50	1.27	1.50	000
93561	26	A	Cardiac output measurement	0.50	0.17	0.39	0.17	0.39	0.02	0.69	0.91	0.69	0.91	000
93561	TC	A	Cardiac output measurement	0.00	0.53	0.54	0.53	0.54	0.05	0.58	0.59	0.58	0.59	000
93562		A	Cardiac output measurement	0.16	0.36	0.45	0.36	0.45	0.04	0.56	0.65	0.56	0.65	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.13	0.05	0.13	0.01	0.22	0.30	0.22	0.30	000
93562	TC	A	Cardiac output measurement	0.00	0.31	0.32	0.31	0.32	0.03	0.34	0.35	0.34	0.35	000
93571		A	Heart flow reserve measure	1.80	5.29	5.29	5.29	5.29	0.27	7.36	7.36	7.36	7.36	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.70	0.70	0.70	0.70	0.06	2.56	2.56	2.56	2.56	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	4.59	4.59	4.59	4.59	0.21	4.80	4.80	4.80	4.80	ZZZ
93572		A	Heart flow reserve measure	1.44	5.15	5.15	5.15	5.15	0.15	6.74	6.74	6.74	6.74	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93572	26	A	Heart flow reserve measure	1.44	0.56	0.56	0.56	0.56	0.04	2.04	2.04	2.04	2.04	ZZZ
93572	TC	A	Heart flow reserve measure	0.00	4.59	4.59	4.59	4.59	0.11	4.70	4.70	4.70	4.70	ZZZ
93600		A	Bundle of His recording	2.12	2.86	3.71	2.86	3.71	0.18	5.16	6.01	5.16	6.01	000
93600	26	A	Bundle of His recording	2.12	0.90	1.72	0.90	1.72	0.07	3.09	3.91	3.09	3.91	000
93600	TC	A	Bundle of His recording	0.00	1.96	1.99	1.96	1.99	0.11	2.07	2.10	2.07	2.10	000
93602		A	Intra-atrial recording	2.12	2.02	2.55	2.02	2.55	0.15	4.29	4.82	4.29	4.82	000
93602	26	A	Intra-atrial recording	2.12	0.90	1.41	0.90	1.41	0.09	3.11	3.62	3.11	3.62	000
93602	TC	A	Intra-atrial recording	0.00	1.12	1.14	1.12	1.14	0.06	1.18	1.20	1.18	1.20	000
93603		A	Right ventricular recording	2.12	2.59	3.36	2.59	3.36	0.18	4.89	5.66	4.89	5.66	000
93603	26	A	Right ventricular recording	2.12	0.90	1.64	0.90	1.64	0.09	3.11	3.85	3.11	3.85	000
93603	TC	A	Right ventricular recording	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	000
93607		A	Left ventricular recording	3.26	2.90	3.42	2.90	3.42	0.19	6.35	6.87	6.35	6.87	000
93607	26	A	Left ventricular recording	3.26	1.40	1.90	1.40	1.90	0.10	4.76	5.26	4.76	5.26	000
93607	TC	A	Left ventricular recording	0.00	1.50	1.52	1.50	1.52	0.09	1.59	1.61	1.59	1.61	000
93609		A	Mapping of tachycardia	10.07	6.96	6.97	6.96	6.97	0.46	17.49	17.50	17.49	17.50	000
93609	26	A	Mapping of tachycardia	10.07	4.23	4.20	4.23	4.20	0.32	14.62	14.59	14.62	14.59	000
93609	TC	A	Mapping of tachycardia	0.00	2.73	2.77	2.73	2.77	0.14	2.87	2.91	2.87	2.91	000
93610		A	Intra-atrial pacing	3.02	2.63	3.27	2.63	3.27	0.19	5.84	6.48	5.84	6.48	000
93610	26	A	Intra-atrial pacing	3.02	1.27	1.89	1.27	1.89	0.11	4.40	5.02	4.40	5.02	000
93610	TC	A	Intra-atrial pacing	0.00	1.36	1.38	1.36	1.38	0.08	1.44	1.46	1.44	1.46	000
93612		A	Intraventricular pacing	3.02	2.89	3.56	2.89	3.56	0.21	6.12	6.79	6.12	6.79	000
93612	26	A	Intraventricular pacing	3.02	1.27	1.91	1.27	1.91	0.12	4.41	5.05	4.41	5.05	000
93612	TC	A	Intraventricular pacing	0.00	1.62	1.65	1.62	1.65	0.09	1.71	1.74	1.71	1.74	000
93615		A	Esophageal recording	0.99	0.64	0.68	0.64	0.68	0.08	1.71	1.75	1.71	1.75	000
93615	26	A	Esophageal recording	0.99	0.32	0.35	0.32	0.35	0.06	1.37	1.40	1.37	1.40	000
93615	TC	A	Esophageal recording	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	000
93616		A	Esophageal recording	1.49	0.68	1.25	0.68	1.25	0.10	2.27	2.84	2.27	2.84	000
93616	26	A	Esophageal recording	1.49	0.36	0.92	0.36	0.92	0.08	1.93	2.49	1.93	2.49	000
93616	TC	A	Esophageal recording	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	000
93618		A	Heart rhythm pacing	4.26	5.79	7.49	5.79	7.49	0.33	10.38	12.08	10.38	12.08	000
93618	26	A	Heart rhythm pacing	4.26	1.81	3.45	1.81	3.45	0.12	6.19	7.83	6.19	7.83	000
93618	TC	A	Heart rhythm pacing	0.00	3.98	4.04	3.98	4.04	0.21	4.19	4.25	4.19	4.25	000
93619		A	Electrophysiology evaluation	7.32	10.84	13.78	10.84	13.78	0.62	18.78	21.72	18.78	21.72	000
93619	26	A	Electrophysiology evaluation	7.32	3.10	5.92	3.10	5.92	0.22	10.64	13.46	10.64	13.46	000
93619	TC	A	Electrophysiology evaluation	0.00	7.74	7.86	7.74	7.86	0.40	8.14	8.26	8.14	8.26	000
93620		A	Electrophysiology evaluation	11.59	13.83	18.47	13.83	18.47	0.79	26.21	30.85	26.21	30.85	000
93620	26	A	Electrophysiology evaluation	11.59	4.82	9.33	4.82	9.33	0.34	16.75	21.26	16.75	21.26	000
93620	TC	A	Electrophysiology evaluation	0.00	9.01	9.14	9.01	9.14	0.45	9.46	9.59	9.46	9.59	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	26	A	Electrophysiology evaluation	12.66	5.36	10.24	5.36	10.24	0.41	18.43	23.31	18.43	23.31	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	26	A	Electrophysiology evaluation	12.74	5.23	10.22	5.23	10.22	0.39	18.36	23.35	18.36	23.35	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.20	2.11	1.20	2.11	0.10	4.15	5.06	4.15	5.06	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624		A	Electrophysiologic study	4.81	4.03	4.66	4.03	4.66	0.26	9.10	9.73	9.10	9.73	000
93624	26	A	Electrophysiologic study	4.81	2.04	2.64	2.04	2.64	0.15	7.00	7.60	7.00	7.60	000
93624	TC	A	Electrophysiologic study	0.00	1.99	2.02	1.99	2.02	0.11	2.10	2.13	2.10	2.13	000
93631		A	Heart pacing, mapping	7.60	9.32	10.97	9.32	10.97	0.95	17.87	19.52	17.87	19.52	000
93631	TC	A	Heart pacing, mapping	0.00	6.18	6.27	6.18	6.27	0.53	6.71	6.80	6.71	6.80	000
93631	26	A	Heart pacing, mapping	7.60	3.14	4.70	3.14	4.70	0.42	11.16	12.72	11.16	12.72	000
93640		A	Evaluation heart device	3.52	8.69	10.16	8.69	10.16	0.47	12.68	14.15	12.68	14.15	000
93640	26	A	Evaluation heart device	3.52	1.48	2.84	1.48	2.84	0.11	5.11	6.47	5.11	6.47	000
93640	TC	A	Evaluation heart device	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93641		A	Electrophysiology evaluation	5.93	9.70	12.11	9.70	12.11	0.54	16.17	18.58	16.17	18.58	000
93641	26	A	Electrophysiology evaluation	5.93	2.49	4.79	2.49	4.79	0.18	8.60	10.90	8.60	10.90	000
93641	TC	A	Electrophysiology evaluation	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93642		A	Electrophysiology evaluation	4.89	9.21	11.24	9.21	11.24	0.50	14.60	16.63	14.60	16.63	000
93642	26	A	Electrophysiology evaluation	4.89	2.00	3.92	2.00	3.92	0.14	7.03	8.95	7.03	8.95	000
93642	TC	A	Electrophysiology evaluation	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93650		A	Ablate heart dysrhythm focus	10.51	NA	NA	4.49	8.52	0.32	NA	NA	15.32	19.35	000
93651		A	Ablate heart dysrhythm focus	16.25	NA	NA	6.83	13.09	0.50	NA	NA	23.58	29.84	000
93652		A	Ablate heart dysrhythm focus	17.68	NA	NA	7.47	13.41	0.54	NA	NA	25.69	31.63	000
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	26	A	Tilt table evaluation	1.89	0.79	1.18	0.79	1.18	0.06	2.74	3.13	2.74	3.13	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93720		A	Total body plethysmography	0.17	0.76	0.87	0.76	0.67	0.06	0.99	1.10	0.99	0.90	XXX
93721		A	Plethysmography tracing	0.00	0.71	0.72	0.71	0.54	0.05	0.76	0.77	0.76	0.59	XXX
93722		A	Plethysmography report	0.17	0.05	0.15	0.05	0.13	0.01	0.23	0.33	0.23	0.31	XXX
93724		A	Analyze pacemaker system	4.89	6.06	6.65	6.06	6.65	0.35	11.30	11.89	11.30	11.89	000
93724	26	A	Analyze pacemaker system	4.89	2.08	2.61	2.08	2.61	0.14	7.11	7.64	7.11	7.64	000
93724	TC	A	Analyze pacemaker system	0.00	3.98	4.04	3.98	4.04	0.21	4.19	4.25	4.19	4.25	000
93727		A	Analyze ilr system	0.52	0.21	0.21	0.21	0.21	0.02	0.75	0.75	0.75	0.75	XXX
93731		A	Analyze pacemaker system	0.45	0.69	0.78	0.69	0.78	0.05	1.19	1.28	1.19	1.28	XXX
93731	26	A	Analyze pacemaker system	0.45	0.19	0.27	0.19	0.27	0.02	0.66	0.74	0.66	0.74	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.50	0.51	0.50	0.51	0.03	0.53	0.54	0.53	0.54	XXX
93732		A	Analyze pacemaker system	0.92	0.89	0.94	0.89	0.94	0.06	1.87	1.92	1.87	1.92	XXX
93732	26	A	Analyze pacemaker system	0.92	0.38	0.42	0.38	0.42	0.03	1.33	1.37	1.33	1.37	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.51	0.52	0.51	0.52	0.03	0.54	0.55	0.54	0.55	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93733		A	Telephone analy, pacemaker	0.17	0.80	0.88	0.80	0.88	0.06	1.03	1.11	1.03	1.11	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.07	0.14	0.07	0.14	0.01	0.25	0.32	0.25	0.32	XXX
93733	TC	A	Telephone analy, pacemaker	0.00	0.73	0.74	0.73	0.74	0.05	0.78	0.79	0.78	0.79	XXX
93734		A	Analyze pacemaker system	0.38	0.51	0.61	0.51	0.61	0.03	0.92	1.02	0.92	1.02	XXX
93734	26	A	Analyze pacemaker system	0.38	0.16	0.25	0.16	0.25	0.01	0.55	0.64	0.55	0.64	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.35	0.36	0.35	0.36	0.02	0.37	0.38	0.37	0.38	XXX
93735		A	Analyze pacemaker system	0.74	0.76	0.85	0.76	0.85	0.06	1.56	1.65	1.56	1.65	XXX
93735	26	A	Analyze pacemaker system	0.74	0.31	0.39	0.31	0.39	0.03	1.08	1.16	1.08	1.16	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
93736		A	Telephone analy, pacemaker	0.15	0.70	0.77	0.70	0.77	0.06	0.91	0.98	0.91	0.98	XXX
93736	26	A	Telephone analy, pacemaker	0.15	0.07	0.13	0.07	0.13	0.01	0.23	0.29	0.23	0.29	XXX
93736	TC	A	Telephone analy, pacemaker	0.00	0.63	0.64	0.63	0.64	0.05	0.68	0.69	0.68	0.69	XXX
93737		A	Analyze cardio/defibrillator	0.45	0.69	0.75	0.69	0.75	0.04	1.18	1.24	1.18	1.24	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.19	0.24	0.19	0.24	0.01	0.65	0.70	0.65	0.70	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.50	0.51	0.50	0.51	0.03	0.53	0.54	0.53	0.54	XXX
93738		A	Analyze cardio/defibrillator	0.92	0.90	0.93	0.90	0.93	0.06	1.88	1.91	1.88	1.91	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.41	0.39	0.41	0.03	1.34	1.36	1.34	1.36	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.51	0.52	0.51	0.52	0.03	0.54	0.55	0.54	0.55	XXX
93740		B	Temperature gradient studies	+0.16	0.20	0.35	0.20	0.35	0.02	0.38	0.53	0.38	0.53	XXX
93740	26	B	Temperature gradient studies	+0.16	0.04	0.19	0.04	0.19	0.01	0.21	0.36	0.21	0.36	XXX
93740	TC	B	Temperature gradient studies	+0.00	0.16	0.16	0.16	0.16	0.01	0.17	0.17	0.17	0.17	XXX
93741		A	Analyze ht pace device sngl	0.64	1.18	1.18	1.18	1.18	0.05	1.87	1.87	1.87	1.87	XXX
93741	26	A	Analyze ht pace device sngl	0.64	0.25	0.25	0.25	0.25	0.02	0.91	0.91	0.91	0.91	XXX
93741	TC	A	Analyze ht pace device sngl	0.00	0.93	0.93	0.93	0.93	0.03	0.96	0.96	0.96	0.96	XXX
93742		A	Analyze ht pace device sngl	0.73	1.56	1.56	1.56	1.56	0.05	2.34	2.34	2.34	2.34	XXX
93742	26	A	Analyze ht pace device sngl	0.73	0.28	0.28	0.28	0.28	0.02	1.03	1.03	1.03	1.03	XXX
93742	TC	A	Analyze ht pace device sngl	0.00	1.28	1.28	1.28	1.28	0.03	1.31	1.31	1.31	1.31	XXX
93743		A	Analyze ht pace device dual	0.83	1.25	1.25	1.25	1.25	0.05	2.13	2.13	2.13	2.13	XXX
93743	26	A	Analyze ht pace device dual	0.83	0.32	0.32	0.32	0.32	0.02	1.17	1.17	1.17	1.17	XXX
93743	TC	A	Analyze ht pace device dual	0.00	0.93	0.93	0.93	0.93	0.03	0.96	0.96	0.96	0.96	XXX
93744		A	Analyze ht pace device dual	0.95	1.65	1.65	1.65	1.65	0.05	2.65	2.65	2.65	2.65	XXX
93744	26	A	Analyze ht pace device dual	0.95	0.37	0.37	0.37	0.37	0.02	1.34	1.34	1.34	1.34	XXX
93744	TC	A	Analyze ht pace device dual	0.00	1.28	1.28	1.28	1.28	0.03	1.31	1.31	1.31	1.31	XXX
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770		B	Measure venous pressure	+0.16	0.08	0.15	0.08	0.15	0.02	0.26	0.33	0.26	0.33	XXX
93770	26	B	Measure venous pressure	+0.16	0.05	0.12	0.05	0.12	0.01	0.22	0.29	0.22	0.29	XXX
93770	TC	B	Measure venous pressure	+0.00	0.03	0.03	0.03	0.03	0.01	0.04	0.04	0.04	0.04	XXX
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790		N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797		A	Cardiac rehab	0.18	0.36	0.29	0.07	0.09	0.01	0.55	0.48	0.26	0.28	000
93798		A	Cardiac rehab/monitor	0.28	0.44	0.48	0.11	0.19	0.01	0.73	0.77	0.40	0.48	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	1.19	1.30	1.19	1.30	0.10	1.51	1.62	1.51	1.62	XXX
93875	26	A	Extracranial study	0.22	0.08	0.17	0.08	0.17	0.01	0.31	0.40	0.31	0.40	XXX
93875	TC	A	Extracranial study	0.00	1.11	1.13	1.11	1.13	0.09	1.20	1.22	1.20	1.22	XXX
93880		A	Extracranial study	0.60	3.93	4.11	3.93	4.11	0.34	4.87	5.05	4.87	5.05	XXX
93880	26	A	Extracranial study	0.60	0.19	0.31	0.19	0.31	0.04	0.83	0.95	0.83	0.95	XXX
93880	TC	A	Extracranial study	0.00	3.74	3.80	3.74	3.80	0.30	4.04	4.10	4.04	4.10	XXX
93882		A	Extracranial study	0.40	2.63	2.74	2.63	2.74	0.22	3.25	3.36	3.25	3.36	XXX
93882	26	A	Extracranial study	0.40	0.14	0.21	0.14	0.21	0.03	0.57	0.64	0.57	0.64	XXX
93882	TC	A	Extracranial study	0.00	2.49	2.53	2.49	2.53	0.19	2.68	2.72	2.68	2.72	XXX
93886		A	Intracranial study	0.94	4.60	4.71	4.60	4.71	0.38	5.92	6.03	5.92	6.03	XXX
93886	26	A	Intracranial study	0.94	0.36	0.41	0.36	0.41	0.05	1.35	1.40	1.35	1.40	XXX
93886	TC	A	Intracranial study	0.00	4.24	4.30	4.24	4.30	0.33	4.57	4.63	4.57	4.63	XXX
93888		A	Intracranial study	0.62	3.06	3.14	3.06	3.14	0.27	3.95	4.03	3.95	4.03	XXX
93888	26	A	Intracranial study	0.62	0.23	0.27	0.23	0.27	0.04	0.89	0.93	0.89	0.93	XXX
93888	TC	A	Intracranial study	0.00	2.83	2.87	2.83	2.87	0.23	3.06	3.10	3.06	3.10	XXX
93922		A	Extremity study	0.25	1.25	1.38	1.25	1.38	0.13	1.63	1.76	1.63	1.76	XXX
93922	26	A	Extremity study	0.25	0.09	0.20	0.09	0.20	0.02	0.36	0.47	0.36	0.47	XXX
93922	TC	A	Extremity study	0.00	1.16	1.18	1.16	1.18	0.11	1.27	1.29	1.27	1.29	XXX
93923		A	Extremity study	0.45	2.36	2.58	2.36	2.58	0.23	3.04	3.26	3.04	3.26	XXX
93923	26	A	Extremity study	0.45	0.16	0.35	0.16	0.35	0.04	0.65	0.84	0.65	0.84	XXX
93923	TC	A	Extremity study	0.00	2.20	2.23	2.20	2.23	0.19	2.39	2.42	2.39	2.42	XXX
93924		A	Extremity study	0.50	2.56	2.81	2.56	2.81	0.27	3.33	3.58	3.33	3.58	XXX
93924	26	A	Extremity study	0.50	0.18	0.39	0.18	0.39	0.05	0.73	0.94	0.73	0.94	XXX
93924	TC	A	Extremity study	0.00	2.38	2.42	2.38	2.42	0.22	2.60	2.64	2.60	2.64	XXX
93925		A	Lower extremity study	0.58	3.95	4.13	3.95	4.13	0.34	4.87	5.05	4.87	5.05	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.31	0.19	0.31	0.04	0.81	0.93	0.81	0.93	XXX
93925	TC	A	Lower extremity study	0.00	3.76	3.82	3.76	3.82	0.30	4.06	4.12	4.06	4.12	XXX
93926	26	A	Lower extremity study	0.39	0.13	0.21	0.13	0.21	0.03	0.55	0.63	0.55	0.63	XXX
93926		A	Lower extremity study	0.39	2.64	2.76	2.64	2.76	0.23	3.26	3.38	3.26	3.38	XXX
93926	TC	A	Lower extremity study	0.00	2.51	2.55	2.51	2.55	0.20	2.71	2.75	2.71	2.75	XXX
93930		A	Upper extremity study	0.46	4.14	4.34	4.14	4.34	0.35	4.95	5.15	4.95	5.15	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.29	0.15	0.29	0.03	0.64	0.78	0.64	0.78	XXX
93930	TC	A	Upper extremity study	0.00	3.99	4.05	3.99	4.05	0.32	4.31	4.37	4.31	4.37	XXX
93931		A	Upper extremity study	0.31	2.75	2.88	2.75	2.88	0.23	3.29	3.42	3.29	3.42	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93931	26	A	Upper extremity study	0.31	0.10	0.19	0.10	0.19	0.02	0.43	0.52	0.43	0.52	XXX
93931	TC	A	Upper extremity study	0.00	2.65	2.69	2.65	2.69	0.21	2.86	2.90	2.86	2.90	XXX
93965		A	Extremity study	0.35	1.22	1.39	1.22	1.39	0.12	1.69	1.86	1.69	1.86	XXX
93965	26	A	Extremity study	0.35	0.12	0.27	0.12	0.27	0.02	0.49	0.64	0.49	0.64	XXX
93965	TC	A	Extremity study	0.00	1.10	1.12	1.10	1.12	0.10	1.20	1.22	1.20	1.22	XXX
93970		A	Extremity study	0.68	4.37	4.54	4.37	4.54	0.39	5.44	5.61	5.44	5.61	XXX
93970	26	A	Extremity study	0.68	0.22	0.33	0.22	0.33	0.05	0.95	1.06	0.95	1.06	XXX
93970	TC	A	Extremity study	0.00	4.15	4.21	4.15	4.21	0.34	4.49	4.55	4.49	4.55	XXX
93971		A	Extremity study	0.45	2.90	3.02	2.90	3.02	0.26	3.61	3.73	3.61	3.73	XXX
93971	26	A	Extremity study	0.45	0.14	0.22	0.14	0.22	0.03	0.62	0.70	0.62	0.70	XXX
93971	TC	A	Extremity study	0.00	2.76	2.80	2.76	2.80	0.23	2.99	3.03	2.99	3.03	XXX
93975		A	Vascular study	1.80	5.27	5.30	5.27	5.30	0.47	7.54	7.57	7.54	7.57	XXX
93975	26	A	Vascular study	1.80	0.55	0.51	0.55	0.51	0.10	2.45	2.41	2.45	2.41	XXX
93975	TC	A	Vascular study	0.00	4.72	4.79	4.72	4.79	0.37	5.09	5.16	5.09	5.16	XXX
93976		A	Vascular study	1.21	3.50	3.53	3.50	3.53	0.32	5.03	5.06	5.03	5.06	XXX
93976	26	A	Vascular study	1.21	0.35	0.33	0.35	0.33	0.06	1.62	1.60	1.62	1.60	XXX
93976	TC	A	Vascular study	0.00	3.15	3.20	3.15	3.20	0.26	3.41	3.46	3.41	3.46	XXX
93978		A	Vascular study	0.65	4.09	4.25	4.09	4.25	0.37	5.11	5.27	5.11	5.27	XXX
93978	26	A	Vascular study	0.65	0.22	0.32	0.22	0.32	0.05	0.92	1.02	0.92	1.02	XXX
93978	TC	A	Vascular study	0.00	3.87	3.93	3.87	3.93	0.32	4.19	4.25	4.19	4.25	XXX
93979		A	Vascular study	0.44	2.73	2.83	2.73	2.83	0.24	3.41	3.51	3.41	3.51	XXX
93979	26	A	Vascular study	0.44	0.16	0.22	0.16	0.22	0.03	0.63	0.69	0.63	0.69	XXX
93979	TC	A	Vascular study	0.00	2.57	2.61	2.57	2.61	0.21	2.78	2.82	2.78	2.82	XXX
93980		A	Penile vascular study	1.25	3.92	4.21	3.92	4.21	0.37	5.54	5.83	5.54	5.83	XXX
93980	26	A	Penile vascular study	1.25	0.41	0.65	0.41	0.65	0.08	1.74	1.98	1.74	1.98	XXX
93980	TC	A	Penile vascular study	0.00	3.51	3.56	3.51	3.56	0.29	3.80	3.85	3.80	3.85	XXX
93981		A	Penile vascular study	0.44	3.38	3.58	3.38	3.58	0.30	4.12	4.32	4.12	4.32	XXX
93981	26	A	Penile vascular study	0.44	0.14	0.29	0.14	0.29	0.03	0.61	0.76	0.61	0.76	XXX
93981	TC	A	Penile vascular study	0.00	3.24	3.29	3.24	3.29	0.27	3.51	3.56	3.51	3.56	XXX
93990		A	Doppler flow testing	0.25	2.61	2.71	2.61	2.71	0.21	3.07	3.17	3.07	3.17	XXX
93990	26	A	Doppler flow testing	0.25	0.10	0.16	0.10	0.16	0.01	0.36	0.42	0.36	0.42	XXX
93990	TC	A	Doppler flow testing	0.00	2.51	2.55	2.51	2.55	0.20	2.71	2.75	2.71	2.75	XXX
94010		A	Breathing capacity test	0.17	0.47	0.61	0.47	0.61	0.03	0.67	0.81	0.67	0.81	XXX
94010	26	A	Breathing capacity test	0.17	0.05	0.18	0.05	0.18	0.01	0.23	0.36	0.23	0.36	XXX
94010	TC	A	Breathing capacity test	0.00	0.42	0.43	0.42	0.43	0.02	0.44	0.45	0.44	0.45	XXX
94014		A	Patient recorded spirometry	0.52	0.62	0.62	0.62	0.62	0.03	1.17	1.17	1.17	1.17	XXX
94015		A	Patient recorded spirometry	0.00	0.42	0.42	0.42	0.42	0.01	0.43	0.43	0.43	0.43	XXX
94016		A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.02	0.74	0.74	0.74	0.74	XXX
94060		A	Evaluation of wheezing	0.31	1.03	1.19	1.03	1.19	0.06	1.40	1.56	1.40	1.56	XXX
94060	26	A	Evaluation of wheezing	0.31	0.09	0.23	0.09	0.23	0.01	0.41	0.55	0.41	0.55	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.94	0.96	0.94	0.96	0.05	0.99	1.01	0.99	1.01	XXX
94070		A	Evaluation of wheezing	0.60	1.65	1.79	1.65	1.79	0.10	2.35	2.49	2.35	2.49	XXX
94070	26	A	Evaluation of wheezing	0.60	0.18	0.30	0.18	0.30	0.02	0.80	0.92	0.80	0.92	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.47	1.49	1.47	1.49	0.08	1.55	1.57	1.55	1.57	XXX
94150		B	Vital capacity test	+0.07	0.12	0.15	0.12	0.15	0.02	0.21	0.24	0.21	0.24	XXX
94150	26	B	Vital capacity test	+0.07	0.03	0.06	0.03	0.06	0.01	0.11	0.14	0.11	0.14	XXX
94150	TC	B	Vital capacity test	+0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.28	0.34	0.28	0.34	0.03	0.42	0.48	0.42	0.48	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.08	0.03	0.08	0.01	0.15	0.20	0.15	0.20	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
94240		A	Residual lung capacity	0.26	0.77	0.87	0.77	0.87	0.05	1.08	1.18	1.08	1.18	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94240	TC	A	Residual lung capacity	0.00	0.69	0.70	0.69	0.70	0.04	0.73	0.74	0.73	0.74	XXX
94250		A	Expired gas collection	0.11	0.17	0.22	0.17	0.22	0.02	0.30	0.35	0.30	0.35	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.08	0.03	0.08	0.01	0.15	0.20	0.15	0.20	XXX
94250	TC	A	Expired gas collection	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
94260		A	Thoracic gas volume	0.13	0.58	0.65	0.58	0.65	0.04	0.75	0.82	0.75	0.82	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.10	0.04	0.10	0.01	0.18	0.24	0.18	0.24	XXX
94260	TC	A	Thoracic gas volume	0.00	0.54	0.55	0.54	0.55	0.03	0.57	0.58	0.57	0.58	XXX
94350		A	Lung nitrogen washout curve	0.26	0.62	0.71	0.62	0.71	0.04	0.92	1.01	0.92	1.01	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.16	0.08	0.16	0.01	0.35	0.43	0.35	0.43	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.54	0.55	0.54	0.55	0.03	0.57	0.58	0.57	0.58	XXX
94360		A	Measure airflow resistance	0.26	1.05	1.14	1.05	1.14	0.06	1.37	1.46	1.37	1.46	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.15	0.08	0.15	0.01	0.35	0.42	0.35	0.42	XXX
94360	TC	A	Measure airflow resistance	0.00	0.97	0.99	0.97	0.99	0.05	1.02	1.04	1.02	1.04	XXX
94370		A	Breath airway closing volume	0.26	0.35	0.40	0.35	0.40	0.03	0.64	0.69	0.64	0.69	XXX
94370	26	A	Breath airway closing volume	0.26	0.08	0.12	0.08	0.12	0.01	0.35	0.39	0.35	0.39	XXX
94370	TC	A	Breath airway closing volume	0.00	0.27	0.28	0.27	0.28	0.02	0.29	0.30	0.29	0.30	XXX
94375		A	Respiratory flow volume loop	0.31	0.58	0.66	0.58	0.66	0.03	0.92	1.00	0.92	1.00	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.09	0.16	0.09	0.16	0.01	0.41	0.48	0.41	0.48	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.49	0.50	0.49	0.50	0.02	0.51	0.52	0.51	0.52	XXX
94400		A	CO2 breathing response curve	0.40	0.44	0.65	0.44	0.65	0.07	0.91	1.12	0.91	1.12	XXX
94400	26	A	CO2 breathing response curve	0.40	0.12	0.32	0.12	0.32	0.02	0.54	0.74	0.54	0.74	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.32	0.33	0.32	0.33	0.05	0.37	0.38	0.37	0.38	XXX
94450		A	Hypoxia response curve	0.40	0.52	0.60	0.52	0.60	0.03	0.95	1.03	0.95	1.03	XXX
94450	26	A	Hypoxia response curve	0.40	0.13	0.20	0.13	0.20	0.01	0.54	0.61	0.54	0.61	XXX
94450	TC	A	Hypoxia response curve	0.00	0.39	0.40	0.39	0.40	0.02	0.41	0.42	0.41	0.42	XXX
94620		A	Pulmonary stress test/simple	0.64	1.63	1.93	1.63	1.93	0.11	2.38	2.68	2.38	2.68	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.20	0.48	0.20	0.48	0.03	0.87	1.15	0.87	1.15	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	1.43	1.45	1.43	1.45	0.08	1.51	1.53	1.51	1.53	XXX
94621		A	Pulm stress test/complex	1.42	1.87	2.05	1.87	2.05	0.11	3.40	3.58	3.40	3.58	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
94621	26	A	Pulm stress test/complex	1.42	0.44	0.60	0.44	0.60	0.03	1.89	2.05	1.89	2.05	XXX
94621	TC	A	Pulm stress test/complex	0.00	1.43	1.45	1.43	1.45	0.08	1.51	1.53	1.51	1.53	XXX
94640		A	Airway inhalation treatment	0.00	0.62	0.52	0.20	0.31	0.02	0.64	0.54	0.22	0.33	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650		A	Pressure breathing (IPPB)	0.00	0.59	0.50	0.19	0.30	0.02	0.61	0.52	0.21	0.32	XXX
94651		A	Pressure breathing (IPPB)	0.00	0.53	0.46	0.18	0.29	0.02	0.55	0.48	0.20	0.31	XXX
94652		A	Pressure breathing (IPPB)	0.00	0.53	0.49	0.18	0.31	0.06	0.59	0.55	0.24	0.37	XXX
94656		A	Initial ventilator mgmt	1.22	NA	NA	0.32	0.78	0.06	NA	NA	1.60	2.06	XXX
94657		A	Continued ventilator mgmt	0.83	NA	NA	0.25	0.46	0.03	NA	NA	1.11	1.32	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.60	0.69	0.23	0.50	0.03	1.39	1.48	1.02	1.29	XXX
94662		A	Neg press ventilation, cnp	0.76	NA	NA	0.24	0.29	0.02	NA	NA	1.02	1.07	XXX
94664		A	Aerosol or vapor inhalations	0.00	0.46	0.50	0.15	0.35	0.03	0.49	0.53	0.18	0.38	XXX
94665		A	Aerosol or vapor inhalations	0.00	0.49	0.50	0.15	0.33	0.04	0.53	0.54	0.19	0.37	XXX
94667		A	Chest wall manipulation	0.00	0.64	0.62	0.21	0.41	0.04	0.68	0.66	0.25	0.45	XXX
94668		A	Chest wall manipulation	0.00	0.64	0.51	0.20	0.29	0.02	0.66	0.53	0.22	0.31	XXX
94680		A	Exhaled air analysis, o2	0.26	0.59	0.72	0.59	0.72	0.06	0.91	1.04	0.91	1.04	XXX
94680	26	A	Exhaled air analysis, o2	0.26	0.08	0.20	0.08	0.20	0.01	0.35	0.47	0.35	0.47	XXX
94680	TC	A	Exhaled air analysis, o2	0.00	0.51	0.52	0.51	0.52	0.05	0.56	0.57	0.56	0.57	XXX
94681		A	Exhaled air analysis, o2/co2	0.20	1.45	1.56	1.45	1.56	0.11	1.76	1.87	1.76	1.87	XXX
94681	26	A	Exhaled air analysis, o2/co2	0.20	0.06	0.15	0.06	0.15	0.01	0.27	0.36	0.27	0.36	XXX
94681	TC	A	Exhaled air analysis, o2/co2	0.00	1.39	1.41	1.39	1.41	0.10	1.49	1.51	1.49	1.51	XXX
94690		A	Exhaled air analysis	0.07	0.55	0.58	0.55	0.58	0.04	0.66	0.69	0.66	0.69	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.04	0.02	0.04	0.01	0.10	0.12	0.10	0.12	XXX
94690	TC	A	Exhaled air analysis	0.00	0.53	0.54	0.53	0.54	0.03	0.56	0.57	0.56	0.57	XXX
94720		A	Monoxide diffusing capacity	0.26	0.93	1.03	0.93	1.03	0.06	1.25	1.35	1.25	1.35	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.85	0.86	0.85	0.86	0.05	0.90	0.91	0.90	0.91	XXX
94725		A	Membrane diffusion capacity	0.26	1.83	1.92	1.83	1.92	0.11	2.20	2.29	2.20	2.29	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.14	0.08	0.14	0.01	0.35	0.41	0.35	0.41	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.75	1.78	1.75	1.78	0.10	1.85	1.88	1.85	1.88	XXX
94750		A	Pulmonary compliance study	0.23	0.65	0.76	0.65	0.76	0.04	0.92	1.03	0.92	1.03	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.17	0.07	0.17	0.01	0.31	0.41	0.31	0.41	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.58	0.59	0.58	0.59	0.03	0.61	0.62	0.61	0.62	XXX
94760		B	Measure blood oxygen level	+0.00	0.08	0.18	0.08	0.18	0.02	0.10	0.20	0.10	0.20	XXX
94761		B	Measure blood oxygen level	+0.00	0.15	0.42	0.15	0.42	0.05	0.20	0.47	0.20	0.47	XXX
94762		A	Measure blood oxygen level	0.00	0.12	0.65	0.12	0.65	0.08	0.20	0.73	0.20	0.73	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.34	0.39	0.34	0.39	0.07	0.56	0.61	0.56	0.61	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.08	0.04	0.08	0.01	0.20	0.24	0.20	0.24	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.30	0.31	0.30	0.31	0.06	0.36	0.37	0.36	0.37	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Allergy skin tests	0.00	0.10	0.10	0.10	0.10	0.01	0.11	0.11	0.11	0.11	XXX
95010		A	Sensitivity skin tests	0.15	0.40	0.26	0.06	0.06	0.01	0.56	0.42	0.22	0.22	XXX
95015		A	Sensitivity skin tests	0.15	0.43	0.28	0.07	0.07	0.01	0.59	0.44	0.23	0.23	XXX
95024		A	Allergy skin tests	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95027		A	Skin end point titration	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95028		A	Allergy skin tests	0.00	0.23	0.24	0.23	0.24	0.01	0.24	0.25	0.24	0.25	XXX
95044		A	Allergy patch tests	0.00	0.20	0.21	0.20	0.21	0.01	0.21	0.22	0.21	0.22	XXX
95052		A	Photo patch test	0.00	0.25	0.26	0.25	0.26	0.01	0.26	0.27	0.26	0.27	XXX
95056		A	Photosensitivity tests	0.00	0.17	0.18	0.17	0.13	0.01	0.18	0.19	0.18	0.14	XXX
95060		A	Eye allergy tests	0.00	0.35	0.36	0.35	0.36	0.02	0.37	0.38	0.37	0.38	XXX
95065		A	Nose allergy test	0.00	0.20	0.21	0.20	0.16	0.01	0.21	0.22	0.21	0.17	XXX
95070		A	Bronchial allergy tests	0.00	2.29	2.33	2.29	2.33	0.02	2.31	2.35	2.31	2.35	XXX
95071		A	Bronchial allergy tests	0.00	2.93	2.98	2.93	2.98	0.02	2.95	3.00	2.95	3.00	XXX
95075		A	Ingestion challenge test	0.95	0.83	1.49	0.39	0.73	0.03	1.81	2.47	1.37	1.71	XXX
95078		A	Provocative testing	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
95115		A	Immunotherapy, one injection	0.00	0.39	0.40	0.39	0.40	0.02	0.41	0.42	0.41	0.42	000
95117		A	Immunotherapy injections	0.00	0.51	0.52	0.51	0.52	0.02	0.53	0.54	0.53	0.54	000
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.23	0.19	0.03	0.05	0.01	0.30	0.26	0.10	0.12	000
95145		A	Antigen therapy services	0.06	0.47	0.42	0.03	0.11	0.01	0.54	0.49	0.10	0.18	000
95146		A	Antigen therapy services	0.06	0.62	0.64	0.03	0.18	0.01	0.69	0.71	0.10	0.25	000
95147		A	Antigen therapy services	0.06	0.77	0.88	0.02	0.26	0.01	0.84	0.95	0.09	0.33	000
95148		A	Antigen therapy services	0.06	0.78	0.89	0.02	0.26	0.01	0.85	0.96	0.09	0.33	000
95149		A	Antigen therapy services	0.06	0.60	0.92	0.02	0.32	0.01	0.67	0.99	0.09	0.39	000
95165		A	Antigen therapy services	0.06	0.24	0.18	0.02	0.04	0.01	0.31	0.25	0.09	0.11	000
95170		A	Antigen therapy services	0.06	0.24	0.31	0.02	0.11	0.01	0.31	0.38	0.09	0.18	000
95180		A	Rapid desensitization	2.01	1.54	0.85	0.87	0.48	0.06	3.61	2.92	2.94	2.55	000
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
95805		A	Multiple sleep latency test	1.88	8.99	7.49	8.99	7.49	0.35	11.22	9.72	11.22	9.72	XXX
95805	26	A	Multiple sleep latency test	1.88	0.65	0.63	0.65	0.63	0.06	2.59	2.57	2.59	2.57	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
95805	TC	A	Multiple sleep latency test	0.00	8.34	6.86	8.34	6.86	0.29	8.63	7.15	8.63	7.15	XXX
95806		A	Sleep study, unattended	1.66	2.30	5.05	2.30	4.71	0.32	4.28	7.03	4.28	6.69	XXX
95806	26	A	Sleep study, unattended	1.66	0.53	1.60	0.53	1.26	0.05	2.24	3.31	2.24	2.97	XXX
95806	TC	A	Sleep study, unattended	0.00	1.77	3.45	1.77	3.45	0.27	2.04	3.72	2.04	3.72	XXX
95807		A	Sleep study, attended	1.66	6.82	7.83	6.82	7.83	0.41	8.89	9.90	8.89	9.90	XXX
95807	26	A	Sleep study, attended	1.66	0.52	1.26	0.52	1.26	0.05	2.23	2.97	2.23	2.97	XXX
95807	TC	A	Sleep study, attended	0.00	6.30	6.57	6.30	6.57	0.36	6.66	6.93	6.66	6.93	XXX
95808		A	Polysomnography, 1-3	2.65	8.96	9.23	8.96	9.23	0.45	12.06	12.33	12.06	12.33	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.90	1.78	0.90	1.78	0.09	3.64	4.52	3.64	4.52	XXX
95808	TC	A	Polysomnography, 1-3	0.00	8.06	7.45	8.06	7.45	0.36	8.42	7.81	8.42	7.81	XXX
95810		A	Polysomnography, 4 or more	3.53	15.92	12.71	15.92	12.71	0.47	19.92	16.71	19.92	16.71	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.16	1.91	1.16	1.91	0.11	4.80	5.55	4.80	5.55	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	14.76	10.80	14.76	10.80	0.36	15.12	11.16	15.12	11.16	XXX
95811		A	Polysomnography w/cpap	3.80	16.20	13.09	16.20	13.09	0.49	20.49	17.38	20.49	17.38	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.26	2.03	1.26	2.03	0.12	5.18	5.95	5.18	5.95	XXX
95811	TC	A	Polysomnography w/cpap	0.00	14.94	11.06	14.94	11.06	0.37	15.31	11.43	15.31	11.43	XXX
95812		A	Electroencephalogram (EEG)	1.08	3.02	2.52	3.02	2.52	0.13	4.23	3.73	4.23	3.73	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.43	0.49	0.43	0.49	0.04	1.55	1.61	1.55	1.61	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	2.59	2.03	2.59	2.03	0.09	2.68	2.12	2.68	2.12	XXX
95813		A	Electroencephalogram (EEG)	1.73	4.54	3.28	4.54	3.28	0.16	6.43	5.17	6.43	5.17	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.68	0.61	0.68	0.61	0.07	2.48	2.41	2.48	2.41	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	3.86	2.67	3.86	2.67	0.09	3.95	2.76	3.95	2.76	XXX
95816		A	Electroencephalogram (EEG)	1.08	3.16	2.42	3.16	2.42	0.12	4.36	3.62	4.36	3.62	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.44	0.37	0.44	0.37	0.04	1.56	1.49	1.56	1.49	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	2.72	2.05	2.72	2.05	0.08	2.80	2.13	2.80	2.13	XXX
95819		A	Electroencephalogram (EEG)	1.08	1.87	1.91	1.87	1.91	0.12	3.07	3.11	3.07	3.11	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.44	0.49	0.44	0.49	0.04	1.56	1.61	1.56	1.61	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	1.43	1.42	1.43	1.42	0.08	1.51	1.50	1.51	1.50	XXX
95822		A	Sleep electroencephalogram	1.08	2.06	2.27	2.06	2.27	0.15	3.29	3.50	3.29	3.50	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.43	0.52	0.43	0.52	0.04	1.55	1.64	1.55	1.64	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.63	1.75	1.63	1.75	0.11	1.74	1.86	1.74	1.86	XXX
95824		A	Electroencephalography	0.74	0.37	0.72	0.37	0.72	0.05	1.16	1.51	1.16	1.51	XXX
95824	26	A	Electroencephalography	0.74	0.30	0.47	0.30	0.47	0.03	1.07	1.24	1.07	1.24	XXX
95824	TC	A	Electroencephalography	0.00	0.07	0.25	0.07	0.25	0.02	0.09	0.27	0.09	0.27	XXX
95827		A	Night electroencephalogram	1.08	2.67	3.01	2.67	3.01	0.16	3.91	4.25	3.91	4.25	XXX
95827	26	A	Night electroencephalogram	1.08	0.37	0.67	0.37	0.67	0.04	1.49	1.79	1.49	1.79	XXX
95827	TC	A	Night electroencephalogram	0.00	2.30	2.34	2.30	2.34	0.12	2.42	2.46	2.42	2.46	XXX
95829		A	Surgery electrocorticogram	6.21	6.61	3.63	6.61	3.63	0.26	13.08	10.10	13.08	10.10	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.36	1.43	2.36	1.43	0.24	8.81	7.88	8.81	7.88	XXX
95829	TC	A	Surgery electrocorticogram	0.00	4.25	2.20	4.25	2.20	0.02	4.27	2.22	4.27	2.22	XXX
95830		A	Insert electrodes for EEG	1.70	2.84	1.85	0.70	0.78	0.07	4.61	3.62	2.47	2.55	XXX
95831		A	Limb muscle testing, manual	0.28	0.40	0.36	0.13	0.15	0.01	0.69	0.65	0.42	0.44	XXX
95832		A	Hand muscle testing, manual	0.29	0.34	0.31	0.13	0.14	0.01	0.64	0.61	0.43	0.44	XXX
95833		A	Body muscle testing, manual	0.47	0.51	0.46	0.22	0.22	0.02	1.00	0.95	0.71	0.71	XXX
95834		A	Body muscle testing, manual	0.60	0.55	0.61	0.28	0.31	0.02	1.17	1.23	0.90	0.93	XXX
95851		A	Range of motion measurements	0.16	0.43	0.35	0.08	0.11	0.01	0.60	0.52	0.25	0.28	XXX
95852		A	Range of motion measurements	0.11	0.35	0.26	0.05	0.07	0.01	0.47	0.38	0.17	0.19	XXX
95857		A	Tensilon test	0.53	0.60	0.57	0.22	0.25	0.02	1.15	1.12	0.77	0.80	XXX
95858		A	Tensilon test & myogram	1.56	1.05	1.08	1.05	1.08	0.09	2.70	2.73	2.70	2.73	XXX
95858	26	A	Tensilon test & myogram	1.56	0.65	0.67	0.65	0.67	0.06	2.27	2.29	2.27	2.29	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.40	0.41	0.40	0.41	0.03	0.43	0.44	0.43	0.44	XXX
95860		A	Muscle test, one limb	0.96	0.79	0.99	0.79	0.99	0.06	1.81	2.01	1.81	2.01	XXX
95860	26	A	Muscle test, one limb	0.96	0.41	0.60	0.41	0.60	0.04	1.41	1.60	1.41	1.60	XXX
95860	TC	A	Muscle test, one limb	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
95861		A	Muscle test, two limbs	1.54	1.40	1.77	1.40	1.77	0.11	3.05	3.42	3.05	3.42	XXX
95861	26	A	Muscle test, two limbs	1.54	0.66	1.02	0.66	1.02	0.06	2.26	2.62	2.26	2.62	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.74	0.75	0.74	0.75	0.05	0.79	0.80	0.79	0.80	XXX
95863		A	Muscle test, 3 limbs	1.87	1.72	2.12	1.72	2.12	0.12	3.71	4.11	3.71	4.11	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.78	1.16	0.78	1.16	0.07	2.72	3.10	2.72	3.10	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.94	0.96	0.94	0.96	0.05	0.99	1.01	0.99	1.01	XXX
95864		A	Muscle test, 4 limbs	1.99	2.64	3.20	2.64	3.20	0.18	4.81	5.37	4.81	5.37	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.85	1.38	0.85	1.38	0.08	2.92	3.45	2.92	3.45	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.79	1.82	1.79	1.82	0.10	1.89	1.92	1.89	1.92	XXX
95867		A	Muscle test, head or neck	0.79	0.92	1.08	0.92	1.08	0.06	1.77	1.93	1.77	1.93	XXX
95867	26	A	Muscle test, head or neck	0.79	0.34	0.49	0.34	0.49	0.03	1.16	1.31	1.16	1.31	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.58	0.59	0.58	0.59	0.03	0.61	0.62	0.61	0.62	XXX
95868		A	Muscle test, head or neck	1.18	1.19	1.64	1.19	1.64	0.09	2.46	2.91	2.46	2.91	XXX
95868	26	A	Muscle test, head or neck	1.18	0.49	0.93	0.49	0.93	0.05	1.72	2.16	1.72	2.16	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.70	0.71	0.70	0.71	0.04	0.74	0.75	0.74	0.75	XXX
95869		A	Muscle test, thor paraspinal	0.37	0.37	0.48	0.37	0.48	0.03	0.77	0.88	0.77	0.88	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.16	0.26	0.16	0.26	0.01	0.54	0.64	0.54	0.64	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95870		A	Muscle test, nonparaspinal	0.37	0.37	0.48	0.37	0.48	0.03	0.77	0.88	0.77	0.88	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.16	0.26	0.16	0.26	0.01	0.54	0.64	0.54	0.64	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95872		A	Muscle test, one fiber	1.50	1.21	1.29	1.21	1.29	0.10	2.81	2.89	2.81	2.89	XXX
95872	26	A	Muscle test, one fiber	1.50	0.61	0.68	0.61	0.68	0.06	2.17	2.24	2.17	2.24	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.60	0.61	0.60	0.61	0.04	0.64	0.65	0.64	0.65	XXX
95875		A	Limb exercise test	1.34	0.97	0.82	0.97	0.82	0.10	2.41	2.26	2.41	2.26	XXX
95875	26	A	Limb exercise test	1.34	0.53	0.39	0.53	0.39	0.05	1.92	1.78	1.92	1.78	XXX
95875	TC	A	Limb exercise test	0.00	0.44	0.43	0.44	0.43	0.05	0.49	0.48	0.49	0.48	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
95900		A	Motor nerve conduction test	0.42	0.46	0.57	0.46	0.57	0.04	0.92	1.03	0.92	1.03	XXX
95900	26	A	Motor nerve conduction test	0.42	0.18	0.28	0.18	0.28	0.02	0.62	0.72	0.62	0.72	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.28	0.29	0.28	0.29	0.02	0.30	0.31	0.30	0.31	XXX
95903		A	Motor nerve conduction test	0.60	0.50	0.58	0.50	0.58	0.04	1.14	1.22	1.14	1.22	XXX
95903	26	A	Motor nerve conduction test	0.60	0.25	0.32	0.25	0.32	0.02	0.87	0.94	0.87	0.94	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
95904		A	Sense/mixed n conduction tst	0.34	0.36	0.49	0.36	0.49	0.03	0.73	0.86	0.73	0.86	XXX
95904	26	A	Sense/mixed n conduction tst	0.34	0.14	0.26	0.14	0.26	0.01	0.49	0.61	0.49	0.61	XXX
95904	TC	A	Sense/mixed n conduction tst	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	XXX
95920		A	Intraop nerve test add-on	2.11	2.23	2.57	2.23	2.57	0.15	4.49	4.83	4.49	4.83	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.92	1.24	0.92	1.24	0.09	3.12	3.44	3.12	3.44	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	ZZZ
95921		A	Autonomic nerv function test	0.90	0.70	0.73	0.70	0.73	0.05	1.65	1.68	1.65	1.68	XXX
95921	26	A	Autonomic nerv function test	0.90	0.32	0.34	0.32	0.34	0.03	1.25	1.27	1.25	1.27	XXX
95921	TC	A	Autonomic nerv function test	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
95922		A	Autonomic nerv function test	0.96	0.76	0.77	0.76	0.77	0.06	1.78	1.79	1.78	1.79	XXX
95922	26	A	Autonomic nerv function test	0.96	0.38	0.38	0.38	0.38	0.04	1.38	1.38	1.38	1.38	XXX
95922	TC	A	Autonomic nerv function test	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
95923		A	Autonomic nerv function test	0.90	3.01	1.88	3.01	1.88	0.06	3.97	2.84	3.97	2.84	XXX
95923	26	A	Autonomic nerv function test	0.90	0.36	0.36	0.36	0.36	0.04	1.30	1.30	1.30	1.30	XXX
95923	TC	A	Autonomic nerv function test	0.00	2.65	1.52	2.65	1.52	0.02	2.67	1.54	2.67	1.54	XXX
95925		A	Somatosensory testing	0.54	1.13	1.39	1.13	1.39	0.07	1.74	2.00	1.74	2.00	XXX
95925	26	A	Somatosensory testing	0.54	0.22	0.46	0.22	0.46	0.02	0.78	1.02	0.78	1.02	XXX
95925	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95926		A	Somatosensory testing	0.54	1.14	1.39	1.14	1.39	0.07	1.75	2.00	1.75	2.00	XXX
95926	26	A	Somatosensory testing	0.54	0.23	0.46	0.23	0.46	0.02	0.79	1.02	0.79	1.02	XXX
95926	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95927		A	Somatosensory testing	0.54	1.17	1.41	1.17	1.41	0.07	1.78	2.02	1.78	2.02	XXX
95927	26	A	Somatosensory testing	0.54	0.26	0.48	0.26	0.48	0.02	0.82	1.04	0.82	1.04	XXX
95927	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95930		A	Visual evoked potential test	0.35	0.79	0.85	0.79	0.85	0.02	1.16	1.22	1.16	1.22	XXX
95930	26	A	Visual evoked potential test	0.35	0.14	0.39	0.14	0.39	0.01	0.50	0.75	0.50	0.75	XXX
95930	TC	A	Visual evoked potential test	0.00	0.65	0.46	0.65	0.46	0.01	0.66	0.47	0.66	0.47	XXX
95933		A	Blink reflex test	0.59	1.01	1.18	1.01	1.18	0.07	1.67	1.84	1.67	1.84	XXX
95933	26	A	Blink reflex test	0.59	0.22	0.38	0.22	0.38	0.02	0.83	0.99	0.83	0.99	XXX
95933	TC	A	Blink reflex test	0.00	0.79	0.80	0.79	0.80	0.05	0.84	0.85	0.84	0.85	XXX
95934		A	H-reflex test	0.51	0.43	0.52	0.43	0.52	0.04	0.98	1.07	0.98	1.07	XXX
95934	26	A	H-reflex test	0.51	0.22	0.30	0.22	0.30	0.02	0.75	0.83	0.75	0.83	XXX
95934	TC	A	H-reflex test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95936		A	H-reflex test	0.55	0.44	0.52	0.44	0.52	0.04	1.03	1.11	1.03	1.11	XXX
95936	26	A	H-reflex test	0.55	0.23	0.30	0.23	0.30	0.02	0.80	0.87	0.80	0.87	XXX
95936	TC	A	H-reflex test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95937		A	Neuromuscular junction test	0.65	0.59	0.72	0.59	0.72	0.05	1.29	1.42	1.29	1.42	XXX
95937	26	A	Neuromuscular junction test	0.65	0.25	0.37	0.25	0.37	0.03	0.93	1.05	0.93	1.05	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.34	0.35	0.34	0.35	0.02	0.36	0.37	0.36	0.37	XXX
95950		A	Ambulatory eeg monitoring	1.51	3.68	5.77	3.68	5.77	0.44	5.63	7.72	5.63	7.72	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.61	0.96	0.61	0.96	0.07	2.19	2.54	2.19	2.54	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	3.07	4.81	3.07	4.81	0.37	3.44	5.18	3.44	5.18	XXX
95951		A	EEG monitoring/videorecord	6.00	22.41	16.00	22.41	16.00	0.63	29.04	22.63	29.04	22.63	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.43	2.03	2.43	2.03	0.24	8.67	8.27	8.67	8.27	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	19.98	13.97	19.98	13.97	0.39	20.37	14.36	20.37	14.36	XXX
95953		A	EEG monitoring/computer	3.08	7.61	7.74	7.61	7.74	0.49	11.18	11.31	11.18	11.31	XXX
95953	26	A	EEG monitoring/computer	3.08	1.25	1.28	1.25	1.28	0.12	4.45	4.48	4.45	4.48	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.36	6.46	6.36	6.46	0.37	6.73	6.83	6.73	6.83	XXX
95954		A	EEG monitoring/giving drugs	2.45	3.56	3.04	3.56	3.04	0.15	6.16	5.64	6.16	5.64	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	2.55	1.52	2.55	1.52	0.05	2.60	1.57	2.60	1.57	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	1.01	1.52	1.01	1.52	0.10	3.56	4.07	3.56	4.07	XXX
95955		A	EEG during surgery	1.01	2.32	2.74	2.32	2.74	0.19	3.52	3.94	3.52	3.94	XXX
95955	26	A	EEG during surgery	1.01	0.35	0.74	0.35	0.74	0.05	1.41	1.80	1.41	1.80	XXX
95955	TC	A	EEG during surgery	0.00	1.97	2.00	1.97	2.00	0.14	2.11	2.14	2.11	2.14	XXX
95956		A	Eeg monitoring, cable/radio	3.08	24.27	16.23	24.27	16.23	0.49	27.84	19.80	27.84	19.80	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	1.25	1.44	1.25	1.44	0.12	4.45	4.64	4.45	4.64	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	23.02	14.79	23.02	14.79	0.37	23.39	15.16	23.39	15.16	XXX
95957		A	EEG digital analysis	1.98	2.52	2.49	2.52	2.49	0.18	4.68	4.65	4.68	4.65	XXX
95957	26	A	EEG digital analysis	1.98	0.81	0.75	0.81	0.75	0.08	2.87	2.81	2.87	2.81	XXX
95957	TC	A	EEG digital analysis	0.00	1.71	1.74	1.71	1.74	0.10	1.81	1.84	1.81	1.84	XXX
95958		A	EEG monitoring/function test	4.25	3.38	4.35	3.38	4.35	0.27	7.90	8.87	7.90	8.87	XXX
95958	26	A	EEG monitoring/function test	4.25	1.63	2.57	1.63	2.57	0.16	6.04	6.98	6.04	6.98	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.75	1.78	1.75	1.78	0.11	1.86	1.89	1.86	1.89	XXX
95961		A	Electrode stimulation, brain	2.97	2.60	2.75	2.60	2.75	0.17	5.74	5.89	5.74	5.89	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.29	1.42	1.29	1.42	0.11	4.37	4.50	4.37	4.50	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
95962		A	Electrode stim, brain add-on	3.21	2.66	2.78	2.66	2.78	0.19	6.06	6.18	6.06	6.18	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	1.35	1.45	1.35	1.45	0.13	4.69	4.79	4.69	4.79	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	ZZZ
95970		A	Analyze neurostim, no prog	0.45	0.15	0.15	0.13	0.13	0.03	0.63	0.63	0.61	0.61	XXX
95971		A	Analyze neurostim, simple	0.78	0.27	0.27	0.22	0.22	0.05	1.10	1.10	1.05	1.05	XXX
95972		A	Analyze neurostim, complex	1.50	0.52	0.52	0.43	0.43	0.09	2.11	2.11	2.02	2.02	XXX
95973		A	Analyze neurostim, complex	0.92	0.32	0.32	0.26	0.26	0.06	1.30	1.30	1.24	1.24	ZZZ
95974		A	Cranial neurostim, complex	3.00	1.03	1.03	0.90	0.90	0.16	4.19	4.19	4.06	4.06	XXX
95975		A	Cranial neurostim, complex	1.70	0.60	0.60	0.55	0.55	0.09	2.39	2.39	2.34	2.34	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100		A	Psychological testing	0.00	1.77	1.80	1.77	1.80	0.15	1.92	1.95	1.92	1.95	XXX
96105		A	Assessment of aphasia	0.00	1.77	1.80	1.77	1.80	0.15	1.92	1.95	1.92	1.95	XXX
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96111		A	Developmental test, extend	0.00	1.77	1.80	1.77	1.80	0.15	1.92	1.95	1.92	1.95	XXX
96115		A	Neurobehavior status exam	0.00	1.77	1.80	1.77	1.80	0.15	1.92	1.95	1.92	1.95	XXX
96117		A	Neuropsych test battery	0.00	1.77	1.80	1.77	1.80	0.15	1.92	1.95	1.92	1.95	XXX
