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WHEN: Tuesday, June 14, 2011
9 a.m.–12:30 p.m.

WHERE: Office of the Federal Register
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Contents

Federal Register

Vol. 76, No. 108

Monday, June 6, 2011

Agriculture Department
See Rural Business-Cooperative Service
See Rural Utilities Service

Broadcasting Board of Governors
NOTICES
Privacy Act; Systems of Records, 32355–32357

Centers for Medicare & Medicaid Services
RULES
Medicaid Programs:
Payment Adjustment for Provider Preventable Conditions Including Health Care Acquired Conditions, 32816–32838
PROPOSED RULES
Medicare Program:
Five Year Review of Work Relative Value Units Under the Physician Fee Schedule, 32410–32813

Coast Guard
RULES
Limited Service Domestic Voyage Load Lines for River Barges on Lake Michigan, 32323–32327
Regattas and Marine Parades:
Great Lakes Annual Marine Events, 32313
Safety Zones:
Chelsea St. Bridge Demolition, Chelsea River, Chelsea, MA, 32313–32316

Commerce Department
See International Trade Administration

Community Development Financial Institutions Fund
NOTICES
New Markets Tax Credit Program; Allocation Availability, 32392–32403

Comptroller of the Currency
PROPOSED RULES
Office of Thrift Supervision Integration; Dodd-Frank Act Implementation; Correction, 32332

Copyright Office, Library of Congress
RULES
Gap in Termination Provisions, 32316–32321

Defense Acquisition Regulations System
RULES
Defense Federal Acquisition Regulation Supplements:
Agency Office of Inspector General, 32840–32841
Fire-Resistant Fiber for Production of Military Uniforms, 32843–32844
Foreign Acquisition Amendments, 32841–32843
PROPOSED RULES
Defense Federal Acquisition Regulation Supplements:
Definition of Qualifying Country End Product, 32845–32846
Representation Relating to Compensation of Former DoD Officials, 32846–32849

Defense Department
See Defense Acquisition Regulations System
See Navy Department
PROPOSED RULES
Reducing Regulatory Burden; Retrospective Review Under E.O. 13563, 32330
NOTICES
Meetings:
Advisory Council on Dependents Education, 32358
Defense Department Advisory Committee on Women in the Services, 32358–32359

Election Assistance Commission
NOTICES
Meetings; Sunshine Act, 32359–32360

Environmental Protection Agency
RULES
Approvals and Promulgations of Air Quality Implementation Plans:
Pennsylvania; Revision to Inspection and Maintenance Program—Quality Assurance Protocol, etc., 32321–32323
PROPOSED RULES
Approvals and Promulgations of Air Quality Implementation Plans:
Pennsylvania; Revision to Inspection and Maintenance Program—Quality Assurance Protocol, etc., 32333
Approvals and Promulgations of State Implementation Plans:
Texas; Revisions to New Source Review; Permit Renewals, 32333–32340
NOTICES
Proposed CERCLA Administrative De Minimis Settlements:
Casmalia Disposal Site, 32360

Executive Office of the President
See Management and Budget Office

Farm Credit Administration
NOTICES
Meetings; Sunshine Act, 32360

Federal Communications Commission
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals, 32360–32361

Federal Deposit Insurance Corporation
NOTICES
Updated Listing of Financial Institutions in Liquidation, 32361

Federal Emergency Management Agency
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals:
Integrated Public Alert and Warning Systems Inventory, 32367–32368
Emergency and Related Determinations:
Mississippi, 32368–32369
Tennessee, 32369
Emergency Declarations:
North Dakota; Amendment No. 4, 32369–32370

Major Disaster Declarations:
Arkansas; Amendment No. 4, 32371
Kentucky; Amendment No. 7, 32370
Kentucky; Amendment No. 8, 32370
Minnesota; Amendment No. 1, 32372
Minnesota; Amendment No. 2, 32371–32372
Tennessee; Amendment No. 1 , 32371
Tennessee; Amendment No. 2, 32370–32371

Federal Motor Carrier Safety Administration
RULES
Regulatory Guidance:
Designation of Steerable Rear Axle Operators (Tillermen) as Drivers of Commercial Motor Vehicles, 32327–32329
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals:
Hours of Service of Drivers Regulations, 32388–32390
Meetings:
Motor Carrier Safety Advisory Committee, 32390–32391

Federal Railroad Administration
NOTICES
Meetings:
Northeast Corridor Safety Committee, 32391

Federal Reserve System
NOTICES
Changes in Bank Control:
Acquisitions of Shares of a Bank or Bank Holding Company, 32361–32362
Formations of, Acquisitions by, and Mergers of Bank Holding Companies, 32362

Food and Drug Administration
PROPOSED RULES
Filings of Food Additive Petitions; Animal Use:
BASF Corp.; Methyl Esters of Conjugated Linoleic Acid; Silicon Dioxide, 32332–32333
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals:
Reports and Records Under Prescription Drug Marketing Act of 1987, 32362–32364
Collaboration in Regulatory Science and Capacity To Advance Global Access to Safe Vaccines and Biologicals, 32364–32366
Determination That Product Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness:
ORLAAM (Levomethadyl Acetate Hydrochloride) Oral Solution, 10 Milligrams/Milliliter, 32366–32367
Draft Guidance for Industry; Availability:
Financial Disclosure by Clinical Investigators; Correction, 32367

General Services Administration
PROPOSED RULES
Federal Travel Regulations:
Temporary Duty Travel Allowances (Taxes); Relocation Allowances (Taxes), 32340–32354

Health and Human Services Department
See Centers for Medicare & Medicaid Services
See Food and Drug Administration
PROPOSED RULES
Reducing Regulatory Burden; Retrospective Review under Executive Order 13563, 32330–32331

Homeland Security Department
See Coast Guard
See Federal Emergency Management Agency
PROPOSED RULES
Retrospective Review under E.O. 13563:
Preliminary Plan, 32331–32332

Internal Revenue Service
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals, 32403–32408

International Trade Administration
NOTICES
Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review:
Freshwater Crawfish Tail Meat From the People's Republic of China, 32357–32358

International Trade Commission
NOTICES
Complaints, 32372–32373
Investigations:
Certain Electronic Devices Having a Digital Television Receiver and Components Thereof, 32373–32374

Labor Department
See Occupational Safety and Health Administration

Library of Congress
See Copyright Office, Library of Congress

Management and Budget Office
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals:
Partnership Fund for Program Integrity Innovation Pilot Idea Template, 32375–32377
Audits of States, Local Governments, and Non-Profit Organizations:
OMB Circular A–133 Compliance Supplement, 32377–32378

National Highway Traffic Safety Administration
NOTICES
Petitions for Decision that Nonconforming Vehicles Manufactured for the Mexican Market Are Eligible for Importation:
2007 Dodge Durango Multipurpose Passenger, 32391–32392

National Science Foundation
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals, 32378–32379

Navy Department
NOTICES
Privacy Act; Systems of Records, 32359

Nuclear Regulatory Commission
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals, 32379–32380

Occupational Safety and Health Administration
NOTICES
Meetings:
National Advisory Committee on Occupational Safety and Health, 32374–32375

Office of Management and Budget
See Management and Budget Office

Rural Business-Cooperative Service
NOTICES
Funds Availability:
Biorefinery Assistance Program, 32355

Rural Utilities Service
NOTICES
Funds Availability:
Biorefinery Assistance Program, 32355

Securities and Exchange Commission
NOTICES
Agency Information Collection Activities; Proposals, Submissions, and Approvals, 32380–32381
Self-Regulatory Organizations; Proposed Rule Changes:
International Securities Exchange, LLC, 32382–32383
NASDAQ OMX BX, 32383–32385
NASDAQ OMX PHLX LLC, 32385–32387

Small Business Administration
NOTICES
Disaster Declarations:
Kentucky; Amendment 2, 32387
Kentucky; Amendment 4, 32387–32388
Minnesota; Amendment 1, 32388
Tennessee; Amendment 1, 32387

State Department
NOTICES
Determination and Waiver Relating to Assistance for the Independent States of the Former Soviet Union, 32388
Waiver of Restriction on Assistance to Central Government of Dominican Republic, 32388

Transportation Department
See Federal Motor Carrier Safety Administration
See Federal Railroad Administration
See National Highway Traffic Safety Administration

Treasury Department
See Community Development Financial Institutions Fund
See Comptroller of the Currency
See Internal Revenue Service

Separate Parts In This Issue

Part II
Health and Human Services Department, Centers for Medicare & Medicaid Services, 32410–32813

Part III
Health and Human Services Department, Centers for Medicare & Medicaid Services, 32816–32838

Part IV
Defense Department, Defense Acquisition Regulations System, 32840–32849

Reader Aids

Consult the Reader Aids section at the end of this page for phone numbers, online resources, finding aids, reminders, and notice of recently enacted public laws.

To subscribe to the Federal Register Table of Contents LISTSERV electronic mailing list, go to http://listserv.access.gpo.gov and select Online mailing list archives, FEDREGTOC-L, Join or leave the list (or change settings); then follow the instructions.

CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

2 CFR
Proposed Rules:
Ch. XI....32330

5 CFR
Proposed Rules:
Ch. XLV....32330
Ch. XXVI....32330

6 CFR
Proposed Rules:
Ch. I....32331

8 CFR
Proposed Rules:
Ch. I....32331

12 CFR
Proposed Rules:
4....32332
5....32332
7....32332
8....32332
28....32332
34....32332

19 CFR
Proposed Rules:
Ch. I....32331

21 CFR
Proposed Rules:
Ch. I....32330
573....32332

25 CFR
Proposed Rules:
Ch. V....32330

32 CFR
Proposed Rules:
Ch. I....32330
Ch. V....32330
Ch. VI....32330
Ch. VII....32330
Ch. XII....32330

33 CFR
100....32313
165....32313
Proposed Rules:
Ch. I....32331
Ch. II....32330

36 CFR
Proposed Rules:
Ch. III....32330

37 CFR
201....32316

40 CFR
52....32321
Proposed Rules:
Ch. VII....32330
52 (2 documents)....32333

41 CFR
Proposed Rules:
301-11....32340
302-2....32340
302-3....32340
302-17....32340

42 CFR
434....32816
438....32816
447....32816
Proposed Rules:
Ch. I....32330
V....32330
414....32410

44 CFR
Proposed Rules:
Ch. I....32331

45 CFR
Proposed Rules:
Ch. II....32330
III....32330
IV....32330
X....32330
XIII....32330

46 CFR
45....32323
Proposed Rules:
Ch. I....32331
III....32331

48 CFR
203....32840
225 (2 documents)....32841, 32843
252 (2 documents)....32840, 32841
Proposed Rules:
Ch. 1....32330
2....32330
52....32330
54....32330
203....32846
204....32846
252 (2 documents)....32845, 32846

49 CFR
383....32327
390....32327
Proposed Rules:
Ch. XII....32331

Rules and Regulations

Federal Register

Vol. 76, No. 108

Monday, June 6, 2011

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

The Code of Federal Regulations is sold by the Superintendent of Documents. Prices of new books are listed in the first FEDERAL REGISTER issue of each week.

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 100

[Docket No. USCG–2010–0409]

Regattas and Marine Parades; Great Lakes Annual Marine Events

AGENCY: Coast Guard, DHS.

ACTION: Notice of enforcement of regulation.

SUMMARY: The Coast Guard will enforce various local regulations for annual regattas and marine parades in the Captain of the Port Detroit zone from 8 a.m. on June 24, 2011 through 6 p.m. on July 31, 2011. This action is necessary and intended to ensure safety of life on the navigable waters immediately prior to, during, and immediately after regattas or marine parades. This rule will establish restrictions upon, and control movement of, vessels in specified areas immediately prior to, during, and immediately after regattas or marine parades. During the enforcement periods, no person or vessel may enter the regulated areas without permission of the Captain of the Port.

DATES: The regulations in 33 CFR 100.914, 100.915, 100.918, and 100.919 will be enforced at various times between June 24, 2011 and July 31, 2011.

FOR FURTHER INFORMATION CONTACT: If you have questions on this notice, call or e-mail LT Katie Stanko, Prevention Department, Sector Detroit, Coast Guard; telephone (313) 568–9508, e-mail *Katie.R.Stanko@uscg.mil.*

SUPPLEMENTARY INFORMATION: The Coast Guard will enforce the following special local regulations at the following times:

§ 100.919 International Bay City River Roar, Bay City, MI.

This special local regulation will be enforced from 8 a.m. to 5:30 p.m. on June 24, 2011 and from 9 a.m. to 6 p.m. on June 25 and 26, 2011. In the case of inclement weather on June 26, 2011, this special local regulation will be enforced from 9 a.m. to 6 p.m. on June 27, 2011.

§ 100.914 Trenton Rotary Roar on the River, Trenton, MI.

This special local regulation will be enforced from 2 p.m. to 6 p.m. on July 22, 2011 and from 8 a.m. to 8 p.m. on July 23 and 24, 2011.

§ 100.915 St. Clair River Classic Offshore Race, St. Clair, MI.

This special local regulation will be enforced daily from 10 a.m. to 6 p.m. on July 29, 30 and 31, 2011.

Regulations:

(1) In accordance with the general regulations in 33 CFR 100.901, entry into, transiting, or anchoring within these regulated areas is prohibited unless authorized by the Captain of the Port Detroit, or his designated on-scene representative.

(2) These regulated areas are closed to all vessel traffic, except as may be permitted by the Captain of the Port Detroit or his designated on-scene representative.

(3) The "designated on-scene representative" of the Captain of the Port is any Coast Guard commissioned, warrant, or petty officer who has been designated by the Captain of the Port to act on his behalf. The designated on-scene representative of the Captain of the Port will be aboard either a Coast Guard or Coast Guard Auxiliary vessel. The Captain of the Port or his designated on scene representative may be contacted via VHF Channel 16.

(4) Vessel operators desiring to enter or operate within the regulated area shall contact the Captain of the Port Detroit or his designated on-scene representative to obtain permission.

(5) Vessel operators given permission to enter or operate in the regulated area must comply with all directions given to them by the Captain of the Port or his designated on-scene representative.

Dated: May 19, 2011.

J.E. Ogden,

Captain, U.S. Coast Guard, Captain of the Port Detroit.

[FR Doc. 2011–13759 Filed 6–3–11; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

[Docket No. USCG–2011–0420]

RIN 1625–AA00

Safety Zone; Chelsea St. Bridge Demolition, Chelsea River, Chelsea, MA

AGENCY: Coast Guard, DHS.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone within the Sector Boston Captain of the Port (COTP) Zone for the demolition of the Chelsea St. Bridge. This safety zone is necessary to provide for the safety of life on navigable waters during the demolition operations. Entering into, transiting through, mooring or anchoring within this zone is prohibited unless authorized by the COTP or the designated on-scene representative.

DATES: This rule is effective and will be enforced from 7 a.m. on June 6, 2011 to 7 a.m. on June 9, 2011.

ADDRESSES: Documents indicated in this preamble as being available in the docket are part of docket USCG–2011–0420 are available online by going to *http://www.regulations.gov,* inserting USCG–2011–0420 in the "Keyword" box, and then clicking "Search." They are also available for inspection or copying at the Docket Management Facility (M–30), U.S. Department of Transportation, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: If you have questions on this temporary rule, call or e-mail MST1 David Labadie of the Waterways Management Division, U.S. Coast Guard Sector Boston; telephone 617–223–3010, e-mail *david.j.labadie@uscg.mil.* If you have questions on viewing material related to

the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202–366–9826.

SUPPLEMENTARY INFORMATION:

Regulatory Information

The Coast Guard is issuing this temporary final rule without prior notice and opportunity to comment pursuant to authority under section 4(a) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). This provision authorizes an agency to issue a rule without prior notice and opportunity to comment when the agency for good cause finds that those procedures are "impracticable, unnecessary, or contrary to the public interest." Under 5 U.S.C. 553(b)(B), the Coast Guard finds that good cause exists for not publishing a notice of proposed rulemaking (NPRM) with respect to this rule because sufficient information regarding the dates of the demolition activities was not received in time to publish a NPRM followed by a final rule as the demolition would occur before the rulemaking process was complete.

The Chelsea Street Bridge will need to be demolished between June 6, and June 9, 2011. It is crucial to the operation of the waterway that this $127 million-project remains on schedule, beginning with the demolition of the existing bridge. There is a very complex timeline required to be followed to ensure this waterway remains operational, ensuring product delivery vital to New England, namely petroleum products (*e.g.* heating oil and gasoline). If the bridge construction project is held up or off schedule it would have serious ramifications to the waterway stakeholders. Due to the dangers posed by the demolition of such a large structure over a waterway, the safety zone is necessary to provide for the safety of any vessels transiting the area. For the safety concerns noted, it is in the public interest to have these regulations in effect during the demolition.

Under 5 U.S.C. 553(d)(3), the Coast Guard finds that good cause exists for making this rule effective less than 30 days after publication in the **Federal Register.** Any delay in the effective date of this rule would expose vessels and other property to the hazards associated with demolition of such a large structure over the waterway.

Basis and Purpose

The legal basis for the temporary rule is 33 U.S.C. 1226, 1231, 46 U.S.C. Chapter 701, 3306, 3703; 50 U.S.C. 191, 195; Public Law 107–295, 116 Stat. 2064; and Department of Homeland Security Delegation No. 0170.1, which collectively authorize the Coast Guard to define safety zones.

The safety zone is being issued to establish a temporary limited access area on the Chelsea River around the existing Chelsea St. Bridge during the operations surrounding the bridge's demolition and removal.

Discussion of Rule

This temporary rule is necessary to ensure the safety of vessels and other property from the hazards associated with bridge demolition operations. The COTP Boston has determined that the demolition of such a large structure over the waterway poses a significant risk to public safety and property. Hazards include obstructions to the waterway that may contribute to marine casualties, such as crane barges, work vessels, and construction equipment, and large pieces of debris falling into the water that may cause death or serious bodily harm. Establishing a safety zone around the location of the demolition operations will help ensure the safety of vessels and other property and help minimize the associated risks.

The Coast Guard has been coordinating with contractors and local stakeholders regarding the scope of the overall project. The stakeholders that may be affected by this limited access area have been involved with the planning of this project and are aware of the potential impacts to waterway from this project.

Vessels may enter or transit through this safety zone during this time frame if authorized by the COTP Boston or the designated representative.

The COTP will cause notice of enforcement or suspension of enforcement of this safety zone to be made by all appropriate means to affect the widest distribution among the affected segments of the public. Such means of notification will include, but is not limited to, Broadcast Notice to Mariners and Local Notice to Mariners.

Regulatory Analyses

We developed this rule after considering numerous statutes and executive orders related to rulemaking. Below we summarize our analyses based on 13 of these statutes or executive orders.

Executive Order 12866 and Executive Order 13563

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866, Regulatory Planning and Review, as supplemented by Executive Order 13563, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. The Office of Management and Budget has not reviewed it under that Order.

The Coast Guard determined that this rule is not a significant regulatory action for the following reasons: The safety zone will be of limited duration, is located in a waterway that has no recreational boating traffic; commercial traffic and potentially affected terminal operators have been consulted and will coordinate their vessels transits to avoid, to the extent possible, any disruptions in normal operations.

Persons and/or vessels may enter the safety zone if they obtain permission from the Coast Guard COTP, Boston.

Notifications will be made to the local maritime community through the Local Notice to Mariners and Broadcast Notice to Mariners well in advance of the demolition.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term "small entities" comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The Coast Guard certifies under 5 U.S.C. 605(b) that this rule would not have a significant economic impact on a substantial number of small entities.

This rule will affect the following entities, some of which may be small entities: The owners or operators of vessels intending to enter, transit through, moor or anchor in portions of the Chelsea River during bridge demolition operations.

This rule will not have a significant economic impact on a substantial number of small entities for the following reasons: Vessels will only be restricted from this safety zone for a short duration of time. Persons and/or vessels may enter the safety zone if they obtain permission from the Coast Guard COTP, Boston. Potentially affected waterway users have plans in place to coordinate their vessel transits to avoid, to the extent possible, any disruptions in normal operations. There is no recreational boating traffic located in this waterway.

Notifications will be made to the local maritime community through the Local Notice to Mariners and Broadcast Notice to Mariners well in advance of the demolition.

Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we offer to assist small entities in understanding the rule so that they can better evaluate its effects on them and participate in the rulemaking process. If the rule would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please contact MST1 David Labadie at the telephone number or e-mail address indicated under the **FOR FURTHER INFORMATION CONTACT** section of this notice.

Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247). The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. We have analyzed this rule under that Order and have determined that it does not have implications for federalism.

Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 (adjusted for inflation) or more in any one year. Though this rule will not result in such expenditure, we do discuss the effects of this rule elsewhere in this preamble.