96400		A	Chemotherapy, sc/im	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
96405		A	Intralesional chemo admin	0.52	1.71	1.06	0.24	0.23	0.02	2.25	1.60	0.78	0.77	000
96406		A	Intralesional chemo admin	0.80	2.15	1.38	0.25	0.28	0.02	2.97	2.20	1.07	1.10	000
96408		A	Chemotherapy, push technique	0.00	0.97	0.99	0.97	0.99	0.05	1.02	1.04	1.02	1.04	XXX
96410		A	Chemotherapy, infusion method	0.00	1.55	1.58	1.55	1.58	0.07	1.62	1.65	1.62	1.65	XXX
96412		A	Chemo, infuse method add-on	0.00	1.16	1.18	1.16	1.18	0.06	1.22	1.24	1.22	1.24	ZZZ
96414		A	Chemo, infuse method add-on	0.00	1.34	1.36	1.34	1.36	0.07	1.41	1.43	1.41	1.43	XXX
96420		A	Chemotherapy, push technique	0.00	1.25	1.27	1.25	1.27	0.07	1.32	1.34	1.32	1.34	XXX
96422		A	Chemotherapy, infusion method	0.00	1.23	1.25	1.23	1.25	0.07	1.30	1.32	1.30	1.32	XXX
96423		A	Chemo, infuse method add-on	0.00	0.49	0.50	0.49	0.50	0.02	0.51	0.52	0.51	0.52	ZZZ
96425		A	Chemotherapy, infusion method	0.00	1.44	1.46	1.44	1.46	0.07	1.51	1.53	1.51	1.53	XXX
96440		A	Chemotherapy, intracavitary	2.37	7.08	3.98	0.82	0.85	0.09	9.54	6.44	3.28	3.31	000
96445		A	Chemotherapy, intracavitary	2.20	7.22	4.14	0.84	0.69	0.07	9.49	6.41	3.11	2.96	000
96450		A	Chemotherapy, into CNS	1.89	5.54	3.24	0.72	0.60	0.06	7.49	5.19	2.67	2.55	000
96520		A	Pump refilling, maintenance	0.00	0.89	0.91	0.89	0.91	0.05	0.94	0.96	0.94	0.96	XXX
96530		A	Pump refilling, maintenance	0.00	1.07	1.09	1.07	1.09	0.05	1.12	1.14	1.12	1.14	XXX
96542		A	Chemotherapy injection	1.42	3.46	2.32	0.54	0.57	0.04	4.92	3.78	2.00	2.03	XXX
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96570		A	Photodynamic tx, 30 min	1.10	0.71	0.71	0.43	0.43	0.28	2.09	2.09	1.81	1.81	000
96571		A	Photodynamic tx, addl 15 min	0.55	0.31	0.31	0.21	0.21	0.28	1.14	1.14	1.04	1.04	000
96900		A	Ultraviolet light therapy	0.00	0.40	0.41	0.40	0.41	0.02	0.42	0.43	0.42	0.43	XXX
96902		B	Trichogram	+0.41	0.23	0.27	0.16	0.24	0.01	0.65	0.69	0.58	0.66	XXX
96910		A	Photochemotherapy with UV-B	0.00	0.58	0.59	0.58	0.59	0.03	0.61	0.62	0.61	0.62	XXX
96912		A	Photochemotherapy with UV-A	0.00	0.66	0.67	0.66	0.67	0.04	0.70	0.71	0.70	0.71	XXX
96913		A	Photochemotherapy, UV-A or B	0.00	1.36	1.38	1.36	1.38	0.08	1.44	1.46	1.44	1.46	XXX
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.50	0.44	0.49	0.44	0.05	1.75	1.69	1.74	1.69	XXX
97002		A	Pt re-evaluation	0.60	0.32	0.18	0.24	0.14	0.02	0.94	0.80	0.86	0.76	XXX
97003		A	Ot evaluation	1.20	0.50	0.44	0.39	0.39	0.05	1.75	1.69	1.64	1.64	XXX
97004		A	Ot re-evaluation	0.60	0.29	0.17	0.19	0.12	0.02	0.91	0.79	0.81	0.74	XXX
97010		B	Hot or cold packs therapy	+0.06	0.21	0.22	0.01	0.12	0.01	0.28	0.29	0.08	0.19	XXX
97012		A	Mechanical traction therapy	0.25	0.23	0.22	0.04	0.13	0.01	0.49	0.48	0.30	0.39	XXX
97014		A	Electric stimulation therapy	0.18	0.22	0.22	0.03	0.13	0.01	0.41	0.41	0.22	0.32	XXX
97016		A	Vasopneumatic device therapy	0.18	0.22	0.25	0.03	0.15	0.01	0.41	0.44	0.22	0.34	XXX
97018		A	Paraffin bath therapy	0.06	0.20	0.23	0.01	0.14	0.01	0.27	0.30	0.08	0.21	XXX
97020		A	Microwave therapy	0.06	0.21	0.22	0.01	0.12	0.01	0.28	0.29	0.08	0.19	XXX
97022		A	Whirlpool therapy	0.17	0.25	0.23	0.02	0.12	0.01	0.43	0.41	0.20	0.30	XXX
97024		A	Diathermy treatment	0.06	0.21	0.22	0.01	0.12	0.01	0.28	0.29	0.08	0.19	XXX
97026		A	Infrared therapy	0.06	0.20	0.21	0.01	0.11	0.01	0.27	0.28	0.08	0.18	XXX
97028		A	Ultraviolet therapy	0.08	0.20	0.21	0.01	0.11	0.01	0.29	0.30	0.10	0.20	XXX
97032		A	Electrical stimulation	0.25	0.25	0.20	0.04	0.10	0.01	0.51	0.46	0.30	0.36	XXX
97033		A	Electric current therapy	0.26	0.27	0.21	0.04	0.10	0.01	0.54	0.48	0.31	0.37	XXX
97034		A	Contrast bath therapy	0.21	0.24	0.18	0.03	0.07	0.01	0.46	0.40	0.25	0.29	XXX
97035		A	Ultrasound therapy	0.21	0.12	0.12	0.03	0.08	0.01	0.34	0.34	0.25	0.30	XXX
97036		A	Hydrotherapy	0.28	0.30	0.27	0.04	0.14	0.01	0.59	0.56	0.33	0.43	XXX
97039		A	Physical therapy treatment	0.20	0.24	0.25	0.03	0.15	0.01	0.45	0.46	0.24	0.36	XXX
97110		A	Therapeutic exercises	0.45	0.19	0.17	0.06	0.10	0.02	0.66	0.64	0.53	0.57	XXX
97112		A	Neuromuscular reeducation	0.45	0.26	0.20	0.06	0.10	0.02	0.73	0.67	0.53	0.57	XXX
97113		A	Aquatic therapy/exercises	0.44	0.28	0.25	0.06	0.14	0.02	0.74	0.71	0.52	0.60	XXX
97116		A	Gait training therapy	0.40	0.26	0.19	0.06	0.09	0.01	0.67	0.60	0.47	0.50	XXX
97124		A	Massage therapy	0.35	0.25	0.19	0.05	0.09	0.01	0.61	0.55	0.41	0.45	XXX
97139		A	Physical medicine procedure	0.21	0.23	0.20	0.03	0.10	0.01	0.45	0.42	0.25	0.32	XXX
97140		A	Manual therapy	0.43	0.28	0.28	0.06	0.06	0.02	0.73	0.73	0.51	0.51	XXX
97150		A	Group therapeutic procedures	0.27	0.23	0.23	0.04	0.13	0.02	0.52	0.52	0.33	0.42	XXX
97504		A	Orthotic training	0.45	0.24	0.20	0.06	0.11	0.03	0.72	0.68	0.54	0.59	XXX
97520		A	Prosthetic training	0.45	0.26	0.21	0.06	0.11	0.02	0.73	0.68	0.53	0.58	XXX
97530		A	Therapeutic activities	0.44	0.16	0.17	0.06	0.12	0.02	0.62	0.63	0.52	0.58	XXX
97535		A	Self care mngment training	0.45	0.26	0.22	0.06	0.12	0.02	0.73	0.69	0.53	0.59	XXX
97537		A	Community/work reintegration	0.45	0.26	0.22	0.06	0.12	0.01	0.72	0.68	0.52	0.58	XXX
97542		A	Wheelchair mngment training	0.25	0.23	0.21	0.04	0.11	0.01	0.49	0.47	0.30	0.37	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97703		A	Prosthetic checkout	0.25	0.12	0.16	0.04	0.12	0.01	0.38	0.42	0.30	0.38	XXX
97750		A	Physical performance test	0.45	0.22	0.24	0.06	0.16	0.02	0.69	0.71	0.53	0.63	XXX
97770		A	Cognitive skills development	0.44	0.23	0.27	0.06	0.18	0.01	0.68	0.72	0.51	0.63	XXX
97780		N	Acupuncture w/o stimul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stimul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925		A	Osteopathic manipulation	0.45	0.35	0.31	0.15	0.21	0.02	0.82	0.78	0.62	0.68	000
98926		A	Osteopathic manipulation	0.65	0.41	0.42	0.25	0.34	0.02	1.08	1.09	0.92	1.01	000
98927		A	Osteopathic manipulation	0.87	0.50	0.46	0.30	0.36	0.03	1.40	1.36	1.20	1.26	000
98928		A	Osteopathic manipulation	1.03	0.56	0.51	0.34	0.40	0.03	1.62	1.57	1.40	1.46	000
98929		A	Osteopathic manipulation	1.19	0.63	0.53	0.37	0.40	0.04	1.86	1.76	1.60	1.63	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
98940		A	Chiropractic manipulation	0.45	0.24	0.28	0.12	0.14	0.01	0.70	0.74	0.58	0.60	000
98941		A	Chiropractic manipulation	0.65	0.29	0.30	0.17	0.17	0.02	0.96	0.97	0.84	0.84	000
98942		A	Chiropractic manipulation	0.87	0.35	0.33	0.23	0.20	0.03	1.25	1.23	1.13	1.10	000
98943		N	Chiropractic manipulation	+0.40	0.35	0.33	0.15	0.23	0.01	0.76	0.74	0.56	0.64	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054		B	Medical servcs, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99141		B	Sedation, iv/im or inhalant	+0.80	1.77	1.34	0.31	0.61	0.05	2.62	2.19	1.16	1.46	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	1.69	1.18	0.23	0.45	0.04	2.33	1.82	0.87	1.09	XXX
99170		A	Anogenital exam, child	1.75	1.82	1.82	0.68	0.68	0.11	3.68	3.68	2.54	2.54	000
99173		N	Visual screening test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99175		A	Induction of vomiting	0.00	1.40	1.42	1.40	1.42	0.08	1.48	1.50	1.48	1.50	XXX
99183		A	Hyperbaric oxygen therapy	2.34	0.73	1.27	0.73	1.27	0.12	3.19	3.73	3.19	3.73	XXX
99185		A	Regional hypothermia	0.00	NA	NA	0.64	0.65	0.03	NA	NA	0.67	0.68	XXX
99186		A	Total body hypothermia	0.00	NA	NA	1.79	1.82	0.38	NA	NA	2.17	2.20	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	0.45	0.46	0.45	0.46	0.02	0.47	0.48	0.47	0.48	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.81	0.64	0.16	0.18	0.02	1.28	1.11	0.63	0.65	XXX
99202		A	Office/outpatient visit, new	0.88	1.06	0.81	0.32	0.29	0.04	1.98	1.73	1.24	1.21	XXX
99203		A	Office/outpatient visit, new	1.34	1.39	1.02	0.49	0.39	0.07	2.80	2.43	1.90	1.80	XXX
99204		A	Office/outpatient visit, new	2.00	1.88	1.42	0.72	0.58	0.09	3.97	3.51	2.81	2.67	XXX
99205		A	Office/outpatient visit, new	2.67	2.12	1.58	0.93	0.70	0.11	4.90	4.36	3.71	3.48	XXX
99211		A	Office/outpatient visit, est	0.17	0.51	0.37	0.06	0.09	0.01	0.69	0.55	0.24	0.27	XXX
99212		A	Office/outpatient visit, est	0.45	0.59	0.47	0.16	0.16	0.02	1.06	0.94	0.63	0.63	XXX
99213		A	Office/outpatient visit, est	0.67	0.72	0.60	0.23	0.22	0.02	1.41	1.29	0.92	0.91	XXX
99214		A	Office/outpatient visit, est	1.10	1.07	0.85	0.39	0.33	0.04	2.21	1.99	1.53	1.47	XXX
99215		A	Office/outpatient visit, est	1.77	1.32	1.13	0.63	0.52	0.07	3.16	2.97	2.47	2.36	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.44	0.50	0.05	NA	NA	1.77	1.83	XXX
99218		A	Observation care	1.28	NA	NA	0.44	0.59	0.05	NA	NA	1.77	1.92	XXX
99219		A	Observation care	2.14	NA	NA	0.72	0.93	0.08	NA	NA	2.94	3.15	XXX
99220		A	Observation care	2.99	NA	NA	1.02	1.13	0.11	NA	NA	4.12	4.23	XXX
99221		A	Initial hospital care	1.28	NA	NA	0.45	0.59	0.05	NA	NA	1.78	1.92	XXX
99222		A	Initial hospital care	2.14	NA	NA	0.74	0.94	0.08	NA	NA	2.96	3.16	XXX
99223		A	Initial hospital care	2.99	NA	NA	1.03	1.13	0.11	NA	NA	4.13	4.23	XXX
99231		A	Subsequent hospital care	0.64	NA	NA	0.23	0.32	0.02	NA	NA	0.89	0.98	XXX
99232		A	Subsequent hospital care	1.06	NA	NA	0.37	0.43	0.04	NA	NA	1.47	1.53	XXX
99233		A	Subsequent hospital care	1.51	NA	NA	0.52	0.59	0.05	NA	NA	2.08	2.15	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	0.88	0.81	0.10	NA	NA	3.54	3.47	XXX
99235		A	Observ/hosp same date	3.42	NA	NA	1.16	1.15	0.12	NA	NA	4.70	4.69	XXX
99236		A	Observ/hosp same date	4.27	NA	NA	1.46	1.35	0.14	NA	NA	5.87	5.76	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.44	0.50	0.04	NA	NA	1.76	1.82	XXX
99239		A	Hospital discharge day	1.75	NA	NA	0.60	0.58	0.06	NA	NA	2.41	2.39	XXX
99241		A	Office consultation	0.64	0.99	0.84	0.22	0.29	0.04	1.67	1.52	0.90	0.97	XXX
99242		A	Office consultation	1.29	1.41	1.13	0.47	0.45	0.08	2.78	2.50	1.84	1.82	XXX
99243		A	Office consultation	1.72	1.70	1.38	0.64	0.59	0.09	3.51	3.19	2.45	2.40	XXX
99244		A	Office consultation	2.58	2.13	1.73	0.92	0.80	0.11	4.82	4.42	3.61	3.49	XXX
99245		A	Office consultation	3.43	2.50	2.17	1.23	1.08	0.14	6.07	5.74	4.80	4.65	XXX
99251		A	Initial inpatient consult	0.66	NA	NA	0.29	0.51	0.04	NA	NA	0.99	1.21	XXX
99252		A	Initial inpatient consult	1.32	NA	NA	0.56	0.69	0.08	NA	NA	1.96	2.09	XXX
99253		A	Initial inpatient consult	1.82	NA	NA	0.75	0.89	0.09	NA	NA	2.66	2.80	XXX
99254		A	Initial inpatient consult	2.64	NA	NA	1.04	1.17	0.11	NA	NA	3.79	3.92	XXX
99255		A	Initial inpatient consult	3.65	NA	NA	1.40	1.55	0.15	NA	NA	5.20	5.35	XXX
99261		A	Follow-up inpatient consult	0.42	NA	NA	0.20	0.28	0.02	NA	NA	0.64	0.72	XXX
99262		A	Follow-up inpatient consult	0.85	NA	NA	0.36	0.43	0.03	NA	NA	1.24	1.31	XXX
99263		A	Follow-up inpatient consult	1.27	NA	NA	0.51	0.62	0.05	NA	NA	1.83	1.94	XXX
99271		A	Confirmatory consultation	0.45	0.59	0.61	0.19	0.26	0.02	1.06	1.08	0.66	0.73	XXX
99272		A	Confirmatory consultation	0.84	0.78	0.78	0.36	0.38	0.05	1.67	1.67	1.25	1.27	XXX
99273		A	Confirmatory consultation	1.19	1.02	1.07	0.50	0.53	0.07	2.28	2.33	1.76	1.79	XXX
99274		A	Confirmatory consultation	1.73	1.33	1.33	0.71	0.69	0.09	3.15	3.15	2.53	2.51	XXX
99275		A	Confirmatory consultation	2.31	1.54	1.72	0.88	1.39	0.10	3.95	4.13	3.29	3.80	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
99281		A	Emergency dept visit	0.33	NA	NA	0.09	0.20	0.02	NA	NA	0.44	0.55	XXX
99282		A	Emergency dept visit	0.55	NA	NA	0.15	0.28	0.03	NA	NA	0.73	0.86	XXX
99283		A	Emergency dept visit	1.24	NA	NA	0.32	0.43	0.08	NA	NA	1.64	1.75	XXX
99284		A	Emergency dept visit	1.95	NA	NA	0.48	0.62	0.12	NA	NA	2.55	2.69	XXX
99285		A	Emergency dept visit	3.06	NA	NA	0.73	0.98	0.19	NA	NA	3.98	4.23	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	3.60	1.38	1.47	1.15	1.35	0.14	5.12	5.21	4.89	5.09	XXX
99292		A	Critical care, addl 30 min	1.80	0.76	0.72	0.57	0.63	0.08	2.64	2.60	2.45	2.51	ZZZ
99295		A	Neonatal critical care	16.00	NA	NA	4.85	5.18	0.62	NA	NA	21.47	21.80	XXX
99296		A	Neonatal critical care	8.00	NA	NA	2.60	2.64	0.24	NA	NA	10.84	10.88	XXX
99297		A	Neonatal critical care	4.00	NA	NA	1.34	1.34	0.11	NA	NA	5.45	5.45	XXX
99298		A	Neonatal critical care	2.75	0.94	0.94	0.92	0.92	0.09	3.78	3.78	3.76	3.76	XXX
99301		A	Nursing facility care	1.20	NA	NA	0.41	0.45	0.04	NA	NA	1.65	1.69	XXX
99302		A	Nursing facility care	1.61	NA	NA	0.54	0.54	0.06	NA	NA	2.21	2.21	XXX
99303		A	Nursing facility care	2.01	NA	NA	0.66	0.85	0.07	NA	NA	2.74	2.93	XXX
99311		A	Nursing fac care, subseq	0.60	NA	NA	0.20	0.29	0.02	NA	NA	0.82	0.91	XXX
99312		A	Nursing fac care, subseq	1.00	NA	NA	0.33	0.39	0.03	NA	NA	1.36	1.42	XXX
99313		A	Nursing fac care, subseq	1.42	NA	NA	0.47	0.49	0.05	NA	NA	1.94	1.96	XXX
99315		A	Nursing fac discharge day	1.13	NA	NA	0.37	0.46	0.04	NA	NA	1.54	1.63	XXX
99316		A	Nursing fac discharge day	1.50	NA	NA	0.51	0.53	0.05	NA	NA	2.06	2.08	XXX
99321		A	Rest home visit, new patient	0.71	0.41	0.41	0.32	0.36	0.03	1.15	1.15	1.06	1.10	XXX
99322		A	Rest home visit, new patient	1.01	0.64	0.60	0.44	0.50	0.04	1.69	1.65	1.49	1.55	XXX
99323		A	Rest home visit, new patient	1.28	0.87	0.83	0.54	0.67	0.05	2.20	2.16	1.87	2.00	XXX
99331		A	Rest home visit, est pat	0.60	0.44	0.37	0.31	0.31	0.02	1.06	0.99	0.93	0.93	XXX
99332		A	Rest home visit, est pat	0.80	0.55	0.47	0.37	0.38	0.03	1.38	1.30	1.20	1.21	XXX
99333		A	Rest home visit, est pat	1.00	0.67	0.58	0.45	0.47	0.03	1.70	1.61	1.48	1.50	XXX
99341		A	Home visit, new patient	1.01	0.51	0.55	0.48	0.53	0.04	1.56	1.60	1.53	1.58	XXX
99342		A	Home visit, new patient	1.52	0.79	0.72	0.59	0.62	0.06	2.37	2.30	2.17	2.20	XXX
99343		A	Home visit, new patient	2.27	1.21	1.03	1.14	0.99	0.08	3.56	3.38	3.49	3.34	XXX
99344		A	Home visit, new patient	3.03	1.48	1.20	1.11	1.02	0.10	4.61	4.33	4.24	4.15	XXX
99345		A	Home visit, new patient	3.79	1.74	1.33	1.34	1.13	0.12	5.65	5.24	5.25	5.04	XXX
99347		A	Home visit, est patient	0.76	0.45	0.47	0.36	0.43	0.03	1.24	1.26	1.15	1.22	XXX
99348		A	Home visit, est patient	1.26	0.68	0.63	0.52	0.55	0.04	1.98	1.93	1.82	1.85	XXX
99349		A	Home visit, est patient	2.02	1.00	0.83	0.79	0.73	0.07	3.09	2.92	2.88	2.82	XXX
99350		A	Home visit, est patient	3.03	1.36	1.09	1.10	0.96	0.10	4.49	4.22	4.23	4.09	XXX
99354		A	Prolonged service, office	1.77	1.27	1.05	0.60	0.51	0.06	3.10	2.88	2.43	2.34	ZZZ
99355		A	Prolonged service, office	1.77	1.14	0.98	0.58	0.50	0.06	2.97	2.81	2.41	2.33	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.58	0.75	0.06	NA	NA	2.35	2.52	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.60	0.76	0.07	NA	NA	2.38	2.54	ZZZ
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	+1.10	1.29	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99375		A	Home health care supervision	1.73	1.30	0.93	0.60	0.58	0.06	3.09	2.72	2.39	2.37	XXX
99377		B	Hospice care supervision	+1.10	1.29	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99378		A	Hospice care supervision	1.73	1.50	1.03	0.58	0.57	0.06	3.29	2.82	2.37	2.36	XXX
99379		B	Nursing fac care supervision	+1.10	1.29	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99380		B	Nursing fac care supervision	+1.73	1.53	1.04	0.67	0.61	0.06	3.32	2.83	2.46	2.40	XXX
99381		N	Prev visit, new, infant	+1.19	1.33	1.33	0.46	0.90	0.18	2.70	2.70	1.83	2.27	XXX
99382		N	Prev visit, new, age 1-4	+1.36	1.37	1.45	0.53	1.03	0.04	2.77	2.85	1.93	2.43	XXX
99383		N	Prev visit, new, age 5-11	+1.36	1.33	1.43	0.53	1.03	0.04	2.73	2.83	1.93	2.43	XXX
99384		N	Prev visit, new, age 12-17	+1.53	1.40	1.57	0.59	1.16	0.05	2.98	3.15	2.17	2.74	XXX
99385		N	Prev visit, new, age 18-39	+1.53	1.41	1.47	0.59	1.06	0.05	2.99	3.05	2.17	2.64	XXX
99386		N	Prev visit, new, age 40-64	+1.88	1.59	1.73	0.73	1.30	0.06	3.53	3.67	2.67	3.24	XXX
99387		N	Prev visit, new, 65 & over	+2.06	1.71	1.88	0.80	1.42	0.06	3.83	4.00	2.92	3.54	XXX
99391		N	Prev visit, est, infant	+1.02	0.91	1.03	0.39	0.77	0.15	2.08	2.20	1.56	1.94	XXX
99392		N	Prev visit, est, age 1-4	+1.19	0.98	1.16	0.46	0.90	0.04	2.21	2.39	1.69	2.13	XXX
99393		N	Prev visit, est, age 5-11	+1.19	0.96	1.15	0.46	0.90	0.04	2.19	2.38	1.69	2.13	XXX
99394		N	Prev visit, est, age 12-17	+1.36	1.04	1.29	0.53	1.03	0.04	2.44	2.69	1.93	2.43	XXX
99395		N	Prev visit, est, age 18-39	+1.36	1.07	1.22	0.53	0.95	0.04	2.47	2.62	1.93	2.35	XXX
99396		N	Prev visit, est, age 40-64	+1.53	1.16	1.34	0.59	1.06	0.05	2.74	2.92	2.17	2.64	XXX
99397		N	Prev visit, est, 65 & over	+1.71	1.25	1.47	0.66	1.18	0.05	3.01	3.23	2.42	2.94	XXX
99401		N	Preventive counseling, indiv	+0.48	0.55	0.52	0.19	0.34	0.01	1.04	1.01	0.68	0.83	XXX
99402		N	Preventive counseling, indiv	+0.98	0.78	0.88	0.38	0.68	0.03	1.79	1.89	1.39	1.69	XXX
99403		N	Preventive counseling, indiv	+1.46	1.01	1.23	0.56	1.01	0.04	2.51	2.73	2.06	2.51	XXX
99404		N	Preventive counseling, indiv	+1.95	1.24	1.59	0.75	1.34	0.05	3.24	3.59	2.75	3.34	XXX
99411		N	Preventive counseling, group	+0.15	0.16	0.16	0.06	0.11	0.01	0.32	0.32	0.22	0.27	XXX
99412		N	Preventive counseling, group	+0.25	0.22	0.24	0.10	0.18	0.01	0.48	0.50	0.36	0.44	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	NA	NA	0.39	0.85	0.04	NA	NA	1.60	2.06	XXX
99432		A	Newborn care, not in hosp	1.26	0.72	1.07	0.40	0.91	0.04	2.02	2.37	1.70	2.21	XXX
99433		A	Normal newborn care/hospital	0.62	NA	NA	0.22	0.46	0.02	NA	NA	0.86	1.10	XXX
99435		A	Newborn discharge day hosp	1.50	NA	NA	0.50	1.09	0.05	NA	NA	2.05	2.64	XXX
99436		A	Attendance, birth	1.50	0.46	1.07	0.46	1.07	0.05	2.01	2.62	2.01	2.62	XXX
99440		A	Newborn resuscitation	2.93	NA	NA	0.98	2.14	0.09	NA	NA	4.00	5.16	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300		X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302		X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342		X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344		X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364		X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366		X	Adv non-er serv sep mil&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368		X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370		X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		I	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		I	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		I	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		I	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		I	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		I	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		X	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		X	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		X	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		I	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		I	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		I	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		I	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261		N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263		A	Permanent tear duct plug	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4280		X	Brst prsths adhsv attchmnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		A	Cath impl vasc access portal	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system ≤=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363		D	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365		X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4369		X	Skin barrier liquid per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4370		X	Skin barrier paste per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4371		X	Skin barrier powder per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4372		X	Skin barrier solid 4x4 equiv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4373		X	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4374		X	Skin barrier extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4375		X	Drainable plastic pch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4376		X	Drainable rubber pch w fcplt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4377		X	Drainable plstic pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4378		X	Drainable rubber pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4379		X	Urinary plastic pouch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4380		X	Urinary rubber pouch w fcplt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4381		X	Urinary plastic pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4382		X	Urinary hvy plstc pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4383		X	Urinary rubber pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4384		X	Ostomy faceplt/silicone ring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4385		X	Ost skn barrier sld ext wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4386		X	Ost skn barrier w flng ex wr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4387		X	Ost clsd pouch w att st barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4388		X	Drainable pch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4389		X	Drainable pch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4390		X	Drainable pch ex wear convex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4391		X	Urinary pouch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4392		X	Urinary pouch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4393		X	Urine pch w ex wear bar conv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4394		X	Ostomy pouch liq deodorant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4395		X	Ostomy pouch solid deodorant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462		X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483		X	Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		A	Surgical trays	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes, pair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires, pair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560		X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565		X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570		X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572		X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4614		X	Hand-held PEFR meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100-199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200-299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300-399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927		X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064		I	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065		I	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074		I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075		I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126		P	Disk/foam pad +or- adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200		X	Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5508		X	Diabetic deluxe shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020		P	Collagen wound dressing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025		I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154		P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196		P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197		P	Alginate drsg ≤16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198		P	alginate dressing ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199		P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6200		X	Compos drsg <=16 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6201		X	Compos drsg ≤16<=48 no bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6202		X	Compos drsg ≤48 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203		P	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204		P	Composite drsg ≤16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
A6205		P	Composite drsg ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206		P	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207		P	Contact layer ≤16<= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208		P	Contact layer ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209		P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210		P	Foam drg ≤16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211		P	Foam drg ≤ 48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212		P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213		P	Foam drg ≤16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214		P	Foam drg ≤ 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215		P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216		P	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217		P	Non-sterile gauze≤16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218		P	Non-sterile gauze ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219		P	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220		P	Gauze ≤16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221		P	Gauze ≤ 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222		P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223		P	Gauze ≤16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224		P	Gauze ≤ 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228		P	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229		P	Gauze ≤16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6230		P	Gauze ≤ 48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234		P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235		P	Hydrocolld drg ≤16<=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236		P	Hydrocolld drg ≤ 48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237		P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238		P	Hydrocolld drg ≤16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239		P	Hydrocolld drg ≤ 48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240		P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241		P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242		P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243		P	Hydrogel drg ≤16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244		P	Hydrogel drg ≤48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245		P	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246		P	Hydrogel drg ≤16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247		P	Hydrogel drg ≤ 48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248		P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250		P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251		P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252		P	Absorpt drg ≤16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253		P	Absorpt drg ≤ 48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254		P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255		P	Absorpt drg ≤16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256		P	Absorpt drg ≤ 48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257		P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258		P	Transparent film ≤16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259		P	Transparent film ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260		P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261		P	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262		P	Wound filler dry form / gram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263		P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264		P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265		P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266		P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402		P	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403		P	Sterile gauze≤16 <= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404		P	Sterile gauze ≤ 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405		P	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406		P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7000		X	Disposable canister for pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7001		X	Nondisposable pump canister	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7002		X	Tubing used w suction pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7003		X	Nebulizer administration set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7004		X	Disposable nebulizer sml vol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7005		X	Nondisposable nebulizer set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7006		X	Filtered nebulizer admin set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7007		X	Lg vol nebulizer disposable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7008		X	Disposable nebulizer prefill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7009		X	Nebulizer reservoir bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7010		X	Disposable corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7011		X	Nondispos corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7012		X	Nebulizer water collec devic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7013		X	Disposable compressor filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7014		X	Compressor nondispos filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7015		X	Aerosol mask used w nebulize	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7016		X	Nebulizer dome & mouthpiece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7017		X	Nebulizer not used w oxygen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9504		X	Technetium tc 99m apcitide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505		E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507		X	Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605		X	Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9900		X	Supply/accessory/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9901		X	Delivery/set up/dispensing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120		N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140		N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160		N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0170		N	Re-eval,est pt,problem focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210		I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220		I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230		I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0277		R	Vert bitewings-sev to eight	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0290		I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310		I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320		I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321		I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322		I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330		I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340		I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0350		I	Oral/facial images	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415		N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425		N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470		N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471		D	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0472		R	Gross exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0473		R	Micro exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0474		R	Micro w exam of surg margins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0480		R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110		N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120		N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201		N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203		N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204		N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205		N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310		N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320		N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330		N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351		N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110		N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120		N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130		N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131		N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140		N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150		N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160		N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161		N	Amalgam 4 or ≤ surfaces perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210		D	Silcate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330		N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331		N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332		N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335		N	Resin 4/≤ surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336		N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2337		N	Compo resin crown ant-perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380		N	Resin one surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381		N	Resin two surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D2385		N	Resin one surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386		N	Resin two surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2388		N	Resin four/more, post perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410		N	Dental gold foil one surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420		N	Dental gold foil two surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430		N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510		N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520		N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530		N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2542		N	Dental onlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543		N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544		N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630		N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642		N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643		N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644		N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650		N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651		N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652		N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662		N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663		N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664		N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710		N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720		N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721		N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722		N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740		N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750		N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751		N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752		N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2780		N	Crown 3/4 cast hi noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2781		N	Crown 3/4 cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2782		N	Crown 3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2783		N	Crown 3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790		N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791		N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792		N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2799		N	Provisional crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810		D	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910		N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920		N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930		N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931		N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2953		N	Each addtnl cast post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955		N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2957		N	Each addtnl prefab post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970		R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980		N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3221		N	Gross pulpal debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240		N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310		N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3331		N	Non-surg tx root canal obs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3332		N	Incomplete endodontic tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3333		N	Internal root repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450		N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460		R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910		N	Isolation- tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960		D	Bleaching of discolored toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4245		N	Apically positioned flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250		D	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4268		R	Surgical revision procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411		N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5867		N	Replacement of precision att	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5875		N	Prosthesis modification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050		I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6056		N	Prefabricated abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6057		N	Custom abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6058		N	Abutment supported crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6059		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6060		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6061		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6062		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6063		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6064		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6065		N	Implant supported crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6066		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6067		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6068		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6069		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6070		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6071		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6072		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6073		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6074		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6075		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6076		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6077		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6078		N	Implnt/abut suprtd fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6079		N	Implnt/abut suprtd fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6245		N	Bridge porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6519		N	Inlay/onlay porce/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6548		N	Porcelain/ceramic retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720		N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6740		N	Crown porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780		N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6781		N	Crown 3/4 cast based metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6782		N	Crown 3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6783		N	Crown 3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975		N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6976		N	Each addtnl cast post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6977		N	Each addtl prefab post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210		R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272		N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285		I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286		I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290		N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310		I	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320		I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340		I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350		I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410		I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420		I	Lesion ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430		I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431		I	Benign tumor exc ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440		I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441		I	Malig tumor ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450		I	Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451		I	Rem odontogen cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460		I	Rem nonodonto cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461		I	Rem nonodonto cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465		I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470		D	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7471		I	Rem exostosis any site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480		I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490		I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510		I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520		I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530		I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540		I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550		I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560		I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610		I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620		I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D7630		I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640		I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650		I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660		I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670		I	Closd rductn splint alveolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680		I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710		I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720		I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730		I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740		I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750		I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760		I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770		I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780		I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810		I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820		I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830		I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840		I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850		I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852		I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854		I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856		I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858		I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860		I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865		I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870		I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7871		N	Lysis + lavage w catheters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872		I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873		I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874		I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875		I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876		I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877		I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880		I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899		I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910		I	Dent sutur recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911		I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912		I	Suture complicate wnd ≤ 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920		I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941		I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942		D	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943		I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944		I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945		I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946		I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947		I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948		I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949		I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950		I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955		I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960		I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970		I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971		I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980		I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981		I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982		I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983		I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990		I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991		I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995		I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996		I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7997		N	Appliance removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999		I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010		N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020		N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030		N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040		N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050		N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060		N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070		N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080		N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090		N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210		N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220		N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660		N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670		N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680		N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690		N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8691		N	Repair ortho appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8692		N	Replacement retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D8999		N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210		I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211		I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212		I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215		I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220		I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221		I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240		D	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9241		I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9242		I	IV sedation ea ad 30 m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9248		R	Sedation (non-iv)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310		I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410		I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420		I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430		I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440		I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610		I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9911		N	Appl desensitizing resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920		N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970		N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9971		N	Odontoplasty 1-2 teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9972		N	Extrnl bleaching per arch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9973		N	Extrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9974		N	Intrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999		I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002		A	Temporary urinary catheter	0.50	3.06	1.91	0.17	0.47	0.03	3.59	2.44	0.70	1.00	000