Taking of Private Property

This rule will not cause a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not create an environmental risk to health or risk to safety that may disproportionately affect children.

Indian Tribal Governments

This rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

Energy Effects

We have analyzed this rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a "significant energy action" under that order because it is not a "significant regulatory action" under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

Technical Standards

The National Technology Transfer and Advancement Act (NTTAA) (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., specifications of materials, performance, design, or operation; test methods; sampling procedures; and related management systems practices) that are developed or adopted by voluntary consensus standards bodies.

This rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

Environment

We have analyzed this rule under Department of Homeland Security Management Directive 023–01 and Commandant Instruction M16475.lD, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that this action is one of a category of actions that do not individually or cumulatively have a significant effect on the human environment. This rule is categorically excluded, under figure 2–1, paragraph (34)(g), of the Instruction. This rule involves the establishment of a safety zone. An environmental analysis checklist and a categorical exclusion determination are available in the docket where indicated under **ADDRESSES**.

List of Subjects in 33 CFR Part 165

Marine safety, Navigation (water), Reporting and recordkeeping requirements, Waterways.

For the reasons discussed in the preamble, the Coast Guard amends 33 CFR Part 165 as follows:

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

■ 1. The authority citation for part 165 continues to read as follows:

Authority: 33 U.S.C. 1226, 1231; 46 U.S.C. Chapter 701, 3306, 3703; 50 U.S.C. 191, 195; 33 CFR 1.05–1(g), 6.04–1, 6.04–6, and 160.5; Pub. L. 107–295, 116 Stat. 2064; Department of Homeland Security Delegation No. 0170.1.

■ 2. Add § 165.T01–0420 to read as follows:

§ 165.T01–0420 Chelsea St. Bridge Demolition, Chelsea River, Chelsea, Massachusetts.

(a) *General.* A temporary safety zone is established for the bridge demolition as follows:

(1) *Location.* All waters of the Chelsea River, from surface to bottom, within the following points (NAD 83):

42°23.10′ N, 071°01.26′ W.
42°23.15′ N, 071°01.20′ W.
42°23.10′ N, 071°01.17′ W.
42°23.07′ N, 070°01.24′ W.

(2) *Enforcement period.* This rule is effective and will be enforced from 7 a.m. on June 6, 2011 to 7 a.m. on June 9, 2011.

(b) *Regulations.* (1) In accordance with the general regulations in § 165.23 of this part, entering into, transiting through, mooring or anchoring within this regulated area is prohibited unless authorized by the Captain of the Port (COTP) Boston, or the designated on-scene representative.

(2) The "on-scene representative" is any Coast Guard commissioned, warrant, or petty officer who has been designated by the COTP Boston to act on his behalf. The on-scene representative will be aboard either a Coast Guard or Coast Guard Auxiliary vessel.

(3) Vessel operators desiring to enter or operate within the regulated area shall contact the COTP or the designated on-scene representative via VHF channel 16 or 617–223–5750 (Sector Boston command center) to obtain permission to do so.

(4) Vessel operators given permission to enter or operate in the regulated area must comply with all directions given to them by the COTP or the designated on-scene representative.

(5) Notice of suspension of enforcement: The COTP Sector Boston may temporarily suspend enforcement of the safety zone. If enforcement is suspended, the COTP will cause a notice of the suspension of enforcement by all appropriate means to affect the widest publicity among the affected segments of the public. Such means of notification may also include, but are not limited to, Broadcast Notice to Mariners and Local Notice to Mariners. Such notification will include the date and time that enforcement is suspended as well as the date and time that enforcement will resume.

Dated: May 24, 2011.

John N. Healey,

Captain, U.S. Coast Guard, Captain of the Port Boston.

[FR Doc. 2011–13838 Filed 6–3–11; 8:45 am]

BILLING CODE 9110–04–P

LIBRARY OF CONGRESS

Copyright Office

37 CFR Part 201

[Docket No. RM 2010–5]

Gap in Termination Provisions

AGENCY: Copyright Office, Library of Congress.

ACTION: Final rule.

SUMMARY: The Copyright Office is amending its regulations governing notices of termination of certain grants of transfers and licenses of copyright under section 203 of the Copyright Act. The amendments are intended to clarify the recordation practices of the Copyright Office regarding the content of certain notices of termination, and the circumstances under which such notices will be accepted by the Office. In particular, they clarify that the Copyright Office will record section 203 notices of termination of grants for works created after 1977 even when the agreement to make a grant was made before 1978.

DATES: Effective Date: June 6, 2011.

FOR FURTHER INFORMATION CONTACT: David O. Carson, General Counsel, P.O. Box 70400, Washington, DC 20024. *Telephone:* (202) 707–8380. *Telefax:* (202) 707–8366. All prior **Federal Register** notices and public comments in this docket and a related inquiry are available at *http://www.copyright.gov/docs/termination*.

SUPPLEMENTARY INFORMATION:

Background

The Copyright Act gives authors (and some heirs, beneficiaries and representatives who are specified by statute) the right to terminate certain grants of transfers or licenses within the time frames set forth in the statute and subject to the execution of certain conditions precedent. Termination rights (also referred to as "recapture rights") are equitable accommodations under the law. They allow authors or their heirs a second opportunity to share in the economic success of their works. These termination rights are codified in sections 203, 304(c), 304(d) and 203 of Title 17 of the United States Code. They do not apply to copyrights in works made for hire or grants made by will. Sections 304(c) and 304(d) establish termination rights for works that had subsisting copyrights on January 1, 1978, the effective date of the 1976 Copyright Act. Section 203, which is the subject of this rulemaking, establishes termination rights for works subject to grants of transfers or licenses made on or after the effective date of the 1976 Copyright Act, but only to the extent they were executed by the author.

The current rulemaking addresses a narrow fact pattern that was also the subject of a related notice of inquiry published March 29, 2010. (75 FR 15390). Through the notice of inquiry, the Office sought comments as to whether or how the termination provisions apply in circumstances where an author agreed to make a grant prior to January 1, 1978, but the work in question was created on or after January 1, 1978—circumstances raised by some authors and songwriters and their representatives in discussions with the Copyright Office and some congressional offices. Such grants are sometimes called "Gap Grants" in light of a perception that in creating the section 304 termination process and the section 203 termination process, as described above, Congress may have created a "gap" by failing to address circumstances in which authors (or would-be authors) agreed to make grants prospectively, before January 1, 1978, for works they did not create until on or after that date.

In response to the Notice of Inquiry seeking comments on the so-called "gap," the Copyright Office received sixteen initial comments and nine reply comments. These comments are available online on the Copyright Office Web site, at *http://www.copyright.gov/docs/termination/*. Most concluded that the termination right provided in section 203 of the Copyright Act is applicable to Gap Grants as currently codified, reasoning that a grant is not fully executed under the law until the relevant work has been created. Multiple commenters expanded on this point, observing, in turn, that there can be no author, no copyright interest and no grant of copyright under Title 17 until there is first a work of authorship. One comment, however, urged caution, questioning whether, at least in the case of written grants, Congress intended the date of execution for the purposes of section 203 to mean the date the grant was signed. This view could not apply to grants made orally, but it would mean section 203 cannot apply to any fact patterns in which grants are executed in writing and signed prior to January 1, 1978.

Based on the comments received and its own analysis, the Copyright Office concluded that the better interpretation of the law is that Gap Grants *are* terminable under section 203, as currently codified, because as a matter of copyright law, a transfer that predates the existence of the copyrighted work cannot be effective (and therefore cannot be "executed") until the work of authorship (and the copyright) come into existence. In arriving at this conclusion, the Copyright Office looked at the plain meaning of Title 17, including section 203, as well as the legislative history of the termination provisions. It also considered transfer of copyrights and renewal rights under common law, prior to enactment of the termination provisions. *See Analysis of Gap Grants Under the Termination*

Provisions of Title 17 (December 7, 2010), available at *http://www.copyright.gov/reports/gap-grant%20analysis.pdf* (hereinafter the "December Analysis").

In the December Analysis, the Copyright Office also concluded that legislation to clarify the statute would be beneficial, not only to better achieve the policy objectives for book authors, songwriters and other intended beneficiaries of the provision, but in order to provide confidence and certainty for publishers and other grantees with respect to copyright title, transfers and licensing transactions in the marketplace. *Id.* And the Office acknowledged that its own recordation practices required clarification, so that stakeholders would know whether and how to timely record termination notices pertaining to gap grants. *Id.*

The Office's recordation practices are the focus of the current rulemaking, initiated in a notice of proposed rulemaking published in November. 75 FR 72771 (November 26, 2010). In the notice of proposed rulemaking, the Office stated its current practices, which permit the recordation of a notice of termination under section 203 when the notice states that the grant was executed on a specified date that is on or after January 1, 1978. It observed that a person serving and submitting a notice of termination based on the rationale described above would be justified in including in the notice, as the date of execution of the grant, the date that the work was created, and that for purposes of clearly identifying the grant being terminated, it may be useful (in the case of written grants) also to state the date the grant was signed. Such recordation by the Office would be without prejudice as to how a court might ultimately rule on whether the document is a notice of termination within the scope of section 203. *See* 37 CFR 201.10(f)(5).

The notice of proposed rulemaking sought comment on amendments to Copyright Office regulations that would clarify that, consistent with existing recordation practices, the Office reserves the right to refuse a document for recordation as a section 203 notice of termination if the date of execution of the grant, as reflected in the document submitted as a notice of termination, falls before January 1, 1978. The notice proposed an amendment to the existing regulations on notices of termination that would clarify certain circumstances under which, based on certain procedural failures drawn from the clear language of the Copyright Act, the Office will refuse to index as notices of termination documents submitted under section 203. These circumstances included a recital in a notice of termination of a date of execution of the grant that falls before January 1, 1978 (as discussed above), an effective date of termination that does not fall within the allowed statutory period (17 U.S.C. 203(a)(3)), improperly timed service of the notice of termination (17 U.S.C. 203(a)(4)(A)), or submission of documents for recordation as notice of termination on or after the effective date of termination (17 U.S.C. 203(a)(4)(A)).

Specifically, the notice of proposed rulemaking proposed to amend § 201.10(f)(4) of the Copyright Office regulations, which currently provides that the Copyright Office reserves the right to refuse recordation of a notice of termination if, in the judgment of the Copyright Office, such notice of termination is untimely, by adding the following language: "Conditions under which a notice of termination will be considered untimely include: The date of execution stated therein does not fall on or after January 1, 1978, as required by section 203(a) of title 17, United States Code; the effective date of termination does not fall within the five-year period described in section 203(a)(3) of title 17, United States Code; or the documents submitted indicate that the notice of termination was served less than two or more than ten years before the effective date of termination."

The effect of the proposed amendment would have been that if a notice of termination of a Gap Grant provided, as the date of execution of the grant, a date on or after January 1, 1978, the Office would record the notice as a notice of termination under section 203. The Office would not question that date even if it knew that an agreement to grant the transfer or license was signed before January 1, 1978, since there would be legitimate grounds to conclude that the grant could not actually have been "executed" until the work that was the subject of the grant had been created.

Comments

The Office received seven comments in response to the notice of proposed rulemaking. All of the commenters expressed support for the general proposition that the Office should record notices of termination of Gap Grants, although not all necessarily agreed that such notices actually meet the requirements for notices of termination under section 203.

Most groups representing authors and performers who submitted comments generally supported the proposed rule, although some proposed more extensive regulation. The Future of Music Coalition characterized the proposal as "an appropriate compromise to facilitate the notice of termination filing requirements for Gap Grants," but noted that "this rulemaking is not a substitute for statutory clarification." It noted that under an approach that bases the date of execution of a grant upon the date the work was created, there may be difficulties in establishing the actual date of creation of the work and noted that an approach that considers the date of creation to be the date of execution would be less friendly to authors, especially when individual contracts apply to works created piecemeal or involve the transfer of multiple future works.

In a jointly filed comment, The Authors Guild and the Songwriters Guild of America endorsed the Copyright Office's December Analysis as well as the proposed regulation, but suggested a further amendment that would affirmatively state that the Office will record notices of termination of Gap Grants under section 203. They proposed the following language: "Notices of termination for works created on or after January 1, 1978, the grants of transfers and licenses of copyrights for which were entered into before January 1, 1978, will be accepted under section 203."

Attorney Casey del Casino's comment characterized the proposed regulation as "an important step in addressing and attempting to correct what is clearly an oversight on the part of Congress with respect to so-called 'gap works,'" but noted that "the use of the date of creation in the proposed rule change, while doctrinally sound, may in reality be problematic" because the date of creation of a work is not always easy to ascertain, especially if the specific date of creation must be recited in the notice of termination. He suggested that the problem could be ameliorated if only the year of creation must be provided. Alternatively, he suggested that when the date of creation is unknown or unascertainable, it should be sufficient to provide the date of publication, a date which is generally easier to determine. Karyn Soroka of Soroka Music Ltd. offered a similar comment.

Attorneys Michael Perlstein, Bill Gable and Kenneth Freundlich also expressed concern about practical difficulties likely to generate litigation if further clarification could not be achieved through legislation or "best practices," noting that "neither authors nor their grantees (*e.g.* publishing companies) were ever on notice that they needed to retain documents evidencing date of creation (as

distinguished from date of delivery, for example), and that even if such documents may once have existed neither party often will have preserved them." They therefore proposed guidelines that they characterized as "author-friendly, consistent with legislative and judicial intent that authors and their heirs benefit from the termination statutes." These guidelines proposed a hierarchy of five criteria to be used to determine the date of execution of a grant, culminating in a default rule for unpublished works with no registered copyright and no author-provided proof of creation. In such cases, there would be a rebuttable presumption the work was created (which thereby executed the grant) on the statutorily fixed date of January 1, 1978.

Those representing grantees of rights also supported the Office's proposal to amend its regulations to make clear that the Office will record notices of termination of Gap Grants, but they sought additional amendments that they believe would make it clearer that recordation does not mean the notices are legally valid. In other words, they argued that the Office should take care to articulate that its acceptance and recordation of Gap Grants under section 203 is without prejudice to a court ruling that Gap Grants are not terminable as a matter of law.

For example, the Software and Information Industry Association (SIIA) stated that the better practice would be for the Copyright Office to leave any merits-based evaluation to the courts and suggested that the amended regulation clarify that the Office's decision to record such terminations has been made simply to help preserve the filing party's rights, reserving the ultimate determination of the issue for the courts. While acknowledging that the Office has concluded that there are legitimate grounds to conclude that Gap Grants may be terminated under section 203 because they could not have been "executed" before the works subject to the grants were actually created, SIIA requested that the amended regulation make clear that "there are also legitimate grounds to assert that in the case of a grant signed (or, in the case of an oral license, agreed to) before January 1, 1978 regarding rights in a work not created until January 1, 1978 or later, such a grant was 'executed' on the date such grant was signed and that the termination provisions of section 203 of Title 17 do not apply to any such grants"; that "the Copyright Office was not and is not making any merit-based evaluation of the arguments either way"; and that the regulation "simply would act to help preserve the filing party's rights, reserving the ultimate determination of the issue for the courts." SIIA Comment at 2.

The Recording Industry Association of America (RIAA) raised the same point as SIAA, as well as a finer point the Office had not previously considered. It observed that the proposed amendment would recite the Copyright Office's right to refuse to record a notice of termination if, in the judgment of the Office, the notice is untimely, but also would treat the recital by an author of the date of execution (in the notice of termination itself) as an issue relating to timeliness of the notice. As a result, the Office's act of recording a notice of termination of a Gap Grant could be construed as a judgment by the Office that the particular notice is timely. Having defined the issue of date of execution of the grant as an issue relating to timeliness of the notice, the effect of the regulation might be to give the Office's judgment as to timeliness in such cases greater weight than the Office intended.

Discussion

The Copyright Office recognizes the practical concerns raised by some commenters with respect to establishing an effective date of execution based on the date of creation of a work. How does one recall and prove the date of creation, especially in the absence of supporting documentation? The task is obviously challenging, but it is not unique to Gap Grants and it is not new. For example, authors who wish to terminate oral agreements (grants of nonexclusive rights do not require a signed writing) must reconstruct dates from memory or supporting conduct or documentation. To be clear, the Copyright Office is not suggesting that requiring authors to reconstruct precise dates decades after the fact is an optimal policy solution; it is merely pointing out that the challenges exist irrespective of Gap Grant scenarios. Indeed, as noted in the December Analysis, the challenges will be ongoing for purposes of section 203. That is, in every instance where a grant of rights has been or will be made prospectively, whether in writing or orally, the author will need to determine the date of execution of the grant separately from the date the grant was initiated, in order to secure an effective date of termination. This would seem to be a particular problem for grants that did not or will not cover the publication right, although this too is not entirely clear. When the grant covers the publication right, section 203 allows for termination during a 5-year window commencing 35 years from publication or 40 years from the date of execution of the grant, whichever is sooner. Thus the question: can an author perform the statutory calculation if she cannot ascertain both a date of execution of the grant and (if the work was published) a publication date?

The proposals of some commenters were aimed at simplifying the practical challenges noted above and providing guidance to authors and grantees alike for the sake of the marketplace. Consider, for example, the suggested hierarchy of five criteria to be used to determine the date of execution of a grant that was proposed by Mr. Perlstein, Mr. Gable and Mr. Freundlich (including the suggestion that the date of publication may be used as a proxy) and the year of creation solution proposed by Mr. del Casino. While these may be useful ideas, they beg some important questions: Does the Copyright Office have the authority to promulgate these kinds of solutions under its rulemaking authority? And if it does, are such regulations within the scope of the regulatory action that was proposed in the current rulemaking?

Starting with the latter point, the current rulemaking sought comment on a proposal to make limited procedural revisions to existing Copyright Office regulations. These revisions would make clear that as long as the notice of termination identified the date of execution of the grant as a date on or after January 1, 1978, the Office would not refuse to record it for lack of timeliness. In explaining the reasons for the proposed regulatory amendment, the notice observed, consistent with many comments submitted in response to the March 2010 notice of inquiry, that "there are legitimate grounds to assert that, in the case of a grant signed (or, in the case of an oral license, agreed to) before January 1, 1978 regarding rights in a work not created until January 1, 1978 or later, such a grant cannot be 'executed' until the work exists." 75 FR 72772, (November 26, 2010). Therefore, "[a] person serving and submitting a notice of termination based on the rationale described above would be justified in including in the notice, as the date of execution of the grant, the date that the work was created." *Id.* This is the rationale the Copyright Office later found to be persuasive and documented in its December Analysis.

The Copyright Office notes that some of the alternative solutions proposed in some of the comments submitted by representatives of authors appear to go beyond the scope of the limited procedural rule governing recordation practice that was proposed in this rulemaking proceeding. Moreover, none

of the commenters who urged caution in response to the Office's proposal have had an opportunity to respond to the new proposals made in those comments. The Office concludes that to adopt a rule that goes beyond that which was proposed in the notice of proposed rulemaking would be beyond the scope of the current rulemaking and would require notice and opportunity for further comment by all interested parties. The Office does not wish to postpone the issuance of a final regulation in the current rulemaking, but is considering publishing a new notice of inquiry that will address the additional proposals.

The Office also has questions regarding the scope of its regulatory authority to publish new proposals, practical solutions or alternatives to documenting the date of execution of the grant, even in instances when said date is elusive by reasonable standards and where many stakeholders would welcome guidance. As a general matter, the Copyright Office is authorized to issue regulations based upon existing law and the statutory grant of authority to establish regulations for the administration of the statutory functions and duties made the responsibility of the Office, such as the administration of a recordation program. *See* 17 U.S.C. 702. Moreover, the existing regulations, as well as the final regulation adopted today, follow Copyright Office practice with respect to the content of notices of termination. Since the Office first issued regulations governing notices of termination in 1977, the regulations have provided that a notice of termination must recite the relevant date used to calculate the period during which termination may be effected. *See* Final Regulation, Termination of Transfers and Licenses Covering Extended Renewal Term, 42 FR 45916, 45917 (September 13, 1977) (imposing requirement, for notices of termination under section 304(c), that notices recite the date copyright was secured because "the period during which termination may be effected is measured from the date copyright was originally secured"). When the Office first proposed regulations governing notices of termination under section 203, it proposed that such notices include "identification of the date of execution of the grant being terminated" for the same reason. Notice of Proposed Rulemaking, Notice of Termination, 67 FR 77951, 77953 (December 20, 2002). No one submitted comments in opposition to the proposed regulation, and the requirement was subsequently adopted in interim and final regulations. *See* Interim Rule, Notice of Termination, 67 FR 78176 (December 23, 2002) and Final Regulation, Notice of Termination, 68 FR 16958 (April 8, 2003). This history notwithstanding, the Copyright Office does recognize that terminations effected under section 203 are only now ripe, meaning that they are possible for the first time as of January 1, 2013. This is not to say notices could not be filed sooner. Indeed, for grants entered into thirty-five years ago, during 1978, they could first be filed as of 2003, as early as 10 years prior to the earliest possible effective date. But we do allow for the fact that stakeholders are now focused on the issue to an increasing degree, as the actual effective dates for section 203 begin to loom.