G0004		A	ECG transm phys review & int	0.52	7.48	7.71	7.48	7.71	0.46	8.46	8.69	8.46	8.69	XXX
G0005		A	ECG 24 hour recording	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
G0006		A	ECG transmission & analysis	0.00	6.04	6.13	6.04	6.13	0.37	6.41	6.50	6.41	6.50	XXX
G0007		A	ECG phy review & interpret	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015		A	Post symptom ECG tracing	0.00	6.04	6.13	6.04	6.13	0.37	6.41	6.50	6.41	6.50	XXX
G0016		A	Post symptom ECG md review	0.52	0.26	0.35	0.26	0.35	0.02	0.80	0.89	0.80	0.89	XXX
G0025		A	Collagen skin test kit	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031		C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036		C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.52	0.52	0.52	0.52	0.06	2.08	2.08	2.08	2.08	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037		C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0050		A	Residual urine by ultrasound	0.00	0.85	0.87	0.85	0.87	0.04	0.89	0.91	0.89	0.91	XXX
G0101		A	CA screen;pelvic/breast exam	0.45	0.57	0.44	0.17	0.24	0.02	1.04	0.91	0.64	0.71	XXX
G0102		A	Prostate ca screening; dre	0.17	0.07	0.07	0.07	0.07	0.02	0.26	0.26	0.26	0.26	XXX
G0103		X	Psa, total screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	1.88	1.61	0.32	0.45	0.04	2.88	2.61	1.32	1.45	000
G0105		A	Colorectal scrn; hi risk ind	3.70	5.98	5.23	1.29	2.86	0.13	9.81	9.06	5.12	6.69	000
G0106		A	Colon CA screen;barium enema	0.99	2.53	2.67	2.53	2.67	0.15	3.67	3.81	3.67	3.81	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.29	0.39	0.29	0.39	0.04	1.32	1.42	1.32	1.42	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108		A	Diab manage trn per indiv	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	XXX
G0109		A	Diab manage trn ind/group	0.00	0.96	0.97	0.96	0.97	0.01	0.97	0.98	0.97	0.98	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.70	0.49	0.35	0.32	0.03	1.63	1.42	1.28	1.25	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.28	0.25	0.13	0.18	0.01	0.56	0.53	0.41	0.46	XXX
G0112		R	Nett;nutrition guid, initial	1.72	1.48	1.27	0.67	0.86	0.07	3.27	3.06	2.46	2.65	XXX
G0113		R	Nett;nutrition guid,subseqnt	1.29	1.02	0.93	0.40	0.62	0.05	2.36	2.27	1.74	1.96	XXX
G0114		R	Nett; psychosocial consult	1.20	0.49	0.44	0.37	0.38	0.03	1.72	1.67	1.60	1.61	XXX
G0115		R	Nett; psychological testing	1.20	0.56	0.47	0.46	0.42	0.03	1.79	1.70	1.69	1.65	XXX
G0116		R	Nett; psychosocial counsel	1.11	0.65	0.52	0.33	0.36	0.03	1.79	1.66	1.47	1.50	XXX
G0120		A	Colon ca scrn; barium enema	0.99	2.53	2.67	2.53	2.67	0.15	3.67	3.81	3.67	3.81	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.29	0.39	0.29	0.39	0.04	1.32	1.42	1.32	1.42	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0121		N	Colon ca scrn not hi rsk ind	+3.70	6.18	5.33	1.43	2.93	0.13	10.01	9.16	5.26	6.76	XXX
G0122		N	Colon ca scrn; barium enema	+0.99	2.62	2.72	2.62	2.72	0.15	3.76	3.86	3.76	3.86	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.38	0.44	0.38	0.44	0.04	1.41	1.47	1.41	1.47	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
G0125		A	Lung image (PET)	1.50	56.15	56.15	56.15	56.15	2.06	59.71	59.71	59.71	59.71	XXX
G0125	26	A	Lung image (PET)	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0125	TC	A	Lung image (PET)	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0126		A	Lung image (PET) staging	1.87	56.33	56.34	56.33	56.34	2.07	60.27	60.28	60.27	60.28	XXX
G0126	26	A	Lung image (PET) staging	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0126	TC	A	Lung image (PET) staging	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0127		R	Trim nail(s)	0.11	0.47	0.37	0.04	0.09	0.01	0.59	0.49	0.16	0.21	000
G0128		R	CORF skilled nursing service	0.08	0.03	0.03	0.03	0.03	0.01	0.12	0.12	0.12	0.12	XXX
G0130		A	Single energy x-ray study	0.22	0.90	0.90	0.90	0.90	0.05	1.17	1.17	1.17	1.17	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0131		A	CT scan, bone density study	0.25	3.18	3.18	3.18	3.18	0.14	3.57	3.57	3.57	3.57	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.13	0.13	0.01	0.39	0.39	0.39	0.39	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	3.05	3.05	3.05	0.13	3.18	3.18	3.18	3.18	XXX
G0132		A	CT scan, bone density study	0.22	0.90	0.90	0.90	0.90	0.05	1.17	1.17	1.17	1.17	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0141		A	Scr c/v cyto, autosys and md	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
G0143		X	Scr c/v cyto, thinlayer, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto, thinlayer, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto, thinlayer, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0159		C	Perc declot dialysis graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0160		C	Cryo. ablation, prostate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
G0161		C	Echo guide for cryo probes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161	26	C	Echo guide for cryo probes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161	TC	C	Echo guide for cryo probes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163		A	Pet for rec of colorectal ca	1.50	52.64	52.64	52.64	52.64	0.00	54.14	54.14	54.14	54.14	XXX
G0163	26	A	Pet for rec of colorectal ca	1.50	0.58	0.58	0.58	0.58	0.00	2.08	2.08	2.08	2.08	XXX
G0163	TC	A	Pet for rec of colorectal ca	0.00	52.06	52.06	52.06	52.06	0.00	52.06	52.06	52.06	52.06	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
G0164		A	Pet for lymphoma staging	1.87	52.78	52.78	52.78	52.78	0.00	54.65	54.65	54.65	54.65	XXX
G0164	26	A	Pet for lymphoma staging	1.87	0.72	0.72	0.72	0.72	0.00	2.59	2.59	2.59	2.59	XXX
G0164	TC	A	Pet for lymphoma staging	0.00	52.06	52.06	52.06	52.06	0.00	52.06	52.06	52.06	52.06	XXX
G0165		A	Pet,rec of melanoma/met ca	1.50	52.64	52.64	52.64	52.64	0.00	54.14	54.14	54.14	54.14	XXX
G0165	TC	A	Pet,rec of melanoma/met ca	0.00	52.06	52.06	52.06	52.06	0.00	52.06	52.06	52.06	52.06	XXX
G0165	26	A	Pet,rec of melanoma/met ca	1.50	0.58	0.58	0.58	0.58	0.00	2.08	2.08	2.08	2.08	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	3.40	3.40	0.03	0.03	0.01	3.48	3.48	0.11	0.11	XXX
G0167		A	Hyperbaric oz tx;no md reqrd	0.00	0.73	0.73	0.73	0.73	0.02	0.75	0.75	0.75	0.75	XXX
G0168		A	Wound closure by adhesive	0.45	1.12	1.12	0.25	0.25	0.02	1.59	1.59	0.72	0.72	010
G0169		A	Removal tissue; no anesthsia	0.50	0.36	0.36	0.36	0.36	0.04	0.90	0.90	0.90	0.90	XXX
G0170		A	Skin biograft	1.50	1.50	1.50	0.38	0.38	0.39	3.39	3.39	2.27	2.27	010
G0171		A	Skin biograft add-on	0.38	2.87	2.87	1.03	1.03	0.39	3.64	3.64	1.80	1.80	ZZZ
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130		E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151		E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190		E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0200		E	Alatrofloxacin mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207		E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256		E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270		E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275		E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285		E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286		E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330		E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340		E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395		E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400		E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0456		E	Azithromycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476		E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510		E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515		E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590		E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055		N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070		E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080		E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100		E	Dexamethasone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190		E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260		E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325		E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1327		E	Eptifibatide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362		E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1438		E	Etanercept injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440		E	Filgrastim 300 mcg injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1450		E	Fluconazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560		E	Gamma globulin ≤ 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561		E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562		E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1745		E	Infliximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1750		E	Iron dextran	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760		D	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1770		D	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780		D	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825		E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830		E	Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950		E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956		E	Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175		E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260		E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271		E	Morphine so4 injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2352		E	Octreotide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355		E	Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430		E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2500		E	Paricalcitol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2543		E	Piperacillin/tazobactam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700		E	Oxacillin sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710		E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2780		E	Ranitidine hydrochloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792		E	Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910		E	Aurothioglucose injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950		E	Promazine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2994		E	Reteplase double bolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995		E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010		E	Fentanyl citrate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030		E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070		E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3245		E	Tirofiban hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305		E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310		E	Perphenazine injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350		E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410		E	Hydroxyzine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196		D	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7198		E	Anti-inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7199		E	Hemophilia clot factor noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315		E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320		E	Hylan G-F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathioprine oral 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7502		E	Cyclosporine oral 100 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503		D	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513		E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7515		E	Cyclosporine oral 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7516		E	Cyclosporin parenteral 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7517		E	Mycophenolate mofetil oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7608		E	Acetylcysteine inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7618		E	Albuterol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7619		E	Albuterol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7628		E	Bitolterol mes inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7629		E	Bitolterol mes inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630		E	Cromolyn sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7631		E	Cromolyn sodium inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7635		E	Atropine inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7636		E	Atropine inhal sol unit dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7637		E	Dexamethasone inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7638		E	Dexamethasone inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7639		E	Dornase alpha inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7642		E	Glycopyrrolate inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7643		E	Glycopyrrolate inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7644		E	Ipratropium brom inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7648		E	Isoetharine hcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7649		E	Isoetharine hcl inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653		E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7658		E	Isoproterenolhcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7659		E	Isoproterenol hcl inh sol ud	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7668		E	Metaproterenol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7669		E	Metaproterenol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7680		E	Terbutaline so4 inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7681		E	Terbutaline so4 inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7682		E	Tobramycin inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7683		E	Triamcinolone inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7684		E	Triamcinolone inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8510		E	Oral busulfan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8520		E	Capecitabine, oral, 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8521		E	Capecitabine, oral, 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000		E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
J9001		E	Doxorubicin hcl liposome inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015		E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050		E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060		E	Cisplatin 10 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062		E	Cisplatin 50 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065		E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070		E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080		E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090		E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091		E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092		E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100		E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110		E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120		E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130		E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140		E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150		E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151		E	Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165		E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170		E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181		E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182		E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185		E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190		E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200		E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201		E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202		E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206		E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208		E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209		E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211		E	Idarubicin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212		E	Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213		E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214		E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215		E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216		E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217		E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218		E	Leuprolide acetate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230		E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245		E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265		E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266		E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268		E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270		E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280		E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290		E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291		E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293		E	Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310		E	Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320		E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340		E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350		E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9355		E	Trastuzumab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9357		E	Valrubicin, 200 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360		E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370		E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375		E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380		E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390		E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600		E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999		E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.26	0.24	0.12	0.17	0.01	0.64	0.62	0.50	0.55	XXX
M0075		N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076		N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100		N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300		N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301		N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302		C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	26	C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	TC	C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
P2028		X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029		X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031		N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033		X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038		X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000		X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001		A	Screening pap smear by phys	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
P7001		I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010		E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013		E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9023		X	Frozen plasma, pooled, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612		X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035		A	Cardiokymography	0.17	0.46	0.50	0.46	0.50	0.03	0.66	0.70	0.66	0.70	XXX
Q0035	TC	A	Cardiokymography	0.00	0.39	0.40	0.39	0.40	0.02	0.41	0.42	0.41	0.42	XXX
Q0035	26	A	Cardiokymography	0.17	0.07	0.10	0.07	0.10	0.01	0.25	0.28	0.25	0.28	XXX
Q0068		D	Extracorpeal plasmapheresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
Q0091		A	Obtaining screen pap smear	0.37	0.66	0.48	0.14	0.22	0.01	1.04	0.86	0.52	0.60	XXX
Q0092		A	Set up port xray equipment	0.00	0.32	0.33	0.32	0.33	0.01	0.33	0.34	0.33	0.34	XXX
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		D	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160		X	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161		X	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163		X	Diphenhydramine HCl 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164		X	Prochlorperazine maleate 5mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165		X	Prochlorperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166		X	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0167		X	Dronabinol 2.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0168		X	Dronabinol 5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0169		X	Promethazine HCl 12.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0170		X	Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0171		X	Chlorpromazine HCl 10mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0172		X	Chlorpromazine HCl 25mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0173		X	Trimethobenzamide HCl 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0174		X	Thiethylperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0175		X	Perphenazine 4mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0176		X	Perphenazine 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0177		X	Hydroxyzine pamoate 25mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0178		X	Hydroxyzine pamoate 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0179		X	Ondansetron HCl 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0180		X	Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0181		X	Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0183		E	Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0184		E	Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0185		E	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0186		E	Paramedic intercept, rural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0187		E	Factor viia recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1001		E	Ntiol category 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1002		E	Ntiol category 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1003		E	Ntiol category 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1004		E	Ntiol category 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1005		E	Ntiol category 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct ≤= 40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0009		I	Injection, butorphanol tartr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0010		I	Injection, somatrem, 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0011		I	Injection, somatropin, 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0012		I	Butorphanol tartrate, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0014		I	Tacrine hydrochloride, 10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0016		I	Injection, amikacin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0017		I	Injection, aminocaproic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0020		I	Injection, bupivicaine hydro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0021		I	Injection, ceftoperazone sod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0023		I	Injection, cimetidine hydroc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0024		I	Injection, ciprofloxacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0028		I	Injection, famotidine, 20 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0029		I	Injection, fluconazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0030		I	Injection, metronidazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0032		I	Injection, nafcillin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0034		I	Injection, ofloxacin, 400 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0039		I	Injection, sulfamethoxazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0040		I	Injection, ticarcillin disod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0071		I	Injection, acyclovir sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0072		I	Injection, amikacin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0073		I	Injection, aztreonam, 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0074		I	Injection, cefotetan disodiu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0077		I	Injection, clindamycin phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0078		I	Injection, fosphenytoin sodi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0080		I	Injection, pentamidine iseth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0081		I	Injection, piperacillin sodi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0090		I	Sildenafil citrate, 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0096		I	Injection, itraconazole, 200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0097		I	Injection, ibutilide fumarat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0098		I	Injection, sodium ferric glu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0601		I	Screening proctoscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0605		I	Digital rectal examination,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0610		I	Annual gynecological examina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0612		I	Annual gynecological examina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0620		I	Routine ophthalmological exa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0621		I	Routine ophthalmological exa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0800		I	Laser in situ keratomileusis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0810		I	Photorefractive keratectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2050		I	Donor enterectomy, with prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2052		I	Transplantation of small int	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2053		I	Transplantation of small int	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2054		I	Transplantation of multivisc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2055		I	Harvesting of donor multivis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2109		I	Autologous chondrocyte trans	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2190		I	Subcutaneous implantation of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2204		I	Transmyocardial laser revasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2205		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2206		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2207		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2208		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2209		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2210		I	Cryosurgical ablation (in si	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2300		I	Arthroscopy, shoulder, surgi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2350		I	Diskectomy, anterior, with d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2351		I	Diskectomy, anterior, with d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3645		I	HIV-1 antibody testing of or	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3650		I	Saliva test, hormone level;	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3652		I	Saliva test, hormone level;	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8035		I	Magnetic source imaging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8040		I	Topographic brain mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8048		I	Isolated limb perfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8049		I	Intraoperative radiation the	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8060		I	Supply of contrast material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8092		I	Electron beam computed tomog	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8095		I	Wig (for medically-induced h	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8096		I	Portable peak flow meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
S8110		I	Peak expiratory flow rate (p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8200		I	Chest compression vest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8205		I	Chest compression system gen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8260		I	Oral orthotic for treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8300		I	Sacral nerve stimulation tes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8950		I	Complex lymphedema therapy,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9001		I	Home uterine monitor with or	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9022		I	Digital subtraction angiogra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9023		I	Xenon regional cerebral bloo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9024		I	Paranasal sinus ultrasound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9033		I	Gait analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9055		I	Procuren or other growth fac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9056		I	Coma stimulation per diem	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9075		I	Smoking cessation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9085		I	Meniscal allograft transplan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9090		I	Vertebral axial decompressio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9122		I	Home health aide or certifie	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9123		I	Nursing care, in the home; b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9124		I	Nursing care, in the home; b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9125		I	Respite care, in the home, p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9126		I	Hospice care, in the home, p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9127		I	Social work visit, in the ho	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9128		I	Speech therapy, in the home,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9129		I	Occupational therapy, in the	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9140		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9141		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9455		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9460		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9465		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9470		I	Nutritional counseling, diet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9472		I	Cardiac rehabilitation progr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9473		I	Pulmonary rehabilitation pro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9474		I	Enterostomal therapy by a re	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9475		I	Ambulatory setting substance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9480		I	Intensive outpatient psychia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9485		I	Crisis intervention mental h	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9524		I	Nursing services related to	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9527		I	Insertion of a peripherally	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9528		I	Insertion of midline central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9543		I	Administration of medication	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9990		I	Services provided as part of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9991		I	Services provided as part of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9992		I	Transportation costs to and	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9994		I	Lodging costs (e.g. hotel ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9996		I	Meals for clinical trial par	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9999		I	Sales tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12-7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12-20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Spherocylindr 4.00d/12-2.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Spherocylindr 4.00d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Spherocylinder 4.00d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106		X	Spherocylinder 4.00d/≤6.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	Spherocylinder 4.25d/12-2d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2108		X	Spherocylinder 4.25d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	Spherocylinder 4.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	Spherocylindr 7.25d/.25-2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	Spherocylindr 7.25d/2.25-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	Spherocylindr 7.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12-7.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12-20.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcy bifocal 4.25-7d/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcy bifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcy bifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcy bifocal 4.25-7/ov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcy bifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25-12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
V2213		X	Lens sphcyl bifo 7.25-12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12-7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/.12-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/≤6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25-7/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25-7/≤6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25-12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25-12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width ≤ 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully Implemented Non-facility PE RVUs	Year 2000 Transitional Non-facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-practice RVUs	Fully Implemented Non-facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
11980		A	Implant hormone pellet(s)	1.48	1.48	1.48	0.57	0.57	0.11	3.07	3.07	2.16	2.16	000
13102		A	Repair wound/lesion add-on	1.24	0.71	0.71	0.57	0.57	0.08	2.03	2.03	1.89	1.89	ZZZ
13122		A	Repair wound/lesion add-on	1.44	0.83	0.83	0.66	0.66	0.09	2.36	2.36	2.19	2.19	ZZZ
13133		A	Repair wound/lesion add-on	2.19	1.18	1.18	1.01	1.01	0.12	3.49	3.49	3.32	3.32	ZZZ
13153		A	Repair wound/lesion add-on	2.38	1.31	1.31	1.09	1.09	0.15	3.84	3.84	3.62	3.62	ZZZ
20979		A	Us bone stimulation	0.17	0.25	0.25	0.07	0.07	0.01	0.43	0.43	0.25	0.25	000
22318		A	Treat odontoid fx w/o graft	21.50	NA	NA	14.50	14.50	3.89	NA	NA	39.89	39.89	090
22319		A	Treat odontoid fx w/graft	24.00	NA	NA	16.72	16.72	4.34	NA	NA	45.06	45.06	090
27096		A	Inject sacroiliac joint	1.10	9.96	9.96	0.36	0.36	0.09	11.15	11.15	1.55	1.55	000
33140		A	Heart revascularize (tmr)	20.00	NA	NA	13.15	13.15	2.56	NA	NA	35.71	35.71	090
33244		A	Remove eltrd, transven	13.76	NA	NA	9.22	9.51	1.83	NA	NA	24.81	25.10	090
33249		A	Eltrd/insert pace-defib	14.23	NA	NA	9.87	12.87	1.79	NA	NA	25.89	28.89	090
33282		A	Implant pat-active ht record	4.17	NA	NA	5.99	5.99	0.53	NA	NA	10.69	10.69	090
33284		A	Remove pat-active ht record	2.50	NA	NA	5.46	5.46	0.33	NA	NA	8.29	8.29	090
33405		A	Replacement of aortic valve	30.61	NA	NA	22.51	27.80	3.97	NA	NA	57.09	62.38	090
33410		A	Replacement of aortic valve	32.46	NA	NA	23.27	23.27	4.21	NA	NA	59.94	59.94	090
33968		A	Remove aortic assist device	0.64	0.25	0.25	0.25	0.25	0.27	1.16	1.16	1.16	1.16	090
35879		A	Revise graft w/vein	16.00	NA	NA	8.46	8.46	1.97	NA	NA	26.43	26.43	090
35881		A	Revise graft w/vein	18.00	NA	NA	8.77	8.77	2.21	NA	NA	28.98	28.98	090
36521		A	Apheresis w/ adsorp/reinfuse	1.74	NA	NA	0.65	0.65	0.09	NA	NA	2.48	2.48	000
36550		A	Declot vascular device	0.00	0.51	0.51	0.06	0.06	0.32	0.83	0.83	0.38	0.38	XXX
36819		A	Av fusion by basilic vein	14.00	NA	NA	6.65	6.65	1.55	NA	NA	22.20	22.20	090
39560		A	Resect diaphragm, simple	12.00	NA	NA	8.79	8.79	1.22	NA	NA	22.01	22.01	090
39561		A	Resect diaphragm, complex	17.50	NA	NA	10.89	10.89	1.79	NA	NA	30.18	30.18	090
50541		A	Laparo ablate renal cyst	16.00	NA	NA	6.53	6.53	1.03	NA	NA	23.56	23.56	090
50544		A	Laparoscopy, pyeloplasty	22.40	NA	NA	8.70	8.70	1.36	NA	NA	32.46	32.46	090
50546		A	Laparoscopic nephrectomy	20.48	NA	NA	8.23	8.23	1.41	NA	NA	30.12	30.12	090
50547		A	Laparo removal donor kidney	25.50	NA	NA	11.21	11.21	1.98	NA	NA	38.69	38.69	090
50548		A	Laparo-asst remove k/ureter	24.40	NA	NA	9.42	9.42	1.52	NA	NA	35.34	35.34	090
50945		A	Laparoscopy ureterolithotomy	17.00	NA	NA	6.84	6.84	1.07	NA	NA	24.91	24.91	090
51990		A	Laparo urethral suspension	12.50	NA	NA	5.94	5.94	0.87	NA	NA	19.31	19.31	090
51992		A	Laparo sling operation	14.01	NA	NA	6.15	6.15	0.86	NA	NA	21.02	21.02	090
54692		A	Laparoscopy, orchiopexy	12.88	NA	NA	5.56	5.56	0.87	NA	NA	19.31	19.31	090
61751		A	Brain biopsy w/ ct/mr guide	17.62	NA	NA	10.76	15.90	3.47	NA	NA	31.85	36.99	090
61862		A	Implant neurostimul, subcort	19.34	NA	NA	12.02	12.02	3.89	NA	NA	35.25	35.25	090
61885		A	Implant neurostim one array	8.00	NA	NA	4.04	3.09	1.18	NA	NA	13.22	12.27	090
61886		A	Implant neurostim arrays	8.00	NA	NA	5.98	5.98	1.43	NA	NA	15.41	15.41	090
62263		A	Lysis epidural adhesions	6.02	4.61	4.61	2.18	2.18	0.88	11.51	11.51	9.08	9.08	000