The Copyright Office also wishes to underscore that the existing regulations, and the regulation adopted today, do not provide that a notice of termination should identify the date of creation of the work. Rather, the regulation requires identification of the date of execution of the grant because for purposes of section 203, the date of execution is central to establishing the 5-year window, 35–40 years later, during which termination is permissible and may be effected. But, as noted above and in the Office's more extensive *Analysis of Gap Grants Under the Termination Provisions of Title 17,* the purpose of the regulation being adopted today is to permit recordation of a notice of termination of a Gap Grant when the terminating party recites, as the date of execution of the grant, the date the work was created. The notice of termination need not expressly recite that the work was created on a particular date (although it may do so). However, for purposes of establishing timeliness, it seems prudent, if not essential, that the notice recite a date of execution of the grant. This said, and as stated above, the Office is not unwilling to consider the issue more fully in a separate proceeding, which could address questions including whether current regulatory authority would allow the Office to publish practical solutions or alternatives to documenting the date of execution, for the sake of providing guidance to authors and grantees alike and for the sake of establishing clarity in the marketplace.

The Office also believes the existing regulations on notices of termination offer some relief to terminating parties when they cannot precisely identify the date the work was created. Section 201.10 has, since it was first adopted in 1977, included a "harmless error" provision. That provision currently provides that "errors made in giving the date or registration number referred to in paragraph (b)(1)(iii), (b)(2)(iii), or (b)(2)(iv) of this section * * * shall not affect the validity of the notice if the errors were made in good faith and without any intention to deceive, mislead, or conceal relevant information." 37 CFR 201.10(e)(2). Thus, since 1977 harmless errors in identifying "the date copyright was originally secured i[n] each work to which the notice of termination applies," the requirement set forth in paragraph (b)(1)(iii), have not affected the validity of the notice. More pertinently, harmless errors in reciting the date of execution, the requirement set forth in paragraph (b)(2)(iii) of section 201.10, also have not affected the validity of a notice of termination under section 203 since regulations governing section 203 notices of termination were first adopted. This provision should provide relief for terminating parties who provide a date of execution which, although it is as accurate as the terminating party is able to ascertain, turns out not to be the actual date of execution of the grant (*i.e.,* in the case of a Gap Grant, the actual date the work was created), so long as the date is provided in good faith and without any intention to deceive, mislead or conceal relevant information.

Of course, if the wrong date is recited in the notice and a court subsequently determines that the actual date of execution was at a time that places the effective date of termination or the date of service of the notice of termination outside of the statutory windows, the harmless error doctrine will be of no assistance. But that would not be the result of the misstatement in the notice of termination of the date of execution; rather, it would be because upon a review of all the relevant facts, a court concludes that the actual date of execution was too early or too late to provide a basis for the service of the notice of termination.

With respect to the specific regulatory text proposed in the notice of proposed rulemaking, the RIAA's comment has persuaded the Copyright Office that treating the identification of the date of execution as a matter of "timeliness" is the wrong approach because it conflates two different topics: (1) Whether a notice of termination was served and/or submitted for recordation on time, and (2) whether the grant that is the subject of the notice of termination was made at a time that qualifies it for termination under section 203. The analysis of the first topic assumes that the grant is terminable under section 203; it simply examines whether the notice was served and recorded in the permissible time frame. In contrast, the analysis of the second topic addresses the very

eligibility of the grant for termination under section 203.

Moreover, as originally drafted, the proposed amendments to § 201.10(f)(4) related only to section 203 notices of termination, even though § 201.10(f)(4) in fact covers both section 203 and section 304 notices of termination. In particular, the following passage ignored the fact that paragraph 4 is supposed to cover both types of termination:

> Conditions under which a notice of termination will be considered untimely include: The date of execution stated therein does not fall on or after January 1, 1978, as required by section 203(a) of title 17, United States Code; the effective date of termination does not fall within the five-year period described in section 203(a)(3) of title 17, United States Code.

The Office has therefore concluded that the language relating to identification of the date of execution of the grant should not be included in § 201.10(f)(4), but should be moved to a separate paragraph (f)(5) addressing only the issue of date of execution. The other proposed revisions to § 201.10(f)(4), describing situations in which a notice of termination will be considered untimely, should remain but should be amplified by a reference to section 304(c)(3) (which, like section 203(a)(3), requires that the effective date of termination fall within a prescribed time frame) following the language that currently addresses situations in which the effective date of termination does not fall within the five-year period specified by section 203(a)(3). As a result, the second sentence of § 201.10(f)(4) shall read as follows: "Conditions under which a notice of termination will be considered untimely include: The effective date of termination does not fall within the five-year period described in section 203(a)(3) or section 304(c)(3), as applicable, of title 17, United States Code; or the documents submitted indicate that the notice of termination was served less than two or more than ten years before the effective date of termination." As noted in the notice of proposed rulemaking, the circumstances identified in this paragraph (b)(4) are not intended to be an exhaustive list of procedural failures that may result in failure to record notices of termination.

For the sake of clarity, the new paragraph addressing identification of the date of execution shall also specifically address the issue of Gap Grants:

> (5) In any case where an author agreed, prior to January 1, 1978, to make a grant of a transfer or license of rights in a work that was not created until on or after January 1, 1978, a notice of termination of a grant under section 203 of title 17 may be recorded if it recites, as the date of execution, the date on which the work was created.

The sole remaining issue is whether, as SIIA suggested, additional language is necessary to clarify that this regulation is not a "merits-based determination that could be incorrectly used by authors as authority for the applicability of section 203 of Title 17." As stated in the notice of proposed rulemaking, the Office's recordation of notices of termination of Gap Grants is without prejudice to how a court might ultimately rule on whether any particular document qualifies as a notice of termination within the scope of section 203, consistent with longstanding practices for all notices of termination recorded by the Office. By permitting recordation of such a notice of termination, the Office permits the terminating party to move forward based upon a reasonable interpretation of the statute. Refusing to permit recordation of a notice of termination of a Gap Grant would put the Office in the position of imposing an unjustified impediment to the ability of an author or an author's heirs to assert what may well be a viable right to terminate a grant. If there is any dispute over the validity of such a notice of termination (or of notices of termination of Gap Grants in general), that dispute should be settled in the courts (or in Congress, if Congress accepts the Office's suggestion to enact legislation that will clarify the status of Gap Grants).

The amendment proposed in the notice of proposed rulemaking included, in § 201.10(f)(4), the already-existing language that "Whether a document so recorded is sufficient in any instance to effect termination as a matter of law shall be determined by a court of competent jurisdiction." However, that language would no longer apply to recordation of Gap Grants now that the language relating to Gap Grants is being expanded and moved to a separate paragraph. In considering the issue further, the Office concludes that the proposed language is no longer necessary in § 201.10(f)(4) because the existing regulatory text in § 201.10(f)(5) (which will be renumbered as § 201.10(f)(6) following the insertion of the new paragraph (f)(5)) makes it clear that recordation of a notice of termination does not mean that the notice meets the requirements of the law:

> "A copy of the notice of termination shall be recorded in the Copyright Office before the effective date of termination, as a condition to its taking effect. However, the fact that the Office has recorded the notice does not mean that it is otherwise sufficient under the law. Recordation of a notice of termination by the Copyright Office is without prejudice to any party claiming that the legal and formal requirements for issuing a valid notice have not been met."

However, we have modified that paragraph to include a reference to "a court of competent jurisdiction," as this phrase appears in the existing language in paragraph (f)(4) and was included in the notice of proposed rulemaking.

List of Subjects in 37 CFR Part 201

Copyright, General provisions.

Final Regulation

In consideration of the foregoing, the Copyright Office amends part 201 of 37 CFR, as follows:

PART 201—GENERAL PROVISIONS

■ 1. The authority citation for part 201 continues to read as follows:

Authority: 17 U.S.C. 702; section 201.10 also issued under 17 U.S.C. 203 and 304.

■ 2. Section 201.10 is amended as follows:

■ a. By revising paragraph (f)(4);

■ b. By redesignating paragraphs (f)(5) and (f)(6) as paragraphs (f)(6) and (f)(7);

■ c. By adding a new paragraph (f)(5);

■ d. In redesignated paragraph (f)(6), by removing "met." and adding in its place "met, including before a court of competent jurisdiction."

§ 201.10 Notices of termination of transfers and licenses.

* * * * *

(f) * * *

(4) Notwithstanding anything to the contrary in this section, the Copyright Office reserves the right to refuse recordation of a notice of termination as such if, in the judgment of the Copyright Office, such notice of termination is untimely. Conditions under which a notice of termination will be considered untimely include: the effective date of termination does not fall within the five-year period described in section 203(a)(3) or section 304(c)(3), as applicable, of title 17, United States Code; or the documents submitted indicate that the notice of termination was served less than two or more than ten years before the effective date of termination. If a notice of termination is untimely or if a document is submitted for recordation as a notice of termination on or after the effective date of termination, the Office will offer to record the document as a "document pertaining to copyright" pursuant to § 201.4(c)(3), but the Office will not index the document as a notice of termination.

(5) In any case where an author agreed, prior to January 1, 1978, to a grant of a transfer or license of rights in a work that was not created until on or after January 1, 1978, a notice of termination of a grant under section 203 of title 17 may be recorded if it recites, as the date of execution, the date on which the work was created.

* * * * *

Dated: May 27, 2011.

Maria A. Pallante,

Acting Register of Copyrights.

Approved by

James H. Billington,

The Librarian of Congress.

[FR Doc. 2011–13845 Filed 6–3–11; 8:45 am]

BILLING CODE 1410–30–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R03–OAR–2011–0379; FRL–9314–4]

Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Revision to the Inspection and Maintenance (I/M) Program—Quality Assurance Protocol for the Safety Inspection Program in Non-I/M Counties

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is taking direct final action to approve revisions to the Pennsylvania State Implementation Plan (SIP). The revision consists of a change by the Commonwealth of Pennsylvania to the quality assurance program for its motor vehicle inspection and maintenance program (I/M program). Specifically, the Commonwealth is amending a provision of its prior SIP-approved I/M program to change the duration of the timing of quality assurance audits performed by the Pennsylvania Department of Transportation (PENNDOT) as part of their program oversight. The amendment allows for these audits to be conducted within five days of vehicle inspection, instead of the two-day window allowed under the prior approved SIP. This SIP revision affects forty-two counties in Pennsylvania where visual emissions equipment inspections are performed as part of the Commonwealth's annual vehicle safety inspection program (*i.e.,* non-I/M counties). It does not affect the twenty-five counties where separate enhanced I/M emissions inspections are performed in addition to the annual safety inspection program (*i.e.,* I/M counties). This SIP revision applies to PENNDOT staff overseeing stations that conduct safety inspections in non-I/M program counties. It does not impact motorists subject to the program or stations that perform emissions inspections. EPA is approving this amendment to Pennsylvania's approved I/M SIP in accordance with the requirements of the Clean Air Act (CAA).

DATES: This rule is effective on August 5, 2011 without further notice, unless EPA receives adverse written comment by July 6, 2011. If EPA receives such comments, it will publish a timely withdrawal of the direct final rule in the **Federal Register** and inform the public that the rule will not take effect.

ADDRESSES: Submit your comments, identified by Docket ID Number EPA–R03–OAR–2011–0379 by one of the following methods:

A. *http://www.regulations.gov.* Follow the on-line instructions for submitting comments.

B. *E-mail: fernandez.cristina@epa.gov.*

C. *Mail:* EPA–R03–OAR–2011–0379, Cristina Fernandez, Associate Director, Office of Air Program Planning, Mailcode 3AP30, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103.

D. *Hand Delivery:* At the previously-listed EPA Region III address. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA–R03–OAR–2011–0379. EPA's policy is that all comments received will be included in the public docket without change, and may be made available online at *http://www.regulations.gov,* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through *http://www.regulations.gov* or e-mail. The *http://www.regulations.gov* Web site is an "anonymous access" system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *http://www.regulations.gov,* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses.

Docket: All documents in the electronic docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, *i.e.,* CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103.

Copies of the State submittal are available at the Pennsylvania Department of Environmental Protection, Bureau of Air Quality Control, P.O. Box 8468, 400 Market Street, Harrisburg, Pennsylvania 17105.

FOR FURTHER INFORMATION CONTACT: Brian Rehn, (215) 814–2176, or by e-mail at *rehn.brian@epa.gov.*

SUPPLEMENTARY INFORMATION: Throughout this document, whenever "we," "us," or "our" is used, we mean EPA.

I. Background

On May 22, 2009, the Commonwealth of Pennsylvania submitted a formal revision to its SIP. That SIP revision, which is the subject of this action, consists of an amendment to the enhanced motor vehicle emission inspection program SIP submitted by Pennsylvania on December 1, 2003 and approved as part of the Commonwealth's SIP on October 6, 2005 (70 FR 58313). This SIP revision amends Pennsylvania's quality assurance program, which applies to PENNDOT staff that oversee the anti-tampering visual inspection performed as part of the annual safety inspection program in the forty-two Pennsylvania

counties (where separate enhanced I/M inspection is not required).

II. Summary of SIP Revision

Pennsylvania's approved I/M SIP includes, as a SIP-strengthening measure, a program to address emissions from in-use vehicles registered in counties in Pennsylvania that are not mandated by the CAA to have an emission inspection program. In these forty-two non-I/M counties, Pennsylvania requires (as part of its annual vehicle safety inspection) a visual check of select vehicle emission components to ensure that the components have not been removed or disconnected, and that they are the correctly configured components for that particular vehicle (referred to hereafter as the anti-tampering program). This SIP-approved anti-tampering program check applies to the following components (where equipped on a new vehicle as part of an EPA-certified configuration): Catalytic converter, exhaust gas recirculation (EGR) valve, positive crankcase ventilation (PCV) valve, fuel inlet restrictor, air pump, and evaporative control system. The non-I/M region affected by this SIP revision is comprised of the following counties: Adams, Armstrong, Bedford, Bradford, Butler, Cameron, Carbon, Clarion, Clearfield, Clinton, Columbia, Crawford, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lawrence, McKean, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, and Wyoming.

The SIP revision amends a portion of the Commonwealth's quality assurance program for safety inspections, as it relates to administrative audits of approximately 5,200 safety inspection stations in the forty-two non-I/M counties. The quality assurance program established a window during which program auditors ascertain whether selected vehicles properly passed the required visual emissions equipment inspection portion of the state-required, annual vehicle safety inspection. After reviewing its procedures, PENNDOT determined that increasing the length of time between the safety inspection and the allowable time by when PENNDOT inspectors can perform an inspection audit from two to five days allows for improved oversight of the visual inspection portion of the safety inspection program. This allows the Commonwealth to better assure that the visual inspection is being properly performed as part of the safety inspection in non-I/M counties, ensuring that these emission components are present and have not been tampered with, as is required by the CAA. The visual inspection bolsters the Commonwealth's SIP by ensuring that vehicles in non-I/M counties in the Commonwealth are operated with the required emissions components in place. The Commonwealth's SIP revision is intended to improve the Commonwealth's ability to oversee the safety inspection program in the non-I/M counties to better ensure that the visual emissions component inspection is being properly performed by safety inspection technicians. This SIP revision is a procedural change that does not affect the Commonwealth's prior SIP-approved I/M regulations, nor does it affect oversight of the I/M program in the 25 counties where I/M is performed separately from the state safety inspection program.

III. Final Action

EPA is approving Pennsylvania's SIP revision to amend the quality assurance program for visual emission component inspection performed as part of the Commonwealth's annual safety inspection program in non-I/M counties. EPA is publishing this rule without prior proposal because EPA views this as a noncontroversial amendment and anticipates no adverse comment. However, in the "Proposed Rules" section of today's **Federal Register**, EPA is publishing a separate document that will serve as the proposal to approve the SIP revision if adverse comments are filed. This rule will be effective on August 5, 2011 without further notice unless EPA receives adverse comment by July 6, 2011. If EPA receives adverse comment, EPA will publish a timely withdrawal in the **Federal Register** informing the public that the rule will not take effect. EPA will address all public comments in a subsequent final rule based on the proposed rule. EPA will not institute a second comment period on this action. Any parties interested in commenting must do so at this time.

IV. Statutory and Executive Order Reviews

A. General Requirements

Under the CAA, the Administrator is required to approve a SIP submission that complies with the provisions of the CAA and applicable Federal regulations. 42 U.S.C. 7410(k); 40 CFR 52.02(a). Thus, in reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the CAA. Accordingly, this action merely approves state law as meeting Federal requirements and does not impose additional requirements beyond those imposed by state law. For that reason, this action:

- Is not a "significant regulatory action" subject to review by the Office of Management and Budget under Executive Order 12866 (58 FR 51735, October 4, 1993);
- Does not impose an information collection burden under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*);
- Is certified as not having a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*);
- Does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4);
- Does not have Federalism implications as specified in Executive Order 13132 (64 FR 43255, August 10, 1999);
- Is not an economically significant regulatory action based on health or safety risks subject to Executive Order 13045 (62 FR 19885, April 23, 1997);
- Is not a significant regulatory action subject to Executive Order 13211 (66 FR 28355, May 22, 2001);
- Is not subject to requirements of Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) because application of those requirements would be inconsistent with the CAA; and
- Does not provide EPA with the discretionary authority to address, as appropriate, disproportionate human health or environmental effects, using practicable and legally permissible methods, under Executive Order 12898 (59 FR 7629, February 16, 1994).

In addition, this rule does not have Tribal implications as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), because the SIP is not approved to apply in Indian country located in the state, and EPA notes that it will not impose substantial direct costs on Tribal governments or preempt Tribal law.

B. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.,* as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General

of the United States. EPA will submit a report containing this action and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. A major rule cannot take effect until 60 days after it is published in the **Federal Register**. This action is not a "major rule" as defined by 5 U.S.C. 804(2).

C. Petitions for Judicial Review

Under section 307(b)(1) of the CAA, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by August 5, 2011. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this action for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. Parties with objections to this direct final rule are encouraged to file a comment in response to the parallel notice of proposed rulemaking for this action published in the proposed rules section of today's **Federal Register**, rather than file an immediate petition for judicial review of this direct final rule, so that EPA can withdraw this direct final rule and address the comment in the proposed rulemaking.

This action to approve Pennsylvania's quality assurance program changes for oversight of the safety inspection program in non-I/M counties may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Environmental protection, Incorporation by reference, Intergovernmental relations, Nitrogen dioxide, Ozone, Volatile organic compounds.

Dated: May 18, 2011.

Shawn M. Garvin,

Regional Administrator, Region III.

40 CFR part 52 is amended as follows:

PART 52—[AMENDED]

■ 1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

Subpart NN—Pennsylvania

■ 2. In § 52.2020, the table in paragraph (e)(1) is amended by adding an entry for Revision of the Quality Assurance Protocol for the Safety Inspection Program in Non-I/M Counties at the end of the table to read as follows:

§ 52.2020 Identification of plan.

* * * * *

(e) * * *

(1) * * *

Name of non-regulatory SIP revision	Applicable geographic area	State submittal date	EPA approval date	Additional explanation
*	*	*	*	*
Revision of the Quality Assurance Protocol for the Safety Inspection Program in Non-I/M Counties.	Non-I/M Program Region, Counties of: Adams, Armstrong, Bedford, Bradford, Butler, Cameron, Carbon, Clarion, Clearfield, Clinton, Columbia, Crawford, Elk, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lawrence, McKean, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, and Wyoming.	5/22/09	6/6/11 [Insert page number where the document begins].	Applicable to SIP-approved safety inspection program regulation for non-I/M counties at Title 67, Part 1, Chapter 175.

* * * * *

[FR Doc. 2011–13878 Filed 6–3–11; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

46 CFR Part 45

[Docket No. USCG–1998–4623]

RIN 1625–AA17

Limited Service Domestic Voyage Load Lines for River Barges on Lake Michigan

AGENCY: Coast Guard, DHS.

ACTION: Final rule.

SUMMARY: The Coast Guard is amending the special load line exemption regime for certain river barges operating on Lake Michigan, as established in the final rule published on November 18, 2010. Specifically, the weather restrictions based on Small Craft Advisory conditions are being replaced with the original weather restrictions implemented in 2002 by an interim rule.

DATES: This final rule is effective on June 15, 2011.

ADDRESSES: Comments and material received from the public, as well as documents mentioned in this preamble as being available in the docket, are part of docket USCG–1998–4623 and are available for inspection or copying at the Docket Management Facility (M–30), U.S. Department of Transportation, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet by going to *http://www.regulations.gov,* inserting USCG–1998–4623 in the "Keyword" box, and then clicking "Search."

FOR FURTHER INFORMATION CONTACT: If you have questions on this rule, call or e-mail Mr. Thomas Jordan, Office of Design and Engineering Standards, Naval Architecture Division (CG–5212), Coast Guard; telephone 202–372–1370, e-mail *Thomas.D.Jordan@uscg.mil.* If you have questions on viewing or submitting material to the docket, call Ms. Renee V. Wright, Program Manager, Docket Operations, telephone 202–366–9826.

SUPPLEMENTARY INFORMATION:

Table of Contents for Preamble

I. Abbreviations
II. Regulatory History
III. Basis and Purpose
IV. Background
V. Discussion of Comments and Changes
A. Discussion of Public Comments
B. Discussion of Changes
VI. Regulatory Analyses
A. Executive Order 12866 and Executive Order 13563
B. Small Entities
C. Assistance for Small Entities
D. Collection of Information
E. Federalism
F. Unfunded Mandates Reform Act
G. Taking of Private Property
H. Civil Justice Reform
I. Protection of Children
J. Indian Tribal Governments
K. Energy Effects

L. Technical Standards
M. Environment

I. Abbreviations

ABS American Bureau of Shipping
DHS Department of Homeland Security
HazMat Hazardous Material
NEPA National Environmental Policy Act of 1969
SCA Small Craft Advisory

II. Regulatory History

On November 18, 2010, the Coast Guard published a final rule in the **Federal Register** (75 FR 70595) (2010 final rule) that finalized the special Lake Michigan load line regime that had been in effect under an interim rule since 2002. The history of this rulemaking, from the initial request by the Port of Milwaukee in 1991 through the publishing of the final rule in 2010, is recounted in the 2010 final rule.

The 2010 final rule revised and clarified some of the interim rule provisions, including substitution of Small Craft Advisory (SCA) conditions as the limiting weather restrictions in place of a variety of weather conditions used under the interim rule.

Subsequent to publishing the 2010 final rule (and before its effective date), we published a notice of delay in the **Federal Register** (75 FR 78928) on December 17, 2010. This notice was prompted by comments from some operators that the use of SCA conditions as the limiting weather restriction would adversely impact barge movements on the Burns Harbor route. To adequately review this issue, we published the notice of delay, which suspended the effective date of the SCA weather restrictions for 6 months. The notice further explained our rationale for using SCA conditions, opened a 30-day comment period, and requested public comment specifically on the issue of weather restrictions. During the delay period, the weather restrictions established in the interim rule remained in effect, but all other provisions in the final rule entered into effect on December 20, 2010, as published.

Under 5 U.S.C. 553(d)(1), the Coast Guard is making this rule effective less than 30 days after publication in the **Federal Register** because the rule relieves the restriction of Small Craft Advisories as the limiting weather restrictions for participation in this regime.

III. Basis and Purpose

The purpose of this current action is to amend the weather restrictions in 46 CFR 45.171 (Table 45.171), 45.187, and 45.191, as published in the 2010 final rule.

This action is in accordance with 46 U.S.C. 5104(e), which authorizes the Secretary to establish load line regulations for specific geographic areas, taking into account weather and sea conditions, and availability of safe refuge (this authority has been delegated to the Coast Guard per DHS delegation 0170.1).

IV. Background

This final rule narrowly pertains to the weather restrictions for certain dry cargo river barges operating on Lake Michigan under a special load line regime. Such restrictions are necessary because river barge hull construction is not robust enough for safe unrestricted operation on the Great Lakes. The regime was established under an interim rule in 2002, which prescribed a variety of limiting weather conditions based on route, wind speed and direction, wave heights, and ice conditions, among other factors. As we explained in the notice of delay, we subsequently identified SCA conditions as issued by the National Weather Service Nearshore Marine Forecasts for Lake Michigan as being an equivalent basis for weather restrictions. We believed that the substitution of SCA-based restrictions in the final rule would offer the benefit of simplifying and clarifying the weather restrictions without adversely affecting the level of operations or reducing the level of safety.

However, several towing vessel operators expressed their concerns that the SCA conditions were overly restrictive compared to the original weather restrictions in the interim rule, and would reduce the number of operational days for moving barges, especially on the Burns Harbor route. In order to adequately review these concerns, we delayed the effective date of the SCA weather restrictions for 6 months and solicited public comments, on the issue of weather restrictions.

V. Discussion of Comments and Changes

A. Discussion of Public Comments

The notice of delay specifically requested public comment on the issue of weather restrictions. In response, we received 23 comments. The commenters included barge or towboat operators and towboat captains, as well as terminal operators, marine operator associations, and some local businesses. All of the commenters urged reconsideration of the SCA limitation and/or restoration of the previous weather limitations under the interim rule. The comments are categorized and discussed below.

Effect on towing operations: Commenters pointed out that the Nearshore Marine Forecasts conservatively assume that wave conditions are the same all across the forecast corridor (*i.e.,* from shoreline to 5 miles out). However, the commenters noted that even under nominal SCA conditions with high winds, if the wind direction is favorable (*i.e.,* southerly or south-westerly on the Burns Harbor route), wave conditions close to shore are still benign even though higher waves develop just a few miles further offshore. Under such high offshore wind conditions, the towboat practice is to stay within approximately 1 mile of the shoreline, a strategy that some of the commenters referred to as "beachcombing." Two commenters specifically cited personal observations of wave conditions on dates when SCAs had been issued but nearshore conditions were calm enough for tows to safely transit. Some commenters pointed out the relatively short 21-mile distance between Calumet Harbor and Burns Harbor (approximately 3 hours transit) with two ports of refuge along the way, and noted that movements along that route can take place under favorable short-term weather conditions. The commenters stated that "no sail" restrictions under SCA conditions would unnecessarily prevent them from moving barges under safe conditions. The commenters further stated that sailing decisions are best made by experienced towboat captains on the water, observing conditions directly. They supported this position by claiming that making such decisions using the captain's discretion has been towboat practice for several decades, and that thousands of barges have been moved without weather-related casualties.

The Coast Guard's governing safety issue is to ensure that wave conditions do not overstress river barge hulls. Small Craft Advisories are issued taking into consideration various factors expected during the forecast period, including wave heights. However, we recognize that wave conditions within the 5-mile-wide nearshore forecast zone can vary significantly depending on wind direction, and that acceptable wave conditions can be found closer to shore even when higher waves might be forecasted. We further recognize the long-term safety record of the towboat operators under the previous "fair weather" restrictions (that have been in effect under a previous rulemaking since 1985), and agree that experienced towboat captains can make safe sailing decisions based on actual weather

conditions for the duration of the voyage. For this reason, we have amended the weather restrictions in 46 CFR 45.171 (Table 45.171), 45.187, and 45.191.

Effect on other commercial operations: All commenters discussed the adverse impact of reduced barge movements on local marine terminals, warehouses, and other businesses that rely upon cargo delivered by river barges. The comments variously contended that SCA restrictions would result in delayed shipments, lost production time, and higher costs.

Although the comments did not include specific figures on cost and production, we recognize that reduced barge movements, especially on the Burns Harbor route, could have an adverse impact. To the extent that safety is not compromised, we do not intend to unnecessarily restrict barge operations on the Lake. For this reason, we have amended the weather restrictions in 46 CFR 45.171 (Table 45.171), 45.187, and 45.191.

Other comments: Several comments discussed the potential shift of cargo movements to alternate transportation modes, such as trucks and railroads. The comments contended that such a shift would lead to increased highway traffic and higher transportation costs for shippers and customers, and that barge transport is environmentally friendly, as it produces fewer emissions per ton-mile.

We recognize the economic and environmental efficiency of barge transportation of the products and materials carried under this special load line regime and, as stated above, we do not intend to unnecessarily restrict current barge operations. For this reason, we have amended the weather restrictions in 46 CFR 45.171 (Table 45.171), 45.187, and 45.191.

B. Discussion of Changes

After more than 8 years, the level of safety established by the weather restrictions in the interim rule has proven to be acceptable. Therefore, upon consideration of this record and the public comments, we have decided to restore the original weather limits established under the interim rule. Accordingly, we make the following changes to the final rule published in the **Federal Register** (75 FR 70595) on November 18, 2010:

§ 45.171 Purpose: In paragraph (c), we revise Table 45.171 to restore the original weather restrictions that appeared in the interim rule.

§ 45.187 Weather limitations: We remove all references to SCA conditions. In paragraph (a), we restore the original "fair weather conditions" for the Burns Harbor route. In paragraph (b), we restore the original reference to Table 45.171 for the Milwaukee, St. Joseph, and Muskegon routes. We restore paragraph (c) to the original wording that appeared in the interim rule.

§ 45.191 Pre-departure preparations: In paragraph (a), we remove a reference to the SCA and restore the original wording that appeared in the interim rule.

VI. Regulatory Analyses

We developed this final rule after considering numerous statutes and executive orders related to rulemaking. Below we summarize our analyses based on 13 of these statutes or executive orders.

A. Executive Order 12866 and Executive Order 13563

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866, Regulatory Planning and Review, as supplemented by Executive Order 13563, Improving Regulation and Regulatory Review. This final rule does not require an assessment of potential costs and benefits under section 6(a)(3) of Executive Order 12866. The Office of Management and Budget has not reviewed it under these Orders.

The purpose of this final rule is to avoid unnecessary disruptions to barge owners and operators by restoring the original weather restrictions, in 46 CFR 45.171, under which the industry has operated river barges on the Lake Michigan routes since 2002, as established in the interim rule (67 FR 19685). Based on public comments, this rule deletes the SCA weather restrictions in the final rule, published November 18, 2010. The restoration of the weather restrictions under the 2002 interim rule will allow owners and operators on Lake Michigan routes to retain the flexibility to move barges and cargo under the original weather criteria in Table 45.171. All other provisions of the published final rule are effective as of December 20, 2010.

B. Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), we have considered whether this rule would have a significant economic impact on a substantial number of small entities. The term "small entities" comprises small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

The removal of the SCA weather restrictions will allow small entities the flexibility to move barges on the affected routes using the original weather conditions that were established by the interim rule in 2002. Therefore, the Coast Guard certifies under 5 U.S.C. 605(b) that this final rule will not have a significant economic impact on a substantial number of small entities.

C. Assistance for Small Entities

Under section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), we offered to assist small entities in understanding the rule so that they could better evaluate its effects on them and participate in the rulemaking. The Coast Guard will not retaliate against small entities that question or complain about this rule or any policy or action of the Coast Guard.

Small businesses may send comments on the actions of Federal employees who enforce, or otherwise determine compliance with, Federal regulations to the Small Business and Agriculture Regulatory Enforcement Ombudsman and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247).

D. Collection of Information

This rule calls for no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). We received no additional information to alter the existing collection of information.

E. Federalism

A rule has implications for federalism under Executive Order 13132, Federalism, if it has a substantial direct effect on State or local governments and would either preempt State law or impose a substantial direct cost of compliance on them. It is well settled that States may not regulate in categories reserved for regulation by the Coast Guard. It is also well settled, now, that all of the categories covered in 46 U.S.C. 3306, 3703, 7101, and 8101 (design, construction, alteration, repair, maintenance, operation, equipping, personnel qualification, and manning of vessels), as well as the reporting of casualties and any other category in which Congress intended the Coast Guard to be the sole source of a vessel's obligations, are within the field

foreclosed from regulation by the States. (See the decision of the Supreme Court in the consolidated cases of *United States* v. *Locke* and *Intertanko* v. *Locke,* 529 U.S. 89, 120 S.Ct. 1135 (March 6, 2000).)

This final rule concerns load line assignments for vessels under U.S. jurisdiction. This is a category in which Congress intended the Coast Guard to be the sole source of a vessel's obligations. Because the States may not regulate within this category, preemption under Executive Order 13132 is not an issue.

F. Unfunded Mandates Reform Act

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. In particular, the Act addresses actions that may result in the expenditure by a State, local, or tribal government, in the aggregate, or by the private sector of $100,000,000 (adjusted for inflation) or more in any one year. Though this final rule will not result in such an expenditure, we do discuss the effects of this rule elsewhere in this preamble.

G. Taking of Private Property

This final rule will not cause a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

H. Civil Justice Reform

This final rule meets applicable standards in sections 3(a) and 3(b)(2) of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

I. Protection of Children

We have analyzed this final rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This final rule is not an economically significant rule and does not create an environmental risk to health or risk to safety that may disproportionately affect children.

J. Indian Tribal Governments

This final rule does not have tribal implications under Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

K. Energy Effects

We have analyzed this final rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a "significant energy action" under that order because it is not a "significant regulatory action" under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. The Administrator of the Office of Information and Regulatory Affairs has not designated it as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

L. Technical Standards

The National Technology Transfer and Advancement Act (15 U.S.C. 272 note) directs agencies to use voluntary consensus standards in their regulatory activities unless the agency provides Congress, through the Office of Management and Budget, with an explanation of why using these standards would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (*e.g.,* specifications of materials, performance, design, or operation; test methods; sampling procedures; and related management systems practices) that are developed or adopted by voluntary consensus standards bodies.

This final rule does not use technical standards. Therefore, we did not consider the use of voluntary consensus standards.

M. Environment

We have analyzed this final rule under Department of Homeland Security Management Directive 023–01 and Commandant Instruction M16475.lD, which guide the Coast Guard in complying with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4370f), and have concluded that this action is one of a category of actions that do not individually or cumulatively have a significant effect on the human environment. This final rule is categorically excluded under section 2.B.2, figure 2–1, paragraph (34)(d) of the Instruction and under section 6(a) of the "Appendix to National Environmental Policy Act: Coast Guard Procedures for Categorical Exclusions, Notice of Final Agency Policy" (67 FR 48244, July 23, 2002). Exclusion under paragraph (34)(d) applies because this final rule pertains to regulations concerning inspection of vessels (*i.e.,* load line requirements). Exclusion under 6(a) of the **Federal Register** Notice applies because this final rule pertains to regulations concerning vessel operation safety standards. An environmental analysis checklist and a categorical exclusion determination are available in the docket where indicated under **ADDRESSES**.

List of Subjects in 46 CFR Part 45

Great Lakes, Reporting and recordkeeping requirements, Vessels.

For the reasons discussed in the preamble, the Coast Guard amends 46 CFR part 45, as amended in the final rule published in the **Federal Register** on November 18, 2010 (75 FR 70595), effective June 15, 2011, as follows:

PART 45—GREAT LAKES LOAD LINES

■ 1. The authority citation for part 45 continues to read as follows:

Authority: 46 U.S.C. 5104, 5108; Department of Homeland Security Delegation No. 0170.1.

■ 2. In *§ 45.171,* revise Table 45.171 in paragraph (c) to read as follows:

§ 45.171 Purpose.

* * * * *

(c) * * *

Table 45.171:
Load Line Requirements for Dry Cargo River Barges Operating on Lake Michigan

	Voyages between Calumet Harbor, IL and:			
	Burns Harbor, IN	**Milwaukee, WI**	**St. Joseph, MI**	**Muskegon, MI**
1) Load line requirement	Conditionally exempted from load line assignment (must meet requirements below)		"Limited service domestic voyage" load line	
2) Where to register/apply	Exempted barges must be registered with the USCG Marine Safety Unit 555A Plainfield Road, Willowbrook, IL 60527 Fax: (630) 986-2120		Apply for load line to ABS Americas 16855 Northchase Dr. Houston, TX 77060	
3) Eligible barges	Dry cargo river barges Built and maintained in accordance with ABS River Rules Length-to-depth ratio less than 22 All weathertight and watertight closures are in proper working condition			
	No age limitation	Not more than 10 years old	No age limitation	
4) Freeboard requirement	All barges: freeboard must be at least 24 inches (610 mm) Open hopper barges: coaming height + freeboard must be at least 54 inches (1,372 mm)			
5) Tow limitations	Barges must be unmanned Not more than 5 nautical miles from shore			
	No limit on number of barges	Not more than 3 barges per tow		
6) Cargo limitations	Dry cargoes only. Liquid cargoes, even in drums or tank containers, are prohibited No hazardous materials. HazMats are defined in 46 CFR part 148 and 49 CFR chapter 1, subchapter C			
7) Weather limitations Voyage may not begin; or if these conditions arise during transit, voyage must be discontinued and tow must proceed to shelter.	"Fair weather" only	Ice conditions: adverse conditions that imperil tow or access to shelter Waves: 4 feet (1.2 m)		
		Sustained winds: 16 kts from NE, E, SE 21 kts from N, NW, W, SW, S	Sustained winds: 16 kts from N, NW, W, SW 21 kts from NE, E, SE, S	
8) Pre-departure preps:	Required -- as specified in § 45.191			
9) Towboat requirements		Sufficient to handle tow, but at least--		
(a) Power:	Sufficient to handle tow	1,000 HP		1,500 HP
(b) Communication system:	Recommended -- § 45.195(a)	Recommended -- § 45.195(a)		Required -- § 45.195(a)
(c) Cutting gear:	Recommended -- § 45.195(b)	Recommended -- § 45.195(b)		Required -- § 45.195(b)
(d) Operational plan:	Recommended -- § 45.197	Recommended -- § 45.197		Required -- § 45.197

■ 3. Revise § 45.187 to read as follows:

§ 45.187 Weather limitations.

(a) Tows on the Burns Harbor route must operate during fair weather conditions only.

(b) The weather limits (ice conditions, wave height, and sustained winds) for the Milwaukee, St. Joseph, and Muskegon routes are specified in § 45.171, Table 45.171.

(c) If weather conditions are expected to exceed these limits at any time during the voyage, the tow must not leave harbor or, if already underway, must proceed to the nearest appropriate harbor of safe refuge.

■ 4. Revise § 45.191(a) to read as follows:

§ 45.191 Pre-departure requirements.

* * * * *

(a) *Weather forecast.* Determine the marine weather forecast along the planned route, and contact the dock operator at the destination port to get an update on local weather conditions.

* * * * *

Dated: May 26, 2011.

F.J. Sturm,

Acting Director of Commercial Regulations and Standards.

[FR Doc. 2011–13754 Filed 6–3–11; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

49 CFR Parts 383 and 390

Regulatory Guidance on the Designation of Steerable Rear Axle Operators (Tillermen) as Drivers of Commercial Motor Vehicles

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice of Regulatory Guidance.

SUMMARY: FMCSA issues regulatory guidance concerning the applicability of the term "driver" to "tillerman," a person who controls the steerable rear axle on a commercial motor vehicle. The term "driver" is used in FMCSA's commercial

driver's license requirements and in the Agency's general safety rules. This notice provides Federal and State enforcement personnel, and the motor carrier industry, with uniform guidance as to when certain Federal rules concerning driver licensing and qualifications are applicable to tillermen.

DATES: *Effective Date:* This regulatory guidance is effective June 6, 2011.

FOR FURTHER INFORMATION CONTACT: Thomas L. Yager, Chief, Driver and Carrier Operations Division, Office of Bus and Truck Standards and Operations, Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., SE., Washington, DC 20590. *E-mail: MCPSD@dot.gov.* Phone (202) 366–4325.

SUPPLEMENTARY INFORMATION:

Legal Basis

The Motor Carrier Act of 1935 provides that "The Secretary of Transportation may prescribe requirements for (1) qualifications and maximum hours of service of employees of, and safety of operation and equipment of, a motor carrier; and (2) qualifications and maximum hours of service of employees of, and standards of equipment of, a motor private carrier, when needed to promote safety of operation" [49 U.S.C. 31502(b)].

The Motor Carrier Safety Act of 1984 (MCSA) confers on the Secretary the authority to regulate drivers, motor carriers, and vehicle equipment. It requires the Secretary to prescribe safety standards for commercial motor vehicles (CMVs). At a minimum, the regulations must ensure that (1) CMVs are maintained, equipped, loaded, and operated safely; (2) the responsibilities imposed on operators of CMVs do not impair their ability to operate the vehicles safely; (3) the physical condition of operators of CMVs is adequate to enable them to operate the vehicles safely; and (4) the operation of CMVs does not have a deleterious effect on the physical condition of the operator [49 U.S.C. 31136(a)]. The Act also grants the Secretary broad power to "prescribe recordkeeping and reporting requirements" and to "perform other acts the Secretary considers appropriate" [49 U.S.C. 31133(a)(8) and (10)].