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Fully Implemented Non-facility PE RVUs	Year 2000 Transitional Non-facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Malpractice RVUs	Fully Implemented Non-facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
62310		A	Inject spine c/t	1.91	3.24	3.24	0.38	0.38	0.26	5.41	5.41	2.55	2.55	000
62311		A	Inject spine l/s (cd)	1.54	3.66	3.66	0.33	0.33	0.25	5.45	5.45	2.12	2.12	000
62318		A	Inject spine w/cath, c/t	2.04	3.29	3.29	0.40	0.40	0.32	5.65	5.65	2.76	2.76	000
62319		A	Inject spine w/cath l/s (cd)	1.87	3.35	3.35	0.35	0.35	0.28	5.50	5.50	2.50	2.50	000
64470		A	Inj paravertebral c/t	1.85	3.60	3.60	0.46	0.46	0.12	5.57	5.57	2.43	2.43	000
64472		A	Inj paravertebral c/t add-on	1.29	3.29	3.29	0.35	0.35	0.09	4.67	4.67	1.73	1.73	ZZZ
64479		A	Inj foramen epidural c/t	2.20	3.70	3.70	0.55	0.55	0.15	6.05	6.05	2.90	2.90	000
64480		A	Inj foramen epidural add-on	1.54	3.80	3.80	0.36	0.36	0.11	5.45	5.45	2.01	2.01	ZZZ
64483		A	Inj foramen epidural l/s	1.90	3.58	3.58	0.47	0.47	0.10	5.58	5.58	2.47	2.47	000
64484		A	Inj foramen epidural add-on	1.33	3.72	3.72	0.31	0.31	0.10	5.15	5.15	1.74	1.74	ZZZ
64573		A	Implant neuroelectrodes	7.50	NA	NA	5.34	4.39	0.84	NA	NA	13.68	12.73	090
64626		A	Destr paravertebrl nerve c/t	3.28	3.59	3.59	0.90	0.90	0.22	7.09	7.09	4.40	4.40	010
64627		A	Destr paravertebral n add-on	1.16	2.99	2.99	0.32	0.32	0.08	4.23	4.23	1.56	1.56	ZZZ
72275	26	A	Epidurography	0.54	0.14	0.14	0.14	0.14	0.05	0.73	0.73	0.73	0.73	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.34	0.38	0.34	0.38	0.04	1.54	1.58	1.54	1.58	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.54	0.15	0.15	0.15	0.15	0.04	0.73	0.73	0.73	0.73	XXX
76005	26	A	Fluoroguide for spine inject	0.60	0.17	0.17	0.17	0.17	0.03	0.80	0.80	0.80	0.80	XXX
76873	26	A	Echograp trans r, pros study	1.38	0.43	0.43	0.43	0.43	0.07	1.88	1.88	1.88	1.88	XXX
77427		A	Radiation tx management, x5	3.31	1.08	1.08	1.08	1.08	0.11	4.50	4.50	4.50	4.50	XXX
78267		X	Breath tst attain/anal c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268		X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78456	26	A	Acute venous thrombus image	1.00	0.30	0.30	0.30	0.30	0.05	1.35	1.35	1.35	1.35	XXX
92961		A	Cardioversion, electric, int	4.60	1.54	1.54	1.54	1.54	0.31	6.45	6.45	6.45	6.45	000
93727		A	Analyze ilr system	0.52	0.21	0.21	0.21	0.21	0.02	0.75	0.75	0.75	0.75	XXX
93741	26	A	Analyze ht pace device sngl	0.64	0.25	0.25	0.25	0.25	0.02	0.91	0.91	0.91	0.91	XXX
93742	26	A	Analyze ht pace device sngl	0.73	0.28	0.28	0.28	0.28	0.02	1.03	1.03	1.03	1.03	XXX
93743	26	A	Analyze ht pace device dual	0.83	0.32	0.32	0.32	0.32	0.02	1.17	1.17	1.17	1.17	XXX
93744	26	A	Analyze ht pace device dual	0.95	0.37	0.37	0.37	0.37	0.02	1.34	1.34	1.34	1.34	XXX
96570		A	Photodynamic tx, 30 min	1.10	0.71	0.71	0.43	0.43	0.28	2.09	2.09	1.81	1.81	000
96571		A	Photodynamic tx, addl 15 min	0.55	0.31	0.31	0.21	0.21	0.28	1.14	1.14	1.04	1.04	000
99170		A	Anogenital exam, child	1.75	1.82	1.82	0.68	0.68	0.11	3.68	3.68	2.54	2.54	000
99173		N	Visual screening test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	3.60	1.38	1.47	1.15	1.35	0.14	5.12	5.21	4.89	5.09	XXX
99292		A	Critical care, addl 30 min	1.80	0.76	0.72	0.57	0.63	0.08	2.64	2.60	2.45	2.51	ZZZ
G0102		A	Prostate ca screening; dre	0.17	0.07	0.07	0.07	0.07	0.02	0.26	0.26	0.26	0.26	XXX
G0159		C	Perc declot dialysis graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	3.40	3.40	0.03	0.03	0.01	3.48	3.48	0.11	0.11	XXX
G0167		A	Hyperbaric oz tx;no md reqrd	0.00	0.73	0.73	0.73	0.73	0.02	0.75	0.75	0.75	0.75	XXX
G0168		A	Wound closure by adhesive	0.45	1.12	1.12	0.25	0.25	0.02	1.59	1.59	0.72	0.72	010
G0169		A	Removal tissue; no anesthsia	0.50	0.36	0.36	0.36	0.36	0.04	0.90	0.90	0.90	0.90	XXX
G0170		A	Skin biograft	1.50	1.50	1.50	0.38	0.38	0.39	3.39	3.39	2.27	2.27	010
G0171		A	Skin biograft add-on	0.38	2.87	2.87	1.03	1.03	0.39	3.64	3.64	1.80	1.80	ZZZ