The Commercial Motor Vehicle Safety Act of 1986 (CMVSA) requires the Secretary to prescribe regulations on minimum licensing and testing standards for persons seeking a commercial driver's license (CDL) to operate a CMV. For purposes of the CMVSA, the term CMV means (among other things) a vehicle with a weight or weight rating of at least 26,001 pounds, compared to a minimum weight threshold of 10,001 pounds for purposes of the MCSA [49 U.S.C. chapter 313].

The Administrator of FMCSA has been delegated the authority to carry out the functions vested in the Secretary by the Motor Carrier Act of 1935 [49 CFR 1.73(l)], the MCSA [§ 1.73(g)], and the CMVSA [§ 1.73(e)(1)]. The provisions affected by this Notice of Regulatory Guidance are based on these three statutes.

Background

This document revises current regulatory guidance on the applicability of the definition of a "driver" in 49 CFR 390.5, to "tillerman," a person exercising control over the movement of a steerable rear axle on a CMV. Section 390.5 states that "Driver means any person who operates any [CMV]." Today's guidance also pertains to CDL requirements for "* * * every person who operates a commercial motor vehicle (CMV) * * *" (§ 383.3(a)).

Current Regulatory Guidance Question 14 to § 390.5 (62 FR 16370, 16407, April 4, 1997) reads as follows:

"*Question 14:* Is the tillerman who controls the steerable rear axle of a vehicle so equipped a driver subject to the FMCSRs while operating in interstate commerce?

Guidance: Yes. Although the tillerman does not control the vehicle's speed or braking, the rear-axle steering he/she performs is essential to prevent the trailer from off tracking into other lanes or vehicles or off the highway entirely. Because this function is critical to the safe operation of vehicles with steerable rear axles, the tillerman is a driver."

Reason for This Notice

The FMCSA has received inquiries from various entities, including the Professional Escort Vehicle Operators Association and the Specialized Carriers and Riggers Association, asking about other circumstances under which a person exercising control over a CMV's steerable rear axle would be considered a driver of the CMV under § 383.3 and thus subject to the CDL requirements, or a driver under § 390.5 and therefore subject to many provisions of the FMCSRs, such as driver qualifications and hours of service.

In these new scenarios, the tillerman does not sit on the CMV, but walks alongside it to use a wired or wireless remote control to steer the rear axle; sometimes the tillerman may be in an escort car. These CMVs are typically specialized oversize vehicles on which the rear axle is steered only when "released" and when the CMV is moving at very slow speeds.[1] Under these circumstances, we do not believe that the persons operating the steerable rear axle should be classified as "tillermen," as the term is used in Question 14. CDL knowledge and skills testing would have little relevance to the remote-control operation of a steerable rear axle on an oversized CMV. Therefore, FMCSA believes it is necessary to update Question 14 for § 390.5 to differentiate among persons who might be considered to be "tillermen," consistent with the explanation above.

FMCSA considers the tillerman's physical location in, on, or around a CMV to be the most relevant factor in determining whether the person is a driver. A tillerman physically located on a vehicle is likely to be responsible for steering the rear axles of the CMV at highway speeds, and should be held responsible for safe operation of the vehicle, just like the driver in the cab. Anyone controlling a steerable rear axle from outside the CMV would be doing so under the direction of the person in the cab, and should not be considered a driver. Although certain training may be needed for such remote operators, that would vary according to the equipment involved.

For the reasons explained above, FMCSA issues Regulatory Guidance Question 34 to § 383.3 and revises Question 14 of the Regulatory Guidance to § 390.5 of the FMCSRs.

PART 383—COMMERCIAL DRIVERS LICENSE STANDARDS; REQUIREMENTS AND PENALTIES

Section 383.3, "*Applicability.*"

"*Question 34:* Would a tillerman, a person exercising control over the steerable rear axle(s) on a commercial motor vehicle (CMV), be considered a driver or "* * * person who operates a [CMV] * * *" (§ 383.3), and thus subject to applicable commercial driver's license regulations?

Guidance:

A person physically located on the rear of the CMV who controls a steerable rear axle while the CMV is moving at

[1] Steerable rear axles may have a "locked" or "unlocked" status, used for highway speeds and low speeds, respectively. The status can be changed by operation of the trailer controls when the CMV is not moving. In the "locked" position, the axle may be completely fixed, or have a limited self-steering capability, depending on the manufacturer's design. In the self-steering mode, the axle automatically steers itself within a range determined by the manufacturer to prevent tire scrubbing in turns. Typically, the unlocked mode is used for over-length CMVs that cannot turn at many roadway intersections without steering the rear axle under close guidance of a remote operator.

highway speeds would be considered a "* * * person who operates a commercial motor vehicle * * *" (§ 383.3), and would therefore be subject to the applicable commercial driver's license regulations in 49 CFR part 383.

A person walking beside a CMV or riding in an escort car while controlling a steerable rear axle at slow speeds would not be considered a "* * * person who operates a [CMV] * * *" (§ 383.3), and therefore would not be subject to applicable commercial driver's license regulations."

PART 390—FEDERAL MOTOR CARRIER SAFETY REGULATIONS; GENERAL

Section 390.5, "*Definitions.*"

"*Question 14:* Would a tillerman, a person exercising control over the steerable rear axle(s) on a commercial motor vehicle (CMV), be considered a driver as defined in § 390.5, and thus subject to 49 CFR Parts 390 to 399?

Guidance:

A person physically located on the rear of the CMV who controls a steerable rear axle while the CMV is moving at highway speeds would be considered a driver as defined in § 390.5 and therefore would be subject to the regulations in 49 CFR parts 390–399.

A person walking beside a CMV or riding in an escort car while controlling a steerable rear axle at slow speeds would not be considered a driver as defined in § 390.5 and would therefore not be subject to 49 CFR Parts 390 to 399."

Issued on: May 25, 2011.

Anne S. Ferro,

Administrator.

[FR Doc. 2011–13902 Filed 6–3–11; 8:45 am]

BILLING CODE P

Proposed Rules

Federal Register
Vol. 76, No. 108
Monday, June 6, 2011

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF DEFENSE

[Docket ID DOD–2011–OS–0036]

2 CFR Chapter XI

5 CFR Chapter XXVI

32 CFR Chapters I, V, VI, VII, XII, and Subtitle A

33 CFR Chapter II

36 CFR Chapter III

40 CFR Chapter VII

48 CFR Chapters 1, 2, 52, and 54

Reducing Regulatory Burden; Retrospective Review Under E.O. 13563

AGENCY: Office of the Secretary, DoD.

ACTION: Request for information.

SUMMARY: As part of its implementation of Executive Order 13563, "Improving Regulation and Regulatory Review," issued by the President on January 18, 2011, the Department of Defense is seeking comments and information from interested parties to assist DoD in reviewing its existing regulations to determine whether any such regulations should be modified, streamlined, expanded, or repealed. The purpose of the Department's review is to make the agency's regulatory program more effective and less burdensome in achieving its regulatory objectives. The Department of Defense will continue to work with the public and the business community to determine how its regulations can increase efficiency, transparency, and provide accountability.

DATES: Comments are requested by July 6, 2011.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

Federal Rulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.

Mail: Federal Docket Management System Office, 1160 Defense Pentagon, OSD Mailroom 3C843, Washington, DC 20301–1160.

Instructions: All submissions received must include the agency name and docket number for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at *http://www.regulations.gov* as they are received without change, including any personal identifiers or contact information.

FOR FURTHER INFORMATION CONTACT: Robert Cushing, Jr., 703–696–5282.

SUPPLEMENTARY INFORMATION: Executive Order 13563 recognizes the importance of maintaining a consistent culture of retrospective review and analysis throughout the executive branch. Pursuant to the Executive Order, the Department of Defense (DoD) is developing a preliminary plan for the periodic review of its existing regulations and reporting obligations. DoD's plan is designed to create a defined method and schedule for identifying certain significant rules that are obsolete, unnecessary, unjustified, excessively burdensome, or counterproductive. Its review processes are intended to facilitate the identification of rules that warrant repeal or modification, or strengthening, complementing, or modernizing rules where necessary or appropriate. The preliminary plan, along with this request for information and previously received public comments, will be available on *http://www.regulations.gov* for public comment in the docket DOD–2011–OS–0036.

The Department of Defense is committed to the principles of retrospective analysis in order to improve the effectiveness of the implementation of its regulations, improve transparency in the regulatory process through public participation, and to provide transparent documentation of its analysis. Consistent with the Department's commitment to public participation in the rulemaking process, the Department is soliciting views from the public on how best to conduct its analysis of existing DoD rules and how best to identify those rules that might be modified, streamlined, expanded, or repealed. It is also seeking views from the public on specific rules or Department-imposed obligations that should be altered or eliminated. DoD regulations may be viewed by going to the eCFR at *http://ecfr.gpoaccess.gov* and searching titles 2, 5, 32, 33, 36, 40, and/or 48.

The Department notes that this request for information is issued solely for information and program-planning purposes. While responses to this request do not bind the Department of Defense to any further actions related to the response, all submissions will be made publically available on *http://www.regulations.gov*.

Dated: May 27, 2011.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2011–13765 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–06–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5 CFR Chapter XLV

21 CFR Chapter I

25 CFR Chapter V

42 CFR Chapters I and V

45 CFR Subtitle A and Chapters II, III, IV, X, and XIII

Reducing Regulatory Burden; Retrospective Review Under Executive Order 13563

AGENCY: Department of Health and Human Services.

ACTION: Request for information.

SUMMARY: In accordance with Executive Order 13563, "Improving Regulation and Regulatory Review," the Department of Health and Human Services (HHS) seeks public comment from interested parties on its Preliminary Plan for Retrospective Review of Existing Regulations. The purpose of the Preliminary Plan is to identify a preliminary list of regulations that are appropriate candidates for review over the next two years and establish an ongoing process of retrospective review of existing regulations by which HHS can determine whether any should be modified, streamlined, expanded, or

repealed. HHS anticipates that such reviews will make its regulatory program more effective and flexible and reduce unnecessary burdens on the regulated communities.

DATES: Submit electronic or written comments by June 30, 2011.

ADDRESSES: To facilitate the receipt and processing of comments, HHS encourages interested persons to submit their comments electronically to the HHS Open Government Portal at *http://www.hhs.gov/open*, or by using the Federal eRulemaking portal *http://www.regulations.gov* (following instructions for submission of comments). Follow the instructions for submitting comments. Persons submitting comments electronically are encouraged not to submit paper copies. Persons interested in submitting comments on paper should send or deliver their comments (preferably three copies) to: Department of Health and Human Services, Office of Documents and Regulations Management, 200 Independence Avenue, SW., Suite 639G, Washington, DC 20201.

All comments will be available to the public, without charge, online at *http://www.regulations.gov* and *http://www.hhs.gov/open*.

Instructions: The HHS Preliminary Plan is available for review, download, and comment at *http://www.hhs.gov/open*. You may also request a copy of the HHS Preliminary Plan, identified by Docket No. by writing to the address below. All comment submissions received must include the Agency name and Docket No. for this Notice: HHS–ES–2011–002.

FOR FURTHER INFORMATION CONTACT: Oliver Potts (202) 690–6392.

SUPPLEMENTARY INFORMATION: On January 18, 2011, President Obama issued Executive Order 13563 to improve regulation and regulatory review by requiring Federal agencies to design cost effective, evidence-based regulations that are compatible with economic growth, job creation, and competitiveness, and which rely on the best, most innovative, and least burdensome tools to achieve regulatory ends. To meet that objective, the President directed each Executive Branch agency to consider how best to promote periodic retrospective review of existing significant rules to determine if they are outmoded, ineffective, insufficient, or excessively burdensome. The President required each agency to submit its preliminary plan to the Office of Management and Budget's Office of Information and Regulatory Affairs by May 18, 2011.

HHS submitted its preliminary plan in compliance with the President's Executive Order and now seeks public comment. The plan is available for viewing, downloading, and comment at the following Web site—*http://www.hhs.gov/open/The* comment period will close on June 30, after which HHS will finalize its preliminary plan. HHS notes that this request for comment is issued solely for information and program-planning purposes and does not obligate the agency to take any further action.

Dated: June 1, 2011.

Barbara J. Holland,

Deputy Executive Secretary to the Department.

[FR Doc. 2011–13908 Filed 6–1–11; 4:15 pm]

BILLING CODE 4150–24–P

DEPARTMENT OF HOMELAND SECURITY

6 CFR Chapter I

8 CFR Chapter I

19 CFR Chapter I

33 CFR Chapter I

44 CFR Chapter I

46 CFR Chapters I and III

49 CFR Chapter XII

[Docket No. DHS–2011–0015]

Preliminary Plan for Retrospective Review of Existing Regulations

AGENCY: Office of the General Counsel, DHS.

ACTION: Notice of availability; request for comments.

SUMMARY: The Department of Homeland Security (DHS) announces the availability of its Preliminary Plan for Retrospective Review of Existing Regulations (Preliminary Plan). Pursuant to Executive Order 13563, "Improving Regulation and Regulatory Review," which the President issued on January 18, 2011, DHS developed its Preliminary Plan to facilitate the review of existing DHS regulations through the use of retrospective review. DHS is seeking public comment on its Preliminary Plan.

DATES: Written comments are requested on or before June 25, 2011. Late-filed comments will be considered to the extent practicable.

ADDRESSES: You may submit comments, identified by docket number DHS–2011–0015, through the *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.

FOR FURTHER INFORMATION CONTACT: Christina E. McDonald, Acting Associate General Counsel for Regulatory Affairs, U.S. Department of Homeland Security, Office of the General Counsel. E-mail: *Regulatory.Review@dhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Public Participation

Interested persons are invited to comment on this notice by submitting written data, views, or arguments using the method identified in the **ADDRESSES** section.

Instructions: All submissions must include the agency name and docket number for this notice. All comments received will be posted without change to *http://www.regulations.gov.*

Docket: For access to the docket to read background documents or comments received, go to *http://www.regulations.gov.*

II. Background

On January 18, 2011, the President issued Executive Order 13563, "Improving Regulation and Regulatory Review," to ensure that Federal regulations seek more affordable, less intrusive means to achieve policy goals and that agencies give careful consideration to the benefits and costs of those regulations. 76 FR 3821. The Executive Order requires each Executive Branch agency to develop a preliminary plan to periodically review its existing regulations to determine whether any regulations should be modified, streamlined, expanded, or repealed so as to make the agency's regulatory program more effective or less burdensome in achieving its regulatory objectives.

DHS's approach to conducting retrospective review focuses on public openness and transparency and on the critical role of public input in conducting retrospective review. To that end, DHS published a notice and request for comments in the **Federal Register** on March 14, 2011, "Reducing Regulatory Burden; Retrospective Review Under Executive Order 13563." 76 FR 13526. In that notice, DHS solicited public input on how DHS should structure its retrospective review and which DHS rules would benefit from retrospective review. In addition, DHS launched an IdeaScale Web page; this social media tool provided an additional means for DHS to solicit input from the public, and more

importantly, to foster dialogue among members of the public.

DHS has incorporated the public input in developing its Preliminary Plan. The Preliminary Plan establishes a process for identifying regulations that may be obsolete, unnecessary, unjustified, excessively burdensome, or counterproductive. The DHS retrospective review process will help identify rules that warrant repeal or modification, or strengthening, complementing, or modernizing, where necessary or appropriate. The DHS Preliminary Plan is available for viewing online at *http://www.dhs.gov/xabout/open-government.shtm* and *http://www.regulations.gov*. We welcome public comment on its content.

Ivan K. Fong,

General Counsel.

[FR Doc. 2011–13801 Filed 6–3–11; 8:45 am]

BILLING CODE 9110–9B–P

DEPARTMENT OF THE TREASURY

Office of the Comptroller of the Currency

12 CFR Parts 4, 5, 7, 8, 28, and 34

[Docket ID OCC–2011–0006]

RIN 1557–AD41

Office of Thrift Supervision Integration; Dodd-Frank Act Implementation; Correction

AGENCY: Office of the Comptroller of the Currency, Treasury.

ACTION: Notice of proposed rulemaking; correction.

SUMMARY: The Office of the Comptroller of the Currency (OCC) published in the **Federal Register** on May 26, 2011, a notice of proposed rulemaking entitled "Office of Thrift Supervision Integration; Dodd-Frank Act Implementation." Inadvertently, an incorrect E-mail address was used in the **ADDRESSES** caption for submission of public comments directly to the OCC via electronic mail. This document corrects that E-mail address.

FOR FURTHER INFORMATION CONTACT: Andra Shuster, Special Counsel, Heidi Thomas, Special Counsel, or Stuart Feldstein, Director, Legislative and Regulatory Activities Division, (202) 874–5090; Timothy Ward, Deputy Comptroller for Thrift Supervision, (202) 874–4468; or Frank Vance, Manager, Disclosure Services and Administrative Operations, Communications Division, (202)–874–5378, Office of the Comptroller of the Currency, 250 E Street, SW., Washington, DC 20219.

SUPPLEMENTARY INFORMATION: The OCC published a document in the **Federal Register** on May 26, 2011 (76 FR 30557) requesting comment on its notice of proposed rulemaking entitled "Office of Thrift Supervision Integration; Dodd-Frank Act Implementation." The e-mail address for submission of comments was incorrectly included as "*regs.comments@occ.treas.gov*". The correct address is "*regs.comments@occ.treas.gov*".

In FR Doc. 2011–12859, published on May 26, 2011 (76 FR 30557), make the following correction. On page 30557, in the second column, remove "E-mail: *regs.comments@occ.gov*" and replace it with "E-mail: *regs.comments@occ.treas.gov*".

Dated: June 1, 2011.

Julie L. Williams,

First Senior Deputy Comptroller and Chief Counsel.

[FR Doc. 2011–13887 Filed 6–3–11; 8:45 am]

BILLING CODE 4810–33–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 573

[Docket No. FDA–2011–F–0365]

BASF Corp.; Filing of Food Additive Petition (Animal Use); Methyl Esters of Conjugated Linoleic Acid; Silicon Dioxide

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of petition.

SUMMARY: The Food and Drug Administration (FDA) is announcing that BASF Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of methyl esters of conjugated linoleic acid (CLA) as a source of fatty acids in lactating dairy cow diets and for use of silicon dioxide as a carrier for the methyl esters of CLA.

DATES: Submit either electronic or written comments on the petitioner's environmental assessment by July 6, 2011.

ADDRESSES: Submit electronic comments to *http://www.regulations.gov.* Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Isabel W. Pocurull, Center for Veterinary Medicine, Food and Drug Administration, 7519 Standish Pl., Rockville, MD 20855, 240–453–6853, *isabel.pocurull@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (section 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 2269) has been filed by BASF Corp. (BASF), 100 Campus Dr., Florham Park, NJ 07932. The petition proposes to amend the food additive regulations in part 573 *Food Additives Permitted in Feed and Drinking Water of Animals* (21 CFR part 573) to provide for the safe use of methyl esters of conjugated linoleic acid (cis-9, trans-11 and trans-10, cis-12 octadecadienoic acids) as a source of fatty acids in lactating dairy cow diets. BASF's FAP 2269 further proposes the use of silicon dioxide as a carrier for methyl esters of CLA.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations issued under the National Environmental Policy Act (40 CFR 1501.4(b)), the Agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Division of Dockets Management (see **DATES** and **ADDRESSES**) for public review and comment.

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) either electronic or written comments regarding this document. It is only necessary to send one set of comments. It is no longer necessary to send two copies of mailed comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the Agency finds that an environmental impact statement is not required, and this petition results in a regulation, the notice of availability of the Agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.51(b).

Dated: May 31, 2011.

Bernadette Dunham,

Director, Center for Veterinary Medicine.

[FR Doc. 2011–13907 Filed 6–3–11; 8:45 am]

BILLING CODE 4160–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R03–OAR–2011–0379; FRL–9314–5]

Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Revision to the Inspection and Maintenance (I/M) Program—Quality Assurance Protocol for the Safety Inspection Program in Non-I/M Counties

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA proposes to approve the State Implementation Plan (SIP) revision submitted by the Commonwealth of Pennsylvania for the purpose of changing the quality assurance program for its motor vehicle inspection and maintenance program (I/M program). Specifically, the Commonwealth is amending a provision of its prior SIP-approved I/M program to amend the duration of the timing of quality assurance audits performed by the Pennsylvania Department of Transportation (PENNDOT) as part of their program oversight. The amendment allows for these audits to be conducted within five days of vehicle inspection, instead of the two day window allowed under the prior approved SIP. In the Final Rules section of this **Federal Register**, EPA is approving the Commonwealth's SIP submittal as a direct final rule without prior proposal because the Agency views this as a noncontroversial submittal and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to this action, no further activity is contemplated. If EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed rule. EPA will not institute a second comment period. Any parties interested in commenting on this action should do so at this time.