ADDENDUM D.—1999/2000 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00510	00	ALABAMA	0.978	0.872	0.876
00831	01	ALASKA	1.063	1.173	1.533
00832	00	ARIZONA	0.995	0.971	1.189
00520	13	ARKANSAS	0.953	0.855	0.403
02050	26	ANAHEIM/SANTA ANA, CA	1.036	1.191	0.846
02050	18	LOS ANGELES, CA	1.055	1.199	0.846
31140	03	MARIN/NAPA/SOLANO, CA	1.014	1.161	0.667
31140	07	OAKLAND/BERKLEY, CA	1.040	1.196	0.667
31140	05	SAN FRANCISCO, CA	1.067	1.299	0.667
31140	06	SAN MATEO, CA	1.047	1.274	0.667
31140	09	SANTA CLARA, CA	1.062	1.262	0.667
02050	17	VENTURA, CA	1.027	1.131	0.717
02050	99	REST OF STATE*	1.008	1.043	0.698
31140	99	REST OF STATE*	1.008	1.043	0.698
00824	01	COLORADO	0.987	0.970	0.795
10230	00	CONNECTICUT	1.049	1.172	1.052
00570	01	DELAWARE	1.019	1.028	0.860
00580	01	DC + MD/VA SUBURBS	1.050	1.161	1.032
00590	03	FORT LAUDERDALE, FL	0.996	1.026	1.783
00590	04	MIAMI, FL	1.015	1.077	2.350
00590	99	REST OF STATE	0.975	0.948	1.327
00511	01	ATLANTA, GA	1.006	1.034	0.951
00511	99	REST OF STATE	0.970	0.900	0.951
00833	01	HAWAII/GUAM	0.998	1.183	0.954
05130	00	IDAHO	0.960	0.892	0.566