DATES: Comments must be received in writing by July 6, 2011.

ADDRESSES: Submit your comments, identified by Docket ID Number EPA–R03–OAR–2011–0379 by one of the following methods:

A. *http://www.regulations.gov.* Follow the on-line instructions for submitting comments.

B. *E-mail: fernandez.cristina@epa.gov.*

C. *Mail:* EPA–R03–OAR–2011–0379, Cristina Fernandez, Associate Director, Office of Air Program Planning, Mailcode 3AP30, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103.

D. *Hand Delivery:* At the previously-listed EPA Region III address. Such deliveries are only accepted during the Docket's normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA–R03–OAR–2011–0379. EPA's policy is that all comments received will be included in the public docket without change, and may be made available online at *http://www.regulations.gov,* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through *http://www.regulations.gov* or e-mail. The *http://www.regulations.gov* Web site is an "anonymous access" system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *http://www.regulations.gov,* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses.

Docket: All documents in the electronic docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, *i.e.,* CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the State submittal are available at the Pennsylvania Department of Environmental Protection, Bureau of Air Quality Control, P.O. Box 8468, 400 Market Street, Harrisburg, Pennsylvania 17105.

FOR FURTHER INFORMATION CONTACT: Brian Rehn, (215) 814–2176, or by e-mail at *rehn.brian@epa.gov.*

SUPPLEMENTARY INFORMATION: For further information, please see the information provided in the direct final action, with the same title, that is located in the Rules and Regulations section of this **Federal Register** publication.

Dated: May 18, 2011.

Shawn M. Garvin,

Regional Administrator, Region III.

[FR Doc. 2011–13879 Filed 6–3–11; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[EPA–R06–OAR–2010–0978; FRL–9315–3]

Approval and Promulgation of Implementation Plans; Texas; Revisions to the New Source Review (NSR) State Implementation Plan (SIP); Permit Renewals

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve revisions to the applicable State Implementation Plan (SIP) for the State of Texas that relate to the Permit Renewals. These portions of the SIP revisions proposed for approval address the following requirements related to Permit Renewals: Notification of permit holder, permit renewal application, and review schedule. EPA finds that these changes to the Texas SIP comply with the Federal Clean Air Act (the Act or CAA) and EPA regulations and are consistent with EPA policies. EPA is proposing this action under section 110 of the Act.

DATES: Comments must be received on or before July 6, 2011.

ADDRESSES: Submit your comments, identified by Docket ID No. EPA–R06–OAR–2010–0978 by one of the following methods:

(1) *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the on-line instructions for submitting comments.

(2) *E-mail:* Mr. Stanley M. Spruiell at *spruiell.stanley@epa.gov.*

(3) *U.S. EPA Region 6* "*Contact Us*" *Web site: http://epa.gov/region6/r6coment.htm.* Please click on "6PD" (Multimedia) and select "Air" before submitting comments.

(4) *Fax:* Mr. Stanley M. Spruiell, Air Permits Section (6PD–R), at fax number 214–665–6762.

(5) *Mail:* Mr. Stanley M. Spruiell, Air Permits Section (6PD–R), Environmental Protection Agency, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202–2733.

(6) *Hand or Courier Delivery:* Mr. Stanley M. Spruiell, Air Permits Section (6PD–R), Environmental Protection Agency, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202–2733. Such deliveries are accepted only between the hours of 8:30 a.m. and 4:30 p.m. weekdays except for legal holidays. Special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA–R06–OAR–2010–0978. EPA's policy is that all comments received will be included in the public docket without change and may be made available online at *http// www.regulations.gov,* including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through *http://www.regulations.gov* or e-mail. The *http://www.regulations.gov* Web site is an "anonymous access" system, which means that EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an e-mail comment directly to EPA without going through *http://www.regulations.gov* your e-mail address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD–ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses.

Docket: All documents in the docket are listed in the *http://www.regulations.gov* index. Although listed in the index, some information is not publicly available, e.g., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, will be publicly available only in hard copy. Publicly available docket materials are available either electronically in *http://www.regulations.gov* or in hard copy at the Air Permits Section (6PD–R), Environmental Protection Agency, 1445 Ross Avenue, Suite 700, Dallas, Texas 75202–2733. The file will be made available by appointment for public inspection in the Region 6 Freedom of Information Act Review Room between the hours of 8:30 a.m. and 4:30 p.m. weekdays except for legal holidays. Contact the person listed in the **FOR FURTHER INFORMATION CONTACT** paragraph below or Mr. Bill Deese at (214) 665–7253 to make an appointment. If possible, please make the appointment at least two working days in advance of your visit. There will be a 15 cent per page fee for making photocopies of documents. On the day of the visit, please check in at the EPA Region 6 reception area at 1445 Ross Avenue, Suite 700, Dallas, Texas.

The State submittals, which are part of the EPA docket, are also available for public inspection at the State Air Agency during official business hours by appointment: Texas Commission on Environmental Quality (TCEQ), Office of Air Quality, 12124 Park 35 Circle, Austin, Texas 78753.

FOR FURTHER INFORMATION CONTACT: Mr. Stanley M. Spruiell, Air Permits Section (6PD–R), Environmental Protection Agency, Region 6, 1445 Ross Avenue, Suite 700, Dallas, Texas 75202–2733, telephone (214) 665–7212; fax number (214) 665–6762; e-mail address *spruiell.stanley@epa.gov.*

SUPPLEMENTARY INFORMATION: Throughout this document wherever any reference to "we," "us," or "our" is used, we mean EPA.

Table of Contents

I. The State's Submittals
A. What is the background of the Texas permit renewal program?
B. What changes did the State submit?
II. What action is EPA proposing to take?
III. EPA's Evaluation
A. Section 30 TAC 116.310—Notification of Permit Holder
1. What is the background of 30 TAC 116.310?
2. What did Texas submit for 30 TAC 116.310?
3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.310?
B. Section 30 TAC 116.311—Permit Renewal Application
1. What is the background of 30 TAC 116.311?
2. What did Texas submit for 30 TAC 116.311?
3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.311?
C. Section 30 TAC 116.314—Review Schedule
1. What is the background of 30 TAC 116.314?
2. What did Texas submit for 30 TAC 116.314?
3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.314?
IV. Proposed Action
V. Statutory and Executive Order Reviews

I. The State's Submittals

A. What is the background of the Texas permit renewal program?

In this action, EPA is proposing to approve revisions to the Texas regulations relating to renewal of preconstruction permits. The rules for permit renewals are currently approved in the Texas SIP under 30 TAC 116.310, 116.311, 116.312, 116.313, 116.314, and 116.315. EPA approved these rules on March 10, 2006 (71 FR 12285), and revisions on March 20, 2009 (74 FR 11851), and March 11, 2010 (75 FR 11464). The approved rules require each preconstruction permit to be renewed every ten years. Permit renewal is approved based upon a demonstration in the renewal application that the permitted facility will operate in accordance with all requirements and conditions of the existing permit, including representations in the application to construct, and subsequent amendments, any previously granted renewal, and the compliance history of the facility. Although preconstruction permits must remain in effect as long as the source operates and until voided under the approved implementation procedures, periodic renewal of preconstruction permits is neither required nor prohibited under the Act or Federal Regulations.

B. What changes did the State submit?

On December 15, 1995; July 22, 1998; and September 4, 2002; the State of Texas submitted revisions to the Texas State Implementation Plan (SIP) concerning the Permit Renewals under Title 30 of the Texas Administrative Code (30 TAC), Chapter 116—Control of Air Pollution by Permits for New Construction or Modification, Subchapter D—Permit Renewals. The

December 15, 1995, revisions to these provisions were superseded and rendered moot by revisions submitted to EPA on July 22, 1998, because the latter submittal repealed and replaced the earlier versions of the same provisions addressed in the December 15, 1995, submittal. Submitted revisions included changes to 30 TAC 116.310—Notification of Permit Holder, 30 TAC 116.311—Permit Renewal Application, 30 TAC 116.312—Public Notification and Comment Procedures, 30 TAC 116.313—Renewal Application Fees, 30 TAC 116.314—Review Schedule, and 30 TAC 116.315—Permit Renewal Submittal. In this proposed action, we are addressing submitted revisions to 30 TAC 116.310, 116.311, and 116.314.

Section 30 TAC 116.310—Notification of Permit Holder—is currently approved as adopted by Texas on August 16, 1993, approved March 10, 2006 (71 FR 12285). Today, we propose to approve revisions adopted by Texas on November 16, 1995 (submitted December 15, 1995) and June 17, 1998 (submitted July 22, 1998).

Section 30 TAC 116.311—Permit Renewal Application—is currently approved as adopted by Texas on April 6, 1994, approved March 10, 2006 (71 FR 12285). The requirements of subsection (c) were later removed from 30 TAC 116.311 and added to Section 116.315 and approved by EPA on March 11, 2010, 75 FR 11464. Today, we propose to approve other revisions adopted by Texas on November 16, 1995 (submitted December 15, 1995); June 17, 1998 (submitted July 22, 1998); and August 21, 2002 (submitted September 4, 2002). Today's proposed action does not address severable revisions to 30 TAC 116.311(a)(2) submitted December 15, 1995; July 22, 1998; and September 4, 2002. This provision was revised to exclude changes under the severable provisions relating to Qualified Facilities. EPA will review these revisions to 30 TAC 116.311(a)(2) in connection with separately submitted revisions to Texas Qualified Facilities Program, submitted October 5, 2010.

Section 30 TAC 116.314—Review Schedule—is currently approved as adopted by Texas on August 16, 1993, approved March 10, 2006 (71 FR 12285). Today, we propose to approve revisions adopted by Texas on November 16, 1995 (submitted December 15, 1995) and June 17, 1998 (submitted July 22, 1998).

Additional information related to these SIP submittals is contained in the Technical Support Document (TSD), which is in the docket for this action.

The table below summarizes the changes that were submitted and are affected by this action. A summary of EPA's evaluation of each section and the basis for this proposal is discussed in section III of this preamble. The TSD includes a detailed evaluation of the referenced SIP submittals.

Section	Title	Date submitted	Date adopted by the State	Comments
30 TAC 116.310	Notification of Permit Holder.	*12/15/1995 *7/22/1998	*11/16/1995 *6/17/1998	—Non-substantive changes to the section.
30 TAC 116.311	Permit Renewal Application.	*12/15/1995 *7/22/1998	*11/16/1995 *6/17/1998	—Removed paragraphs (a)(1), (a)(3), and (a)(4) and redesignated existing paragraphs (a)(2), (a)(5), and (a)(6) to paragraphs (a)(1)–(a)(3), respectively. —Added new paragraphs (a)(4) and (a)(5). —Added new subsection (b). —Revised and redesignated existing subsection (b) to new subsection (c).
		9/4/2002	8/21/2002	—Added new paragraph (a)(1) and redesignated existing paragraphs (a)(1)–(a)(5) to paragraphs (a)(2)–(a)(6), respectively.
30 TAC 116.314	Review Schedule	*12/15/1995 *7/22/1998	*11/16/1995 *6/17/1998	—Revised and reorganized subsection (a) into subsections (a) and (b) and revisions to these subsections. —Revised and redesignated existing subsections (b) and (c) to subsections (c) and (d), respectively.

*Because Texas repealed and resubmitted each section under Subchapter D in its 7/22/1998 submittal, our analysis includes 12/15/95 and 7/22/98 SIP submittal together.

II. What action is EPA proposing to take?

We have evaluated the SIP submissions for consistency with the CAA, NSR regulations for new and modified sources in 40 CFR Part 51, and the approved Texas SIP. We have also reviewed the rules for enforceability and legal sufficiency. On March 10, 2006, EPA approved revisions to 30 TAC, Chapter 116—Control of Air Pollution by Permits for New Construction or Modification, Subchapter D—Permit Renewals, Sections 116.310, 116.311, 116.312, 116.313, and 116.314. On March 11, 2010 (75 FR 11464), EPA approved the removal of subsection (c) from 30 TAC 116.311 and added those provisions to 30 TAC 116.315. Section 30 TAC 116.312 relates to public participation and is severable from the remaining rules (see 75 FR 68291, 68294). We will address the requirements for public participation in a separate action when we act on the Texas rules relating to public participation, submitted July 12, 2010. Under the CAA, EPA's statutory deadline to act on the revised public participation rules is January 12, 2012. The revisions to 30 TAC 116.313 were approved in a separate action on March 20, 2009 (74 FR 11851). The revisions to 116.315 were approved in a separate action on March 11, 2010 (75 FR 11464).

This proposed action addresses revisions to 30 TAC 116.310, 116.311, and 116.314, submitted December 15, 1995, and July 22, 1998, and revisions to 30 TAC 116.311 submitted September 4, 2002. A technical analysis of the submittals for the Permit Renewal Application and Permit Renewal Submittal sections has found that these changes are consistent with the CAA, 40 CFR Part 51 and EPA policies. Therefore, EPA proposes to approve the

revisions to 30 TAC 116.310, 116 .311,[1] and 116.314 submitted on December 15, 1995; July 22, 1998; and September 4, 2002.

III. EPA's Evaluation

A. Section 30 TAC 116.310—Notification of Permit Holder

1. What is the background of 30 TAC 116.310?

The currently approved provisions for 30 TAC 116.310 were submitted to EPA on August 31, 1993. EPA approved the submitted revisions on March 10, 2006 (71 FR 12285). These revisions became effective on May 9, 2006.

2. What did Texas submit for 30 TAC 116.310?

Since EPA's last approval for this section, TCEQ has submitted two SIP revisions to EPA for the Notification of Permit Holder in 30 TAC 116.310 on December 15, 1995, and July 22, 1998. In this proposed action, we are proposing to approve the revisions of the existing provisions of section 116.310. The revisions submitted to this section include updated references to the current agency name and update of a state statutory citation to the current citation.

3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.310?

These submitted revisions are non-substantive and do not change the underlying requirements of the section as currently approved. We propose to approve the revisions to 30 TAC 116.310 as submitted December 15, 1995, and July 22, 1998.

B. Section 30 TAC 116.311—Permit Renewal Application

1. What is the background of 30 TAC 116.311?

The currently approved provisions for 30 TAC 116.311 were submitted to EPA on August 31, 1993, and April 29, 1994. EPA approved the submitted revisions on March 10, 2006 (71 FR 12285). These revisions became effective on May 9, 2006.

2. What did Texas submit for 30 TAC 116.311?

Since EPA's last approval for this section, TCEQ has submitted three SIP revisions to EPA for the Permit Renewal Application section on December 15, 1995; July 22, 1998; and September 4, 2002. On March 11, 2010, we approved the recodification and revision of the existing provisions of section 116.311(c) to a new section 116.315—Permit Renewal Submittal. In this proposed action, we are addressing the remaining revisions as described below, except for the revisions to 30 TAC 116.311(a)(2) and (a)(6). This includes the following revisions:

a. Revisions submitted December 15, 1995, and July 22, 1998.

These revisions include:

- Removal of paragraphs (a)(1), (a)(3), and (a)(4), and the redesignation of existing paragraphs (a)(2), (a)(5), and (a)(6) to paragraphs (a)(1) through (a)(3), respectively;
- Addition of new paragraphs (a)(4) and (a)(5);
- Addition of new subsection (b); and
- Redesignation of existing subsection (b) to subsection (c) with non-substantive revisions.

b. Revisions submitted September 4, 2002.

These revisions include the addition of new paragraph (a)(1) and redesignation of existing paragraphs (a)(1) through (a)(5) to paragraphs (a)(2) through (a)(6), respectively.

3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.311?

a. The addition of new paragraph (a)(1).

Texas submitted paragraph (a)(1) on September 4, 2002. This paragraph ensures that upon renewal, "dockside vessel emissions associated with the permitted facility will comply with all rules and regulations of the commission and with the intent of the TCAA, including protection of the health and property of the public and minimization of emissions to the extent possible, consistent with good air pollution practices." This revision is consistent with the provision in the SIP-approved 30 TAC 116.111(a)(2) as it relates to associated dockside vessel emissions. See 72 FR 49198 (August 28, 2007). The TCEQ obtained the authority to regulate dockside emissions under House Bill (HB) 3040, 77th Legislature, 2001 which amended the Texas Health and Safety Code (THSC), Texas Clean Air Act (TCAA), § 382.065 (Acts 2001, 77th Legislature, Chapter 1166, § 1). See page 2 of the TCEQ's evaluation of the revisions submitted September 4, 2002. The TCEQ further states:

> The commission determined that dockside vessels are facilities as defined in TCAA, § 382.003(6), and thus subject to the requirements of Chapter 116. These emissions will require best available control technology (BACT) review, maximum allowable emission limitations, monitoring, testing, recordkeeping, and ambient air impacts review. The emissions originating from a dockside vessel that are the result of functions performed by onshore facilities or using onshore equipment include: Loading and unloading of liquid bulk materials, liquified gaseous materials, and solid bulk materials; cleaning and degassing liquid vessel compartments; and abrasive blasting and painting.

See page 4 of the TCEQ's evaluation of the revisions submitted September 4, 2002. Finally, concerning the revision to 30 TAC 116.311, the TCEQ states:

> The adopted amendment to § 116.311, Permit Renewal Application, requires that owners or operators submit information that demonstrates that dockside emissions comply with all commission rules and regulations and the intent of the TCAA, including protection of the health and property of the public and the minimization of emissions to the extent practicable, consistent with good air pollution control practices. Existing dockside emissions will be reviewed for off-property effects considering magnitude, frequency, and duration.

See page 4 of the TCEQ's evaluation of the revisions submitted September 4, 2002. The addition of new paragraph (a)(1) ensures that permits to construct and permit renewals that pre-date TCEQ's rule change to regulate dockside emissions at 30 TAC 116.111(a)(2) are required at renewal to ensure all dockside emissions comply with the statute and regulations. We propose to approve the addition of paragraph (a)(1), submitted September 4, 2002.

b. The removal of existing paragraph (a)(1).

This paragraph provides that upon renewal the emissions from the facility will comply with all applicable specifications and requirements in the Texas Air Control Board (TACB)[2] rules and the Texas Clean Air Act (TCAA). Texas submitted the removal of existing paragraph (a)(1) on December 15, 1995, and July 22, 1998. EPA believes this provision is redundant because the SIP already contains the substantive requirement at 30 TAC 116.115(b)(2)(H)(ii) requiring that "[i]f more than one state or Federal regulation or permit condition are applicable, the most stringent limit or condition shall govern and be the standard by which compliance shall be demonstrated." The SIP also provides TCEQ with the authority to re-evaluate a source's ability to comply with the statute and regulations at renewal, as provided in the existing SIP rule at 30 TAC 116.311(b), which is recodified to 30 TAC 116.311(c) in this proposal. Because the proposed removal of this paragraph merely is the removal of a redundant requirement, it is not a relaxation of the SIP. Therefore,

[1] Except for 30 TAC 116.311(a)(2). See discussion in section III.B of this preamble for further information on these provisions.

[2] The TACB is a predecessor agency to the TCEQ.

approval of this revision will not interfere with attainment and reasonable further progress or any other applicable Federal requirement, as required by section 110(l) of the CAA. Accordingly, we propose to approve the removal of existing paragraph (a)(1), submitted December 15, 1995, and July 22, 1998.

c. Revisions to paragraph (a)(2).

As currently approved, paragraph (a)(2) provides that upon renewal, facility is being operated in accordance with all requirements and conditions of the existing permit, including representations in the application for permit to construct and subsequent amendments, and any previously granted renewal. This paragraph was revised and redesignated to paragraph (a)(1) in the December 15, 1995, and July 22, 1998, SIP submittals. This paragraph was again redesignated to paragraph (a)(2) in the September 4, 2002, SIP submittal. The revisions submitted December 15, 1995, and July 22, 1998, as redesignated in the September 4, 2002, SIP submittal, were revised to add a provision that excludes changes otherwise authorized for a Qualified Facility. The submitted revisions to paragraph (a)(2) are related to severable provisions that relate to Qualified Facilities that we disapproved on April 14, 2010 (75 FR 19467) and to the separately submitted revisions to the Qualified Facilities Program on October 5, 2010. We propose to take no action on the severable submitted revision to paragraph (a)(2) relating to Qualified Facilities, and we will address these revisions in a separate action on the submitted revisions to the Qualified Facilities Program. The approved SIP will retain currently approved paragraph (a)(2) as adopted by Texas on April 4, 1994 (submitted April 29, 1994), and approved March 10, 2006.

d. The removal of existing paragraph (a)(3).

This paragraph required that upon renewal the facility will continue to have appropriate means to measure the emission of significant air contaminants as determined necessary by the Executive Director. Texas submitted the removal of paragraph (a)(3) on December 15, 1995, and July 22, 1998. In its December 15, 1995 submittal, Texas stated:

> Existing § 116.311(a)(3) also duplicates a requirement applicable to the original permit application. An applicant for a permit to construct must demonstrate that a facility will have provisions for measuring the emissions of significant air contaminants, including the installation of sampling ports and sampling platforms. When necessary, such requirements are written as conditions of the permit. The renewal review will determine whether a facility is in compliance with any sampling requirements in its permit. * * * [A]n owner/operator could not remove sampling ports or platforms in violation of permit conditions.
>
> Further, 30 TAC § 101.9 provides independent authority for the TNRCC to require sampling ports and platforms when necessary. The existing § 116.311(a)(3) was redundant and unnecessary.

See the December 15, 1995 SIP submittal at page 5 of the Section entitled "Evaluation of Testimony." EPA believes this provision is redundant because the SIP already contains the substantive requirement in the rules at 30 TAC 101.9 and 30 TAC 116.111(a)(2)(B). These two SIP rules require the following:

> Any person, at the request of the Texas Natural Resource Conservation Commission (TNRCC or Commission), shall provide in connection with each flue a power source near the point of testing in addition to such sampling and testing facilities and sampling ports, including safe and easy access thereto, exclusive of instruments and sensing devices, as may be necessary for the Commission to determine the nature and quality of emissions which are or may be discharged as a result of source operations. Evidence and data based on these samples and calculations may be used to substantiate violations of the Act, rules, and regulations. Agents of the Commission shall be permitted to sample the stacks during operating hours.

30 TAC 101.9

> (B) Measurement of emissions. The proposed facility will have provisions for measuring the emission of significant air contaminants as determined by the executive director. This may include the installation of sampling ports on exhaust stacks and construction of sampling platforms in accordance with guidelines in the "Texas Natural Resource Conservation Commission (TNRCC) Sampling Procedures Manual."

30 TAC 116.111(a)(2)(B). Because the proposed removal of this paragraph merely is the removal of a redundant requirement, it is not a relaxation of the SIP. Therefore, approval of this revision will not interfere with attainment and reasonable further progress or any other applicable Federal requirement, as required by section 110(l) of the CAA. Accordingly, we propose to approve the removal of existing paragraph (a)(3), submitted December 15, 1995, and July 22, 1998.

e. The removal of existing paragraph (a)(4).

This paragraph required that upon renewal the facility will continue to use the control technology determined by the Executive Director to be economically reasonable and technically practicable considering the age of the facility and the impact of its emissions on the surrounding area. Texas submitted the removal of paragraph (a)(4) on December 15, 1995, and July 22, 1998. EPA believes that this provision is redundant because the SIP already provides for this substantive requirement at 30 TAC 116.311(a)(2) and 30 TAC 116.111(a)(2)(C). Section 30 TAC 116.311(a)(2) provides that upon renewal, the facility is being operated in accordance with all requirements and conditions of the existing permit, including representations in the application for permits to construct and subsequent amendments, and any previously granted renewal. Therefore, the SIP-approved requirements 30 TAC 116.311(a)(2) require that upon renewal, a facility will continue to meet the requirements of 30 TAC 116.111(a)(2)(C). This SIP rule requires that a proposed facility will utilize Best Available Control Technology (BACT), with consideration given to technical practicability and economic reasonableness of reducing or eliminating the emissions from the facility. Because the proposed removal of paragraph (a)(4) merely is the removal of a redundant requirement, it is not a relaxation of the SIP. Therefore, approval of the removal of 30 TAC 116.311(a)(4) will not interfere with attainment and reasonable further progress or any other applicable Federal requirement, as required by section 110(l) of the CAA.

The removal of paragraph (a)(4) also removes a provision that allows director discretion relating to the control technology that could be utilized at a facility following renewal. Further, the TCEQ maintains the authority to impose, as a condition of renewal, additional requirements that it determines to be economically reasonable and technically practicable considering the age of the facility and the impact of its emissions on the surrounding area, as provided in the submitted revisions related to 30 TAC 116.311(b) (which is evaluated in section III.B.3.i of this preamble). Accordingly, we propose to approve the removal of existing paragraph (a)(4), submitted December 15, 1995, and July 22, 1998.

f. Revisions to currently submitted paragraphs (a)(3) and (a)(4).

These paragraphs are currently approved as paragraphs (a)(5) and (a)(6). These paragraphs require that upon renewal, the facility must continue to meet the applicable requirements of the New Source Performance Standards (required under section 111 of the Act and 40 CFR part 60) and the National Emission Standards for Hazardous Air Pollutants (required under section 112 of the Act and 40 CFR part 61). These

paragraphs were redesignated to paragraphs (a)(2) and (a)(3) with non-substantive changes in revisions submitted December 15, 1995, and July 22, 1998, and were again redesignated to paragraphs (a)(3) and (a)(4) in a revision submitted September 4, 2002, with no substantive changes. These changes are non-substantive revisions to the existing SIP. Accordingly, we propose to approve the redesignations and non-substantive changes to these paragraphs as submitted December 15, 1995; July 22, 1998; and September 4, 2002.

g. Addition of new paragraph (a)(5).

This paragraph was submitted as paragraph (a)(4) on July 22, 1998, and then recodified to paragraph (a)(5), as submitted September 4, 2002. This paragraph requires that upon renewal, the facility must continue to meet the applicable requirements of the maximum achievable control technology standard as listed under 40 CFR Part 63, promulgated by EPA under the authority of section 112 of the CAA, or as listed under 30 TAC Chapter 113, Subchapter C of this title (relating to National Emissions Standards for Hazardous Air Pollutants for Source Categories) (FCAA § 112, 40 CFR 63). This paragraph ensures that upon renewal the facility continues to meet the requirements of the current SIP at 30 TAC 116.111(a)(2)(F) which requires permitted facilities to comply with the requirements of 40 CFR part 63. Accordingly, we propose to approve the addition of paragraph (a)(5) as submitted December 15, 1995; July 22, 1998; and September 4, 2002.

h. Addition of new subsection (b).

Texas submitted subsection (b) on December 15, 1995, and July 22, 1998. This section provides that in addition to the requirements in subsection (a) of this section, if the TCEQ determines it necessary to avoid a condition of air pollution or to ensure compliance with otherwise applicable Federal or state air quality control requirements, then: (1) The applicant may be required to submit additional information regarding the emissions from the facility and their impacts on the surrounding area; and (2) the TCEQ shall impose as a condition for renewal those requirements the Executive Director determines to be economically reasonable and technically practicable considering the age of the facility and the impact of its emissions on the surrounding area. This new subsection provides the Executive Director of the TCEQ with authority to require additional information and to require additional requirements above and beyond the requirements stipulated in subsection (a) whenever the Executive Director deems such additional measures are necessary. EPA has already approved subsection (a) (as adopted by the State on April 6, 1994) as meeting the requirements of the Act and 40 CFR part 51. Because the requirements in subsection (b) are in addition to the requirements in subsection (a) of this section, and because EPA has approved subsection (a), subsection (b) can only be used to impose additional measures when the Executive Director deems them necessary. Subsection (b) does not authorize the Executive Director to use the permit renewal process to relax terms and conditions of the existing permit. Such relaxations of the existing permit must be authorized through the SIP-approved procedures for changing a permit under 30 TAC 116, Chapter 116, Subchapter B—New Source Review Permits.[3] Further, the addition of subparagraph (b) provides a mechanism to ensure that upon renewal, the permit continues to meet the approved SIP requirements at 30 TAC 116.111(a)(2)(A)(1) which requires the initial permit must "comply with all rules and regulations of the commission and with the intent of the TCAA, including protection of the health and property of the public." The addition of subsection (b) provides TCEQ with a mechanism to impose additional requirements at renewal when TCEQ deems it necessary to address changes in air quality or changes to applicable Federal and state requirements that may occur after issuance of the initial permit. We therefore find that the submitted revision to add subsection (b) to 30 TAC 116.311 meets section 110(a)(2)(C) of the Act and 40 CFR part 51; and does not interfere with any applicable requirement concerning attainment and reasonable further progress, or any other applicable requirement of the Act. Accordingly, we propose to approve the addition of the new subsection (b) to the SIP.

i. Revisions to subsection (c).

This provision is currently approved as subsection (b). This subsection requires that upon renewal, the facility shall continue to meet the requirements under the undesignated heading in Subchapter B relating to compliance history. This provision was redesignated to subsection (c) with revisions, submitted December 15, 1995, and July 22, 1998. The submitted revisions include changing the citations to refer to the Compliance History provisions to refer to the SIP-approved requirement under 30 TAC 116.120 through 116.126 under Subchapter B, Division 2—Compliance History. The changes also include clarifications that failure to demonstrate compliance with the Compliance History requirements shall result in the renewal not being granted. It further changes the rule to provide that if a contested case hearing has not been requested, the Executive Director, not the staff, must notify the applicant of intent to recommend denial of an application for permit renewal if the TCEQ finds that violations of the compliance history constitute a recurring pattern of egregious conduct which demonstrates a consistent disregard for the regulatory process, including failure to make a timely and substantial attempt to correct the violations. Accordingly, we propose to approve the redesignation of subsection (b) to subsection (c) and the revisions thereto as submitted December 15, 1995, and July 22, 1998.

C. Section 30 TAC 116.314—Review Schedule

1. What is the background of 30 TAC 116.314?

The currently approved provisions for 30 TAC 116.314 were submitted to EPA on August 31, 1993. EPA approved the submitted revisions on March 10, 2006 (71 FR 12285). These revisions became effective on May 9, 2006.

2. What did Texas submit for 30 TAC 116.314?

Since EPA's last approval for this section, TCEQ has submitted two SIP revisions to EPA for this section on December 15, 1995, and July 22, 1998. In this action, we are proposing to approve the revisions of the existing provisions of section 116.314. The revisions submitted to this section include the following:

- Reorganization of subsection (a) into subsections (a) and (b) and redesignation of existing subsections (b) and (c) to subsections (c) and (d).
- Non-substantive revisions to the reorganized subsections (a) and (b).
- Revisions to subsection (c) as recodified.
- Non-substantive revisions to subsection (d) as recodified.

3. What is EPA's evaluation of the submitted revisions to 30 TAC 116.314?

The revisions to 30 TAC 116.314 are evaluated and addressed in this proposed action as described below:

a. Revisions to subsections (a) and (b).

[3] Also see the SIP approved rule at 30 TAC 116.315(c) which provides that a renewal application may be submitted at the same time as an amendment application to modify an existing facility as long as it is submitted no more than three years before the permit's expiration date and the amendment is subject to public notice requirements.

The revisions submitted July 22, 1998, revised and reorganized subsection (a) into subsections (a) and (b). These revisions include clarifying amendments which streamline and reorganize the requirements of subsections (a) and (b). The submitted changes are non-substantive. Accordingly, we propose to approve subsections (a) and (b) as submitted December 15, 1995, and July 22, 1998.

b. Revisions to subsection (c).

These provisions are currently approved as subsection (b). As approved, this subsection provides that in the event that the permit holder fails to satisfy the requirements for corrective action by the deadline specified in the report filed by the TCEQ, the applicant shall be required to show cause in a contested case proceeding why the permit should not expire. The proceeding will be pursuant to the requirements of the Administrative Procedure and Texas Register Act, Article 6252–13a, V.T.C.S. This subsection was recodified to subsection (c) in the revisions submitted December 15, 1995, and July 22, 1998. The submitted revisions update the agency name and the statutory citation relating to contested case hearings and referred to the contested case hearing provisions in 30 TAC Chapters 1, 55, and 80. The submitted revision to 30 TAC 116.314(c) includes specific cross-references to 30 TAC Chapters 1, 55, and 80, which relate to Purpose of Rules, General Provisions; Request for Contested Case Hearings; Public Comment; and Contested Case Hearings. In contrast, the current SIP refers to the Contested Case Hearing Process without cross references to specific rules relating to Contested Case Hearings. Although the revision provides references to the specific rules relating to Contested Case Hearings, the revision *does not* make substantive changes to the requirements of the existing SIP. Texas's use of the Contest Hearing Process in this context in both the current SIP and the submitted revisions is to inform the permit applicant of the availability of the contested case hearing but does not incorporate the specific requirements of Chapters 1, 55, and 80 into the SIP. Further, the submitted revision to 30 TAC 116.314(c) meets the requirements of section 110(a)(2)(C) of the Act and 40 CFR part 51, does not interfere with any applicable requirement concerning attainment and reasonable further progress, or any other applicable requirement of the Act. Accordingly, EPA proposes to approve the revisions to subsection (c) as submitted December 15, 1995, and July 22, 1998.

d. Revisions to subsection (d).

These provisions are currently approved as subsection (c) and relate to the effective date of the existing permit. This subsection was revised and recodified to subsection (d) in revisions submitted December 15, 1995, and July 22, 1998. These revisions include clarifying amendments which streamline the requirements relating to Permit Renewals. The submitted changes are non-substantive. Accordingly, we propose to approve the revision to subsection (d) as submitted December 15, 1995, and July 22, 1998.

IV. Proposed Action

Today, EPA proposes to approve the following revisions to the Texas SIP:

- Revisions to 30 TAC 116.310—Notification of Permit Holder—submitted December 15, 1995, and July 22, 1998.
- Revisions to 30 TAC 116.311—Permit Renewal Application—submitted December 15, 1995; July 22, 1998; and September 4, 2002; as follows:
  - Addition of new paragraph (a)(1);
  - Removal of existing paragraphs (a)(1), (a)(3), and (a)(4);
  - Revisions to and redesignation of existing paragraphs (a)(5) and (a)(6) to paragraphs (a)(3) and (a)(4), respectively;
  - Addition of new paragraph (a)(5);
  - Addition of new subsection (b); and
  - Revisions to and redesignation of existing subsection (b) to subsection (c)
- Revisions to 30 TAC 116.314—Review Schedule—submitted December 15, 1995, and July 22, 1998, as follows:
  - The revisions to and reorganization of existing subsection (a) to subsections (a) and (b); and
  - The revisions to and redesignation of existing subsections (b) and (c) to subsections (c) and (d).

Much of this SIP revision re-organizes and makes non-substantive changes to the Texas renewals program. This revision also revises the SIP by adding a requirement to ensure that permits that pre-date TCEQ's rule change to regulate dockside emissions are required at renewal to ensure all dockside emissions comply with the statute and regulations. The revision also removed the following three requirements from the renewals process: (1) Upon renewal the emissions from the facility will comply with all applicable specifications and requirements in the Texas Air Control Board (TACB) rules and the Texas Clean Air Act (TCAA); (2) upon renewal the facility will continue to have appropriate means to measure the emission of significant air contaminants as determined necessary by the Executive Director; and (3) upon renewal the facility will continue to use the control technology determined by the Executive Director to be economically reasonable and technically practicable considering the age of the facility and the impact of its emissions on the surrounding area. We believe that the removal of these provisions is approvable because these requirements are provided elsewhere in the Texas SIP; and therefore, their deletion will not interfere with attainment and reasonable further progress of the NAAQS or any other applicable requirement, as required by section 110(l) of the CAA.

Final action on these revisions on or before October 31, 2011, will meet EPA's obligation on the Permit Renewals component of the May 21, 2009, Consent Decree between EPA and the Business Coalition for Clean Air Appeal Group, Texas Association of Business, and Texas Oil and Gas Association.

EPA proposes to take no action on the following revisions to 30 TAC 116.311, December 15, 1995; July 22, 1998; and September 4, 2002:

- Severable revisions to paragraph (a)(2), which relate to the Qualified Facilities Program. Today, we propose to retain the currently approved provisions of paragraph (a)(2) in the SIP as adopted by Texas on April 6, 1994, approved March 10, 2006 (71 FR 12285). We will address the revisions to paragraph (a)(2) in connection with a separate SIP submittal that revises the Qualified Facilities Program, submitted October 5, 2010. EPA disapproved Texas Qualified Facilities Program on April 14, 2010 (75 FR 19467). Under the CAA, EPA's statutory deadline to take action on the revised Qualified Facilities Program is April 5, 2012.

V. Statutory and Executive Order Reviews

Under the Clean Air Act, the Administrator is required to approve a SIP submission that complies with the provisions of the Act and applicable Federal regulations. See 42 U.S.C. 7410(k); 40 CFR 52.02(a). Thus, in reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. Accordingly, this notice merely proposes to approve state law as meeting Federal requirements and does not impose additional requirements beyond those imposed by state law. For that reason, this proposed action:

- Is not a "significant regulatory action" subject to review by the Office of Management and Budget under

Executive Order 12866 (58 FR 51735, October 4, 1993);

• Does not impose an information collection burden under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*);

• Is certified as not having a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*);

• Does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4);

• Does not have Federalism implications as specified in Executive Order 13132 (64 FR 43255, August 10, 1999);

• Is not an economically significant regulatory action based on health or safety risks subject to Executive Order 13045 (62 FR 19885, April 23, 1997);

• Is not a significant regulatory action subject to Executive Order 13211 (66 FR 28355, May 22, 2001);

• Is not subject to requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) because application of those requirements would be inconsistent with the Clean Air Act; and

• Does not provide EPA with the discretionary authority to address, as appropriate, disproportionate human health or environmental effects, using practicable and legally permissible methods, under Executive Order 12898 (59 FR 7629, February 16, 1994).

In addition, this rule does not have Tribal implications as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), because the SIP is not approved to apply in Indian country located in the state, and EPA notes that it will not impose substantial direct costs on Tribal governments or preempt Tribal law.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Incorporation by reference, Intergovernmental relations, Lead, Nitrogen dioxide, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur oxides, Volatile organic compounds.

Authority: 42 U.S.C. 7401 *et seq.*

Dated: May 20, 2011.

Al Armendariz,

Regional Administrator, Region 6.

[FR Doc. 2011–13872 Filed 6–3–11; 8:45 am]

BILLING CODE 6560–50–P

GENERAL SERVICES ADMINISTRATION

41 CFR Parts 301–11, 302–2, 302–3, and 302–17

[FTR Case 2009–307; Docket 2009–0013; Sequence 1]

RIN 3090–AI95

Federal Travel Regulation; Temporary Duty (TDY) Travel Allowances (Taxes); Relocation Allowances (Taxes)

AGENCY: Office of Governmentwide Policy (OGP), General Services Administration (GSA).

ACTION: Proposed rule.

SUMMARY: GSA is proposing to amend the Federal Travel Regulation (FTR) by incorporating recommendations of the Governmentwide Relocation Advisory Board (GRAB) concerning calculation of reimbursements for taxes on relocation expenses. In addition, this proposed rule alters the process for calculating reimbursements for taxes on extended temporary duty (TDY) benefits to correct errors and to align that process with the proposed changes to the relocation income tax process.

DATES: Interested parties should submit comments in writing on or before August 5, 2011 to be considered in the formulation of a final rule.

ADDRESSES: Submit comments identified by FTR case 2009–307 by any of the following methods:

• *Regulations.gov: http://www.regulations.gov.*

Submit comments via the Federal eRulemaking portal by inputting "FTR Case 2009–307" under the heading "Comment or Submission." Select the link "Send a Comment or Submission" that corresponds with FTR Case 2009–307. Follow the instructions provided to complete the "Public Comment and Submission Form." Please include your name, company name (if any), and "FTR Case 2009–307" on your attached document.

• *Fax:* 202–501–4067.

• *Mail:* General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street, NE., Room 783E, ATTN: Hada Flowers, Washington, DC 20417.

Instructions: Please submit comments only and cite FTR case 2009–307 in all correspondence related to this case. All comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided.

FOR FURTHER INFORMATION CONTACT: The General Services Administration, Regulatory Secretariat (MVCB), 1275 First Street, NE., Washington, DC 20417, (202) 501–4755, for information pertaining to status or publication schedules. For clarification of content, contact Mr. Ed Davis, Office of Governmentwide Policy (MT), General Services Administration, at (202) 208–7638 or e-mail at *ed.davis@gsa.gov.* Please cite FTR case 2009–307.

SUPPLEMENTARY INFORMATION:

A. Request for Input on the Final Effective Date

GSA recognizes that implementing the final rule that will result from this proposed rule will be challenging and time-consuming, both for Federal agencies and software providers. To help set a final effective date that allows adequate time to implement the final rule, GSA requests comments from affected parties on how much time they will need to change their systems and processes to implement the eventual final rule.