ADDENDUM D.—1999/2000 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00621	16	CHICAGO, IL	1.027	1.088	1.693
00621	12	EAST ST. LOUIS, IL	0.988	0.931	1.487
00621	15	SUBURBAN CHICAGO, IL	1.006	1.067	1.365
00621	99	REST OF STATE	0.963	0.886	0.990
00630	00	INDIANA	0.981	0.917	0.408
00640	00	IOWA	0.958	0.882	0.648
00650	00	KANSAS*	0.963	0.898	0.890
00740	04	KANSAS*	0.963	0.898	0.890
00660	00	KENTUCKY	0.970	0.874	0.807
00528	01	NEW ORLEANS, LA	0.998	0.950	1.153
00528	99	REST OF STATE	0.969	0.881	1.031
31142	03	SOUTHERN MAINE	0.979	1.030	0.708
31142	99	REST OF STATE	0.961	0.924	0.708
00901	01	BALTIMORE/SURR. CNTYS, MD	1.019	1.039	1.098
00901	99	REST OF STATE	0.985	0.986	0.866
31143	01	METROPOLITAN BOSTON	1.039	1.196	0.713
31143	99	REST OF STATE	1.010	1.093	0.713
00623	01	DETROIT, MI	1.042	1.022	3.069
00623	99	REST OF STATE	0.996	0.939	1.828
10240	00	MINNESOTA	0.989	0.967	0.507
10250	00	MISSISSIPPI	0.957	0.846	0.721
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.949	1.196
11260	01	METROPOLITAN ST. LOUIS, MO	0.994	0.943	1.198
00740	99	REST OF STATE*	0.945	0.828	1.165
11260	99	REST OF STATE*	0.945	0.828	1.165
00751	01	MONTANA	0.951	0.877	0.732
00655	00	NEBRASKA	0.949	0.873	0.443
00834	00	NEVADA	1.005	1.032	0.997
31144	40	NEW HAMPSHIRE	0.988	1.033	1.013
00860	01	NORTHERN NJ	1.057	1.191	0.795
00860	99	REST OF STATE	1.028	1.094	0.795
00521	05	NEW MEXICO	0.973	0.910	0.716
00803	01	MANHATTAN, NY	1.093	1.353	1.654
00803	02	NYC SUBURBS/LONG I., NY	1.067	1.233	1.932
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.010	1.084	1.326
14330	04	QUEENS, NY	1.057	1.234	1.839
00801	99	REST OF STATE	0.999	0.959	0.793
05535	00	NORTH CAROLINA	0.970	0.924	0.497
00820	01	NORTH DAKOTA	0.950	0.877	0.656
16360	00	OHIO	0.990	0.939	1.074
00522	00	OKLAHOMA	0.969	0.882	0.451
00835	01	PORTLAND, OR	0.996	1.021	0.587
00835	99	REST OF STATE	0.961	0.938	0.587
00865	01	METROPOLITAN PHILADELPHIA, PA	1.024	1.089	1.207
00865	99	REST OF STATE	0.989	0.931	0.637
00973	20	PUERTO RICO	0.882	0.729	0.359
00870	01	RHODE ISLAND	1.018	1.069	1.189
00880	01	SOUTH CAROLINA	0.975	0.905	0.280
00820	02	SOUTH DAKOTA	0.935	0.873	0.435
05440	35	TENNESSEE	0.975	0.899	0.552
00900	31	AUSTIN, TX	0.986	1.000	0.849
00900	20	BEAUMONT, TX	0.992	0.899	1.386
00900	09	BRAZORIA, TX	0.992	0.977	1.386
00900	11	DALLAS, TX	1.010	1.016	0.930
00900	28	FORT WORTH, TX	0.987	0.971	0.930
00900	15	GALVESTON, TX	0.988	0.970	1.386
00900	18	HOUSTON, TX	1.020	1.007	1.418
00900	99	REST OF STATE	0.966	0.888	0.871
00910	09	UTAH	0.977	0.909	0.594
31145	50	VERMONT	0.973	0.984	0.548
00973	50	VIRGIN ISLANDS	0.965	1.034	1.032
10490	00	VIRGINIA	0.985	0.941	0.557
00836	02	SEATTLE (KING CNTY), WA	1.005	1.080	0.742
00836	99	REST OF STATE	0.982	0.976	0.742
16510	16	WEST VIRGINIA	0.963	0.853	1.106
00951	00	WISCONSIN	0.981	0.933	0.841
00825	21	WYOMING	0.967	0.895	0.705

*Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS

CPT Code	Short descriptor	Glob days	Work RVU
10060	DRAINAGE OF SKIN ABSCESS	010	1.17
10120	REMOVE FOREIGN BODY	010	1.22
11040	DEBRIDE SKIN, PARTIAL	000	0.5
11043	DEBRIDE TISSUE/MUSCLE	010	2.38
11100	BIOPSY OF SKIN LESION	000	0.81
11400	REMOVAL OF SKIN LESION	010	0.91
11406	REMOVAL OF SKIN LESION	010	2.76
11441	REMOVAL OF SKIN LESION	010	1.61
11603	REMOVAL OF SKIN LESION	010	2.35
11642	REMOVAL OF SKIN LESION	010	2.93
11762	RECONSTRUCTION OF NAIL BED	010	2.89
12002	REPAIR SUPERFICIAL WOUND(S)	010	1.86
14060	SKIN TISSUE REARRANGEMENT	090	8.5
15100	SKIN SPLIT GRAFT	090	9.05
15240	SKIN FULL GRAFT	090	9.04
15260	SKIN FULL GRAFT	090	10.06
15734	MUSCLE-SKIN GRAFT, TRUNK	090	17.79
15823	REVISION OF UPPER EYELID	090	7.05
15937	REMOVE SACRUM PRESSURE SORE	090	14.21
15946	REMOVE HIP PRESSURE SORE	090	21.57
17000	DESTROY BENIGN/PREMAL LESION	010	0.6
19240	REMOVAL OF BREAST	090	16
19318	REDUCTION OF LARGE BREAST	090	15.62
19364	BREAST RECONSTRUCTION	090	41
19367	BREAST RECONSTRUCTION	090	25.73
20610	DRAIN/INJECT, JOINT/BURSA	000	0.79
21267	REVISE EYE SOCKETS	090	18.9
21395	TREAT EYE SOCKET FRACTURE	090	12.68
21433	TREAT CRANIOFACIAL FRACTURE	090	25.35
22554	NECK SPINE FUSION	090	18.62
22595	NECK SPINAL FUSION	090	19.39
23412	REPAIR OF TENDON(S)	090	13.31
25611	TREAT FRACTURE RADIUS/ULNA	090	7.77
26040	RELEASE PALM CONTRACTURE	090	3.33
26045	RELEASE PALM CONTRACTURE	090	5.56
26055	INCISE FINGER TENDON SHEATH	090	2.69
26123	RELEASE PALM CONTRACTURE	090	9.29
26356	REPAIR FINGER/HAND TENDON	090	8.07
26531	REVISE KNUCKLE WITH IMPLANT	090	7.91
26615	TREAT METACARPAL FRACTURE	090	5.33
27006	INCISION OF HIP TENDONS	090	9.68
27165	INCISION/FIXATION OF FEMUR	090	17.91
27170	REPAIR/GRAFT FEMUR HEAD/NECK	090	16.07
27418	REPAIR DEGENERATED KNEECAP	090	10.85
27635	REMOVE LOWER LEG BONE LESION	090	7.78
27792	TREATMENT OF ANKLE FRACTURE	090	7.66
28285	REPAIR OF HAMMERTOE	090	4.59
28485	TREAT METATARSAL FRACTURE	090	5.71
29881	KNEE ARTHROSCOPY/SURGERY	090	7.76
30520	REPAIR OF NASAL SEPTUM	090	5.7
31575	DIAGNOSTIC LARYNGOSCOPY	000	1.1
31584	TREAT LARYNX FRACTURE	090	19.64
31600	INCISION OF WINDPIPE	000	3.62
31622	DX BRONCHOSCOPE/WASH	000	2.67
32000	DRAINAGE OF CHEST	000	1.54
32020	INSERTION OF CHEST TUBE	000	3.98
32100	EXPLORATION/BIOPSY OF CHEST	090	11.84
32440	REMOVAL OF LUNG	090	21.02
32480	PARTIAL REMOVAL OF LUNG	090	18.32
32500	PARTIAL REMOVAL OF LUNG	090	14.3
32602	THORACOSCOPY, DIAGNOSTIC	000	5.96
33208	INSERTION OF HEART PACEMAKER	090	8.13
33405	REPLACEMENT OF AORTIC VALVE	090	30.61
33426	REPAIR OF MITRAL VALVE	090	31.03
33430	REPLACEMENT OF MITRAL VALVE	090	31.43

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS—Continued

CPT Code	Short descriptor	Glob days	Work RVU
33500	REPAIR HEART VESSEL FISTULA	090	25.55
33512	CABG, VEIN, THREE	090	29.67
33513	CABG, VEIN, FOUR	090	31.95
33533	CABG, ARTERIAL, SINGLE	090	25.83
33870	TRANSVERSE AORTIC ARCH GRAFT	090	40.31
34201	REMOVAL OF ARTERY CLOT	090	9.13
35081	REPAIR DEFECT OF ARTERY	090	28.01
35082	REPAIR ARTERY RUPTURE, AORTA	090	36.35
35091	REPAIR DEFECT OF ARTERY	090	35.4
35207	REPAIR BLOOD VESSEL LESION	090	10.15
35221	REPAIR BLOOD VESSEL LESION	090	16.42
35301	RECHANNELING OF ARTERY	090	18.7
35454	REPAIR ARTERIAL BLOCKAGE	000	6.04
35473	REPAIR ARTERIAL BLOCKAGE	000	6.04
35474	REPAIR ARTERIAL BLOCKAGE	000	7.36
35556	ARTERY BYPASS GRAFT	090	21.76
35646	ARTERY BYPASS GRAFT	090	25.81
35654	ARTERY BYPASS GRAFT	090	18.61
35656	ARTERY BYPASS GRAFT	090	19.53
36140	ESTABLISH ACCESS TO ARTERY	XXX	2.01
36200	PLACE CATHETER IN AORTA	XXX	3.02
36215	PLACE CATHETER IN ARTERY	XXX	4.68
36216	PLACE CATHETER IN ARTERY	XXX	5.28
36245	PLACE CATHETER IN ARTERY	XXX	4.68
36471	INJECTION THERAPY OF VEINS	010	1.57
36489	INSERTION OF CATHETER, VEIN	000	1.22
36533	INSERTION OF ACCESS DEVICE	010	5.32
36620	INSERTION CATHETER, ARTERY	000	1.15
37140	REVISION OF CIRCULATION	090	23.6
38720	REMOVAL OF LYMPH NODES, NECK	090	13.61
39400	VISUALIZATION OF CHEST	010	5.61
40701	REPAIR CLEFT LIP/NASAL	090	15.85
42200	RECONSTRUCT CLEFT PALATE	090	12
42415	EXCISE PAROTID GLAND/LESION	090	16.89
42440	EXCISE SUBMAXILLARY GLAND	090	6.97
42809	REMOVE PHARYNX FOREIGN BODY	010	1.81
42820	REMOVE TONSILS AND ADENOIDS	090	3.91
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	000	2.39
43239	UPPER GI ENDOSCOPY, BIOPSY	000	2.69
43260	ENDO CHOLANGIOPANCREATOGRAPH	000	5.96
43268	ENDO CHOLANGIOPANCREATOGRAPH	000	7.39
43312	REPAIR ESOPHAGUS AND FISTULA	090	28.42
43331	REPAIR OF ESOPHAGUS	090	16.23
43420	REPAIR ESOPHAGUS OPENING	090	11.57
43610	EXCISION OF STOMACH LESION	090	11.15
43750	PLACE GASTROSTOMY TUBE	010	4.49
44120	REMOVAL OF SMALL INTESTINE	090	14.5
44140	PARTIAL REMOVAL OF COLON	090	18.35
44152	REMOVAL OF COLON/ILEOSTOMY	090	24.41
44160	REMOVAL OF COLON	090	15.88
44950	APPENDECTOMY	090	8.7
45110	REMOVAL OF RECTUM	090	23.8
45300	PROCTOSIGMOIDOSCOPY	000	0.7
45330	DIAGNOSTIC SIGMOIDOSCOPY	000	0.96
45331	SIGMOIDOSCOPY AND BIOPSY	000	1.26
45378	DIAGNOSTIC COLONOSCOPY	000	3.7
45380	COLONOSCOPY AND BIOPSY	000	4.01
45385	LESION REMOVAL COLONOSCOPY	000	5.31
46050	INCISION OF ANAL ABSCESS	010	1.19
46221	LIGATION OF HEMORRHOID(S)	010	1.43
46255	HEMORRHOIDECTOMY	090	5.36
46260	HEMORRHOIDECTOMY	090	7.42
46500	INJECTION INTO HEMORRHOIDS	010	1.61
46600	DIAGNOSTIC ANOSCOPY	000	0.5
47000	NEEDLE BIOPSY OF LIVER	000	1.9
47130	PARTIAL REMOVAL OF LIVER	090	34.25
47556	BILIARY ENDOSCOPY THRU SKIN	000	8.56
47605	REMOVAL OF GALLBLADDER	090	12.36

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS—Continued

CPT Code	Short descriptor	Glob days	Work RVU
48150	PARTIAL REMOVAL OF PANCREAS	090	43.48
49000	EXPLORATION OF ABDOMEN	090	11.68
49505	REPAIR INGUINAL HERNIA	090	6.49
50080	REMOVAL OF KIDNEY STONE	090	14.71
50230	REMOVAL OF KIDNEY	090	22.07
50392	INSERT KIDNEY DRAIN	000	3.38
50393	INSERT URETERAL TUBE	000	4.16
50780	REIMPLANT URETER IN BLADDER	090	18.36
51050	REMOVAL OF BLADDER STONE	090	6.92
51596	REMOVE BLADDER/CREATE POUCH	090	39.52
51845	REPAIR BLADDER NECK	090	9.73
51860	REPAIR OF BLADDER WOUND	090	12.02
52000	CYSTOSCOPY	000	2.01
52325	CYSTOSCOPY, STONE REMOVAL	000	6.16
52601	PROSTATECTOMY (TURP)	090	12.37
54150	CIRCUMCISION	010	1.81
54520	REMOVAL OF TESTIS	090	5.23
54640	SUSPENSION OF TESTIS	090	6.9
55250	REMOVAL OF SPERM DUCT(S)	090	3.29
55530	REVISE SPERMATIC CORD VEINS	090	5.66
55700	BIOPSY OF PROSTATE	000	1.57
55845	EXTENSIVE PROSTATE SURGERY	090	28.55
56340	LAPROSCOPIC CHOLECYSTECTOMY	090	11.09
57100	BIOPSY OF VAGINA	000	0.97
57300	REPAIR RECTUM-VAGINA FISTULA	090	7.61
57520	CONIZATION OF CERVIX	090	4.04
58100	BIOPSY OF UTERUS LINING	000	0.71
58150	TOTAL HYSTERECTOMY	090	15.24
58260	VAGINAL HYSTERECTOMY	090	12.2
58950	RESECT OVARIAN MALIGNANCY	090	15.27
59160	D & C AFTER DELIVERY	010	2.71
59400	OBSTETRICAL CARE	MMM	23.06
59515	CESAREAN DELIVERY	MMM	17.37
60240	REMOVAL OF THYROID	090	16.06
61154	PIERCE SKULL & REMOVE CLOT	090	14.99
61312	OPEN SKULL FOR DRAINAGE	090	24.57
61510	REMOVAL OF BRAIN LESION	090	28.45
61518	REMOVAL OF BRAIN LESION	090	37.32
61520	REMOVAL OF BRAIN LESION	090	54.84
61526	REMOVAL OF BRAIN LESION	090	52.17
61530	REMOVAL OF BRAIN LESION	090	43.86
61700	INNER SKULL VESSEL SURGERY	090	50.52
62223	ESTABLISH BRAIN CAVITY SHUNT	090	12.87
62270	SPINAL FLUID TAP, DIAGNOSTIC	000	1.13
62279	INJECT SPINAL ANESTHETIC	000	1.58
62284	INJECTION FOR MYELOGRAM	000	1.54
62289	INJECTION INTO SPINAL CANAL	000	1.64
63012	REMOVAL OF SPINAL LAMINA	090	15.4
63017	REMOVAL OF SPINAL LAMINA	090	15.94
63030	LOW BACK DISK SURGERY	090	12
63047	REMOVAL OF SPINAL LAMINA	090	14.61
63075	NECK SPINE DISK SURGERY	090	19.41
63650	IMPLANT NEUROELECTRODES	090	6.74
63660	REVISE/REMOVE NEUROELECTRODE	090	6.16
63685	IMPLANT NEURORECEIVER	090	7.04
63688	REVISE/REMOVE NEURORECEIVER	090	5.39
64442	INJECTION FOR NERVE BLOCK	000	1.41
64590	IMPLANT NEURORECEIVER	010	2.4
64595	REVISE/REMOVE NEURORECEIVER	010	1.73
64721	CARPAL TUNNEL SURGERY	090	4.29
66984	REMOVE CATARACT/INSERT LENS	090	10.28
67010	PARTIAL REMOVAL OF EYE FLUID	090	6.87
67107	REPAIR DETACHED RETINA	090	14.84
67145	TREATMENT OF RETINA	090	5.37
67228	TREATMENT OF RETINAL LESION	090	12.74
67904	REPAIR EYELID DEFECT	090	6.26
69631	REPAIR EARDRUM STRUCTURES	090	9.86
70220	X-RAY EXAM OF SINUSES	XXX	0.25

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS—Continued

CPT Code	Short descriptor	Glob days	Work RVU
70450	CAT SCAN OF HEAD OR BRAIN	XXX	0.85
70470	CONTRAST CAT SCANS OF HEAD	XXX	1.27
70541	MAGNETIC IMAGE, HEAD (MRA)	XXX	1.81
70553	MAGNETIC IMAGE, BRAIN (MRI)	XXX	2.36
71020	CHEST X-RAY	XXX	0.22
72050	X-RAY EXAM OF NECK SPINE	XXX	0.31
72100	X-RAY EXAM OF LOWER SPINE	XXX	0.22
72131	CAT SCAN OF LOWER SPINE	XXX	1.16
72148	MAGNETIC IMAGE, LUMBAR SPINE	XXX	1.48
72170	X-RAY EXAM OF PELVIS	XXX	0.17
73560	X-RAY EXAM OF KNEE, 1 OR 2	XXX	0.17
74000	X-RAY EXAM OF ABDOMEN	XXX	0.18
74020	X-RAY EXAM OF ABDOMEN	XXX	0.27
74160	CONTRAST CAT SCAN OF ABDOMEN	XXX	1.27
74280	CONTRAST X-RAY EXAM OF COLON	XXX	0.99
74400	CONTRST X-RAY, URINARY TRACT	XXX	0.49
74455	X-RAY, URETHRA/BLADDER	XXX	0.33
75650	ARTERY X-RAYS, HEAD & NECK	XXX	1.49
75962	REPAIR ARTERIAL BLOCKAGE	XXX	0.54
76091	MAMMOGRAM, BOTH BREASTS	XXX	0.69
76519	ECHO EXAM OF EYE	XXX	0.54
76645	ECHO EXAM OF BREAST(S)	XXX	0.54
76700	ECHO EXAM OF ABDOMEN	XXX	0.81
76805	ECHO EXAM OF PREGNANT UTERUS	XXX	0.99
76872	ECHO EXAM, TRANSRECTAL	XXX	0.69
77263	RADIATION THERAPY PLANNING	XXX	3.14
77290	SET RADIATION THERAPY FIELD	XXX	1.56
77430	WEEKLY RADIATION THERAPY	XXX	3.6
77762	RADIOELEMENT APPLICATION	090	5.72
77777	RADIOELEMENT APPLICATION	090	7.48
78006	THYROID IMAGING WITH UPTAKE	XXX	0.49
78223	HEPATOBILIARY IMAGING	XXX	0.84
78306	BONE IMAGING, WHOLE BODY	XXX	0.86
78461	HEART MUSCLE BLOOD, MULTIPLE	XXX	1.23
78465	HEART IMAGE (3D), MULTIPLE	XXX	1.46
78472	GATED HEART, PLANAR, SINGLE	XXX	0.98
78585	LUNG V/Q IMAGING	XXX	1.09
79000	INIT HYPERTHYROID THERAPY	XXX	1.8
80500	LAB PATHOLOGY CONSULTATION	XXX	0.37
85060	BLOOD SMEAR INTERPRETATION	XXX	0.45
85095	BONE MARROW ASPIRATION	XXX	1.08
85102	BONE MARROW BIOPSY	XXX	1.37
86078	PHYSICIAN BLOOD BANK SERVICE	XXX	0.94
88104	CYTOPATHOLOGY, FLUIDS	XXX	0.56
88302	TISSUE EXAM BY PATHOLOGIST	XXX	0.13
88304	TISSUE EXAM BY PATHOLOGIST	XXX	0.22
88305	TISSUE EXAM BY PATHOLOGIST	XXX	0.75
88307	TISSUE EXAM BY PATHOLOGIST	XXX	1.59
88309	TISSUE EXAM BY PATHOLOGIST	XXX	2.28
88325	COMPREHENSIVE REVIEW OF DATA	XXX	2.22
88331	PATHOLOGY CONSULT IN SURGERY	XXX	1.19
90801	PSY DX INTERVIEW	XXX	2.8
90853	GROUP PSYCHOTHERAPY	XXX	0.59
90862	MEDICATION MANAGEMENT	XXX	0.95
90870	ELECTROCONVULSIVE THERAPY	000	1.88
90935	HEMODIALYSIS, ONE EVALUATION	000	1.22
90937	HEMODIALYSIS, REPEATED EVAL	000	2.11
90945	DIALYSIS, ONE EVALUATION	000	1.28
92004	EYE EXAM, NEW PATIENT	XXX	1.67
92012	EYE EXAM ESTABLISHED PAT	XXX	0.67
92014	EYE EXAM & TREATMENT	XXX	1.1
92083	VISUAL FIELD EXAMINATION(S)	XXX	0.5
92250	EYE EXAM WITH PHOTOS	XXX	0.44
92950	HEART/LUNG RESUSCITATION CPR	000	3.8
92960	CARDIOVERSION ELECTRIC, EXT	000	2.25
92982	CORONARY ARTERY DILATION	000	10.98
93010	ELECTROCARDIOGRAM REPORT	XXX	0.17
93015	CARDIOVASCULAR STRESS TEST	XXX	0.75

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS—Continued

CPT Code	Short descriptor	Glob days	Work RVU
93224	ECG MONITOR/REPORT, 24 HRS	XXX	0.52
93307	ECHO EXAM OF HEART	XXX	0.92
93320	DOPPLER ECHO EXAM, HEART	ZZZ	0.38
93510	LEFT HEART CATHETERIZATION	000	4.33
93526	RT & LT HEART CATHETERS	000	5.99
93620	ELECTROPHYSIOLOGY EVALUATION	000	11.59
93651	ABLATE HEART DYSRHYTHM FOCUS	000	16.25
93732	ANALYZE PACEMAKER SYSTEM	XXX	0.92
93736	TELEPHONE ANALY, PACEMAKER	XXX	0.15
93880	EXTRACRANIAL STUDY	XXX	0.6
94010	BREATHING CAPACITY TEST	XXX	0.17
94060	EVALUATION OF WHEEZING	XXX	0.31
94656	INITIAL VENTILATOR MGMT	XXX	1.22
94657	CONTINUED VENTILATOR MGMT	XXX	0.83
95819	ELECTROENCEPHALOGRAM (EEG)	XXX	1.08
95860	MUSCLE TEST, ONE LIMB	XXX	0.96
95861	MUSCLE TEST, TWO LIMBS	XXX	1.54
95900	MOTOR NERVE CONDUCTION TEST	XXX	0.42
95904	SENSE/MIXED N CONDUCTION TST	XXX	0.34
97110	THERAPEUTIC EXERCISES	XXX	0.45
99201	OFFICE/OUTPATIENT VISIT, NEW	XXX	0.45
99202	OFFICE/OUTPATIENT VISIT, NEW	XXX	0.88
99203	OFFICE/OUTPATIENT VISIT, NEW	XXX	1.34
99204	OFFICE/OUTPATIENT VISIT, NEW	XXX	2
99205	OFFICE/OUTPATIENT VISIT, NEW	XXX	2.67
99211	OFFICE/OUTPATIENT VISIT, EST	XXX	0.17
99212	OFFICE/OUTPATIENT VISIT, EST	XXX	0.45
99213	OFFICE/OUTPATIENT VISIT, EST	XXX	0.67
99214	OFFICE/OUTPATIENT VISIT, EST	XXX	1.1
99215	OFFICE/OUTPATIENT VISIT, EST	XXX	1.77
99222	INITIAL HOSPITAL CARE	XXX	2.14
99223	INITIAL HOSPITAL CARE	XXX	2.99
99231	SUBSEQUENT HOSPITAL CARE	XXX	0.64
99232	SUBSEQUENT HOSPITAL CARE	XXX	1.06
99233	SUBSEQUENT HOSPITAL CARE	XXX	1.51
99238	HOSPITAL DISCHARGE DAY	XXX	1.28
99241	OFFICE CONSULTATION	XXX	0.64
99242	OFFICE CONSULTATION	XXX	1.29
99243	OFFICE CONSULTATION	XXX	1.72
99244	OFFICE CONSULTATION	XXX	2.58
99245	OFFICE CONSULTATION	XXX	3.43
99252	INITIAL INPATIENT CONSULT	XXX	1.32
99253	INITIAL INPATIENT CONSULT	XXX	1.82
99254	INITIAL INPATIENT CONSULT	XXX	2.64
99255	INITIAL INPATIENT CONSULT	XXX	3.65
99263	FOLLOW-UP INPATIENT CONSULT	XXX	1.27
99282	EMERGENCY DEPT VISIT	XXX	0.55
99283	EMERGENCY DEPT VISIT	XXX	1.24
99284	EMERGENCY DEPT VISIT	XXX	1.95
99285	EMERGENCY DEPT VISIT	XXX	3.06
99291	CRITICAL CARE, FIRST HOUR	XXX	3.6
99292	CRITICAL CARE, ADDL 30 MIN	ZZZ	1.8
99295	NEONATAL CRITICAL CARE	XXX	16
99296	NEONATAL CRITICAL CARE	XXX	8
99297	NEONATAL CRITICAL CARE	XXX	4
99302	NURSING FACILITY CARE	XXX	1.61
99311	NURSING FAC CARE, SUBSEQ	XXX	0.6
99381	PREV VISIT, NEW, INFANT	XXX	1.19
99382	PREV VISIT, NEW, AGE 1–4	XXX	1.36
99383	PREV VISIT, NEW, AGE 5–11	XXX	1.36
99384	PREV VISIT, NEW, AGE 12–17	XXX	1.53
99385	PREV VISIT, NEW, AGE 18–39	XXX	1.53
99386	PREV VISIT, NEW, AGE 40–64	XXX	1.88
99387	PREV VISIT, NEW, 65 & OVER	XXX	2.06
99391	PREV VISIT, EST, INFANT	XXX	1.02
99392	PREV VISIT, EST, AGE 1–4	XXX	1.19
99393	PREV VISIT, EST, AGE 5–11	XXX	1.19
99394	PREV VISIT, EST, AGE 12–17	XXX	1.36

ADDENDUM E.—REFERENCE SET WITH 2000 WORK RVUS—Continued

CPT Code	Short descriptor	Glob days	Work RVU
99431	INITIAL CARE, NORMAL NEWBORN	XXX	1.17
99433	NORMAL NEWBORN CARE/HOSPITAL	XXX	0.62
99440	NEWBORN RESUSCITATION	XXX	2.93

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[FR Doc. 99–28367 Filed 11–1–99; 8:45 am]

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