B. Background

The GSA Office of Governmentwide Policy seeks to incorporate best practices from Federal agencies and the private sector into the policies that GSA issues. To this end, GSA created the GRAB, consisting of Government and private industry relocation experts, to examine Government relocation policy. The GRAB was chartered under the Federal Advisory Committee Act on July 9, 2004, and it submitted its "Findings and Recommendations" on September 15, 2005. The GRAB "Findings and Recommendations" and corresponding documents may be accessed at GSA's Web site at *http://www.gsa.gov/grab.* The GRAB made a number of recommendations with regard to taxes, and GSA has developed this proposed rule in response to those recommendations.

GSA has worked with the Executive Relocation Steering Committee (ERSC), an interagency group chartered by GSA, to analyze the GRAB recommendations regarding taxes. The first product of the analysis by the ERSC was a set of four principles:

• "Substantially all"—Federal agencies are required by 5 U.S.C. 5724b to reimburse "substantially all" of the additional income taxes incurred by employees as a result of relocation and to reimburse "all" of the taxes imposed on any reimbursement for taxes.

• Fair and equitable—In personnel matters, the Government seeks to treat all employees fairly and equitably. A key piece of this is transparency. Everyone must be able to see and understand how the benefits are being computed. Another key piece is seeking

to treat all civilian transferees equally, regardless of grade level.

• Relative simplicity—The tax process is necessarily complex because relocation has so many parts. However, it is important to keep this process as simple as possible, so that agencies can and will perform all of the calculations accurately, so that employees can verify the calculations, and so that employees will be more likely to believe that they are being treated fairly and equitably.

• Minimizing cost—It is, of course, very important to balance the three objectives above against the overall cost of reimbursing employees for the taxes that they incur. It is important, therefore, to seek to limit reimbursement to "substantially all" of each transferee's tax liability, to the extent that this can be done without making the process overly complex.

C. Major Changes in This Proposed Rule

This proposed rule completely replaces FTR part 302–17. It also removes FTR part 301–11, subpart E, and it replaces FTR part 301–11, Subpart F, which regulates taxes involved in extended TDY benefits.

The major changes in this proposed rule are:

Taxes on extended TDY benefits—The existing FTR part 301–11, subpart E, addresses only tax years 1993 and 1994 and is therefore obsolete. FTR part 301–11, subpart F, includes several substantial errors and does not agree with either the existing FTR part 302–17 or this proposed rule. This proposed rule deletes part 301–11, subpart E, and it replaces part 301–11, subpart F in its entirety. This proposed rule also eliminates the lump sum process for reimbursing taxes on extended TDY benefits. This process is seldom used and, therefore, creates more confusion than benefit.

Question and answer format—This proposed rule puts part 302–17 into question and answer format to conform to the remainder of the FTR. GSA notes that the GRAB recommended that GSA move in the other direction, taking all of the FTR back to its old format. GSA has considered and rejected this GRAB recommendation. GSA continues to believe that the question and answer format is easier to read and understand for the large majority of users.

Eliminating use of two tables for Federal tax rates—GSA examined the tax tables for the past seven years and determined that the difference in tax rates from year to year is not large enough to justify formulas complex enough to account for year-to-year changes in Federal tax rates.

Standardizing usage of the terms "withholding tax allowance" (WTA) and "relocation income tax allowance" (RITA)—The existing part 302–17 is not entirely clear in its use of these two terms. The proposed rule seeks to clarify these terms and, to this end, it changes the title of part 302–17 to "Taxes on Relocation Expenses."

Fraudulent claims—The existing part 302–17 includes a paragraph, at § 302–17.10(c), about fraudulent claims made against the United States, especially in the context of the "Statement of Income and Tax Filing Status." The statutes on fraudulent claims remain in effect and unchanged. However, these statutes apply to the entire relocation process, not just reimbursement for taxes on relocation expenses, and GSA therefore has added a new section to FTR part 302–2 to address fraudulent claims made at any point during the relocation reimbursement process. This new section directly mirrors section 301–52.12 covering fraudulent claims with regards to TDY benefits.

New definitions—The proposed rule includes definitions for 13 terms in a glossary that is specific to part 302–17. Many of these terms are defined in the text of the existing part 302–17; the proposed rule gathers these 13 definitions into one place for easy reference in the new section 302–17.1.

Limitations and Federal income tax treatments—The proposed rule provides a table in section 302–17.8 that summarizes allowances, limitations, and tax treatment for each relocation reimbursement, allowance or direct payment to a vendor provided by the FTR.

Correcting the taxability of household goods transportation expenses—The existing section 302–17.3(b) states that the expenses for transportation of household goods (HHG) are taxable. This was true when the existing FTR 302–17 was published. However, in 1993 the IRC section on fringe benefits was amended to exclude from income certain moving expenses that are reimbursed and otherwise would be deductible. At the same time the IRC was amended to make fewer moving expenses deductible. One result was that the HHG shipment remained as a deductible expense.

Correcting the withholding rate for supplemental wages—The withholding rate of 28 percent for supplemental wages used in the current FTR 301–11, subpart F and 302–17.7 is incorrect. The correct rate is 25 percent, and this is the rate used in this proposed rule, at § 302–17.24. This rate is scheduled to revert to 28 percent on January 1, 2011, absent legislative action. If and when this rate changes, GSA will correct the new part 302–17 to reflect the change.

Allowing a one-year RITA process—The GRAB's "Findings and Recommendations" clearly says that a one-year RITA process is the standard in the private sector because it is quicker and simpler. The GRAB strongly recommended that the Federal government adopt a one-year process. In addition to its complexity, the existing two-year process for calculating taxes on relocation expenses creates a burden for many lower-grade transferees, because they are more likely to be required, in the second year, to repay an over-reimbursement in the first year. On the other hand, discussions with Federal agencies have made it clear that moving to a one-year process will be challenging at best, and many are reluctant to move in that direction. In addition, as some have noted, the two-year process does result in a somewhat more accurate reflection of the actual tax impact on the employee. Therefore, this proposed rule offers the one-year RITA process to agencies as an option, alongside the existing two-year process. It also includes, at new section 302–17.103, a short discussion of the benefits and drawbacks of the one-year and two-year processes. See also new sections 302–17.32, 302–17.33, and subparts F and G.

Making the WTA optional—A number of Federal agencies have made the WTA optional to the employee. Nothing in tax law or existing regulations prohibits this practice, and in some cases declining the WTA may be advantageous to the employee. This proposed rule explicitly gives the agencies permission to make the WTA optional and provides guidance and explanation for both the agency and the employee.

Moving from earned income to taxable income—As the ERSC reviewed the GRAB's recommendations, it recognized that using taxable income (instead of using earned income like the existing part 302–17), would provide a simpler process and would bring the taxes reimbursement calculation closer to the target of "substantially all." Moving to taxable income resolves several of the issues that the GRAB raised, including issues with capital gains and self-employment income. See new sections 302–17.40, 302–17.50, and 302–17.63 for information on how taxable income is used.

Eliminating the Government-unique tax tables—Moving to taxable income will also make it unnecessary for GSA to publish special tax tables each year. Transferees and agencies will be able to use the tables published by the Internal Revenue Service (IRS) and state and local tax authorities.

Failure to file the "Statement of Income and Tax Filing Status" in a timely manner—The existing § 302–17.7(e)(2) makes the entire WTA an excess payment if the employee fails to file the statement or the RITA claim in a timely manner. Because the WTA is an advance payment on the employee's reimbursable income tax expenses, agencies are entitled to recover it if an employee fails to properly document their income taxes. Therefore, this proposed rule continues these requirements on the employee and the agency, except in the case of an employee who declines the WTA. In this case, if the employee fails to file the "Statement of Income and Tax Filing Status" and/or the RITA claim in a timely manner, this proposed rule allows the agency to close the file without paying the RITA. See new sections 302–17.53, 302–17.65, and 302–17.102.

Recalculation of RITA—The existing part 302–17 makes no provision for the employee to request recalculation. Most private sector companies do allow employees to request recalculation, at least in some circumstances, though the percentage of private sector employees who do request recalculation is small. The proposed rule makes it possible for Federal employees to request recalculation, provided they filed and/or amend their "Statement of Income and Tax Filing Status" in a timely manner. See the new section 302–17.33.

Agency responsibilities—The existing part 302–17 mentions some agency responsibilities in the context of other provisions. The proposed rule, in conformity with the rest of the FTR, lists the agency responsibilities together in the new subpart H.

Information about state and local tax laws—GSA informally circulated a draft version of this proposed rule to various Federal agencies asking for input. Several agencies objected to what they thought were new or additional burdens stemming from requirements to know and utilize state and local tax laws. However, current section 302–17.10(b)(2) already places this requirement on agencies, stating "* * * is incumbent upon the appropriate agency officials to become familiar with the state and local tax laws that affect their transferring employees." In short, this proposed rule is not imposing any new requirements on agencies regarding knowledge of state and local tax law. At the same time, this rule carries forward from the current 302–17 the requirement that the employee find and provide the applicable state and local marginal tax rates.

D. Changes to the Current FTR

This proposed rule—

- Deletes part 301–11, subpart E.
- Replaces part 301–11, subpart F in its entirety.
- Adds new § 302–2.7.
- Replaces one sentence in § 302–3.502(b).
- Replaces part 302–17 in its entirety.

E. Executive Order 12866 and Executive Order 13563

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). Executive Order 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action and, therefore, was not subject to review under Section 6(b) of Executive Order 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

F. Regulatory Flexibility Act

This proposed rule is not required to be published in the **Federal Register** for notice and comment as per the exemption specified in 5 U.S.C. 553(a)(2); therefore, the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.,* does not apply. However, this proposed rule is being published to provide transparency in the promulgation of Federal policies.

G. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the proposed changes to the Federal Travel Regulation do not impose recordkeeping or information collection requirements, or the collection of information from offerors, contractors, or members of the public that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

H. Small Business Regulatory Enforcement Fairness Act

This final rule is also exempt from congressional review prescribed under 5 U.S.C. 801 since it relates solely to agency management and personnel.

List of Subjects in 41 CFR Parts 301–11, 302–2, 302–3, and 302–17

Government employees, Travel and transportation expenses, Income taxes.

Dated: March 14, 2011.

Kathleen Turco,

Associate Administrator.

For the reasons set forth in the preamble, under 5 U.S.C. 5701–5739, GSA proposes to amend 41 CFR parts 301–11, 302–2, 302–3, and 302–17 as set forth below:

PART 301–11—PER DIEM EXPENSES

1. The authority for part 301–11 continues to read as follows:

Authority: 5 U.S.C. 5707.

Subpart E—[Removed and Reserved]

2. Remove and reserve subpart E.

3. Revise subpart F to read as follows:

Subpart F—Taxes on Extended TDY Benefits

Sec.

301–11.601 What is a taxable extended TDY assignment?
301–11.602 What factors should my agency consider in determining whether to authorize extended TDY?
301–11.603 What are the tax consequences of extended TDY?
301–11.604 What are the procedures for calculation and reimbursement of my WTA and ETTRA for taxable extended TDY?
301–11.605 When should I file my "Statement of Income and Tax Filing Status" for my taxable extended TDY assignment?

Subpart F—Taxes on Extended TDY Benefits

§ 301–11.601 What is a taxable extended TDY assignment?

A taxable extended TDY assignment is a TDY assignment that continues for so long that, under the IRC the employee is no longer considered "temporarily away from home." The IRC, at 26 U.S.C. 162(a), states: "* * * the taxpayer shall not be treated as being temporarily away from home during any period of employment if such period exceeds 1 year." You are no longer "temporarily away from home" as of the date that you and/or your agency recognize that your assignment will exceed one year. That is, as soon as you recognize that your assignment will exceed one year, you must notify your agency of that fact, and they must change your status immediately. Similarly, as soon as your agency recognizes that your assignment will exceed one year, your agency must notify you of that fact and change your status. The effective date of this status change is the date on which it was recognized that you are no longer "temporarily away from home" as defined in the IRC.

(a) If you believe that your temporary duty assignment may exceed one year, you should carefully study IRS Publication 463, "Travel, Entertainment, Gift, and Car Expenses," to determine whether you are or will be considered "temporarily away from home" under this provision. If you are not or will not be considered "temporarily away from home" under this provision, then you are on taxable extended TDY.

(b) The IRC makes an exception for certain Federal personnel involved in investigation or prosecution of a Federal crime. Specifically, 26 U.S.C. 162(a), continues: "The [above quotation from 26 U.S.C. 162(a)] shall not apply to any Federal employee during any period for which such employee is certified by the Attorney General (or the designee thereof) as traveling on behalf of the United States in temporary duty status to investigate or prosecute, or provide support services for the investigation or prosecution of, a Federal crime."

§ 301–11.602 What factors should my agency consider in determining whether to authorize extended TDY?

Your agency should consider the factors discussed in § 302–3.502 of this Subtitle in determining whether to authorize extended TDY.

§ 301–11.603 What are the tax consequences of extended TDY?

(a) If you are on a taxable extended TDY assignment, then all allowances and reimbursements for travel expenses, plus all travel expenses that the Government pays directly on your behalf in connection with your TDY assignment, are taxable income to you. This includes all allowances, reimbursements, and direct payments to vendors from the day that you or your agency recognized that your extended TDY assignment is expected to exceed one year, as explained in § 301–11.601.

(b) Your agency will reimburse you for substantially all of the income taxes that you incur as a result of your taxable extended TDY assignment. This reimbursement consists of two parts:

(1) The Withholding Tax Allowance (WTA). See part 302–17, subpart B of this Subtitle for information on the WTA; and

(2) The "Extended TDY Tax Reimbursement Allowance" (ETTRA) (in previous editions of the FTR this was known as the "Income Tax Reimbursement Allowance").

(c) The WTA and ETTRA for taxable extended TDY assignments cover only the TDY benefits described in FTR Chapter 301, Subchapter B. On an extended TDY assignment, you are not eligible for the other benefits that you would have received if your agency had permanently relocated you.

§ 301–11.604 What are the procedures for calculation and reimbursement of my WTA and ETTRA for taxable extended TDY?

(a) If your agency knows from the beginning of your TDY assignment that your assignment qualifies as taxable extended TDY, then your agency will withhold an amount as a WTA and pay that as withholding tax to the IRS until your extended TDY assignment ends. The WTA itself is taxable income to you, so your agency increases, or "grosses-up," the amount of the WTA, using a formula to reimburse you for the additional taxes on the WTA.

(b) If your agency realizes during a TDY assignment that you will incur taxes (because, for example, the TDY assignment has lasted, or is going to last, longer than originally intended), then your agency will compute the WTA for all taxable benefits received since the date it was recognized that you are no longer "temporarily away from home" (See § 302–11.601 for more information on the meaning of "temporarily away from home"). Your agency will pay that amount to the IRS, and then will begin paying WTA to the IRS until your extended TDY assignment ends.

(c) For your ETTRA, your agency will use the same one-year or two-year process that it has chosen to use for the relocation income tax allowance (RITA).

(d) See part 302–17 of this subtitle for additional information on the WTA and RITA processes.

Note to § 301–11.604: If your agency chooses to offer you the choice, the WTA is optional to you. See §§ 302–17.61 through 302–17.69.

§ 301–11.605 When should I file my "Statement of Income and Tax Filing Status" for my taxable extended TDY assignment?

You should file your "Statement of Income and Tax Filing Status" for your taxable extended TDY assignment at the beginning of your extended TDY assignment or, as soon as you or your agency realizes that your TDY assignment will incur taxes. You should provide the same information as the sample "Statements of Income and Tax Filing Status" shown in part 302–17, subpart F (one-year process) or subpart G (two-year process) of this Subtitle.

PART 302–2—EMPLOYEE ELIGIBILITY REQUIREMENTS

4. The authority for part 302–2 continues to read as follows:

Authority: 5 U.S.C. 5738; 20 U.S.C. 905(a).

§§ 302–2.7—302–2.22 [redesignated as §§ 302–2.8—302–2.23]

5. Redesignate §§ 302–2.7—302–2.22 as §§ 302–2.8—302–2.23, respectively, and add new § 302–2.7 to read as follows:

§ 302–2.7 What happens if I attempt to defraud the Government?

If you attempt to defraud the Government:

(a) You forfeit reimbursement pursuant to 28 U.S.C. 2514; and

(b) You may be subject under 18 U.S.C. 287 and 1001 to one, or both, of the following:

(1) A fine of not more than $10,000, and/or

(2) Imprisonment for not more than 5 years.

PART 302–3—RELOCATION ALLOWANCES BY SPECIFIC TYPE

6. The authority for part 302–3 continues to read as follows:

Authority: 5 U.S.C. 5738; 20 U.S.C. 905(a).

7. Amend § 302–3.502 by revising the second sentence in paragraph (b) to read as follows:

§ 302–3.502 What factors should we consider in determining whether to authorize a TCS for a long-term assignment?

* * * * *

(b) * * * The Withholding Tax Allowance and the Extended TDY Tax Reimbursement Allowance allow for the reimbursement of Federal, state, and local income taxes incurred as a result of taxable extended temporary duty assignments (see §§ 301–11.601—301–11.605 of this Subtitle). * * *

* * * * *

8. Revise part 302–17 to read as follows:

PART 302–17—TAXES ON RELOCATION EXPENSES

Sec.
302–17.0 How are the terms "I" and "you" used in this part?

Subpart A—General

302–17.1 What special terms apply to this part?
302–17.2 Why does relocation affect personal income taxes?
302–17.3 What is the Government's objective in reimbursing the additional income taxes incurred as a result of a relocation?
302–17.4 Why is the reimbursement for substantially all, and not exactly all, of the additional income taxes incurred as a result of a relocation?
302–17.5 Who is eligible for the withholding tax allowance and the relocation income tax allowance?
302–17.6 Who is not eligible for the WTA and the RITA?

302–17.7 Is there any circumstance under which the WTA and the RITA are not paid even though I would otherwise be eligible?
302–17.8 What limitations and Federal income tax treatments apply to various relocation reimbursements?
302–17.9 Who is responsible for knowing which relocation expenses are taxable and which expenses are nontaxable?
302–17.10 Which expenses should I report on my state tax returns if I am required to file returns in two different states?
302–17.11 When is an expense considered completed in a specific tax year?
302–17.12 Where can I find additional information and guidance on WTA and RITA?
302–17.13 How are taxes on extended TDY benefits and taxes on relocation allowances related?

Subpart B—The Withholding Tax Allowance (WTA)

302–17.20 What is the purpose of the WTA?
302–17.21 What relocation expenses does the WTA cover?
302–17.22 What relocation expenses does the WTA not cover?
302–17.23 What are the procedures for my WTA?
302–17.24 How does my agency compute my WTA?

Subpart C—The Relocation Income Tax Allowance (RITA)

302–17.30 What is the purpose of the RITA?
302–17.31 What are the procedures for calculation and payment of my RITA?
302–17.32 Who chooses the one-year or two-year process?
302–17.33 May I ask my agency to recalculate my RITA?

Subpart D—The Combined Marginal Tax Rate (CMTR)

302–17.40 How does my agency calculate my CMTR?
302–17.41 Is there any difference in the procedures for calculating the CMTR, depending on whether my agency chooses the one-year or two-year RITA process?
302–17.42 Which state marginal tax rate(s) does my agency use to calculate the CMTR if I incur tax liability in more than one state, and how does this affect my RITA and my state tax return(s)?
302–17.43 What local marginal tax rate(s) does my agency use?
302–17.44 What if I incur income tax liability to the Commonwealth of Puerto Rico?
302–17.45 What if I incur income tax liability to the Commonwealth of the Northern Mariana Islands or any other territory or possession of the United States?

Subpart E—Special Procedure if a State Treats an Expense as Taxable Even Though It Is Nontaxable Under the Federal IRC

302–17.46 What does my agency do if a state treats an expense as taxable even though it is nontaxable under the Federal IRC?

Subpart F—The One-Year RITA Process

302–17.50 What information should I provide to my agency to make the RITA calculation possible under the one-year process?
302–17.51 When should I file my "Statement of Income and Tax Filing Status" under the one-year process?
302–17.52 When should I file an amended "Statement of Income and Tax Filing Status" under the one-year process?
302–17.53 What happens if I do not file and amend the "Statement of Income and Tax Filing Status" in a timely manner?
302–17.54 How does my agency calculate my RITA under the one-year process?
302–17.55 What does my agency do once it has calculated my RITA under the one-year process?
302–17.56 What do I do, under the one-year process, once my agency has provided my W–2(s)?

Subpart G—The Two-Year RITA Process

302–17.60 How are the terms "Year 1" and "Year 2" used in the two-year RITA process?
302–17.61 Is the WTA optional under the two-year process?
302–17.62 What information do I put on my tax returns for Year 1 under the two-year process?
302–17.63 What information should I provide to my agency to make the RITA calculation possible under the two-year process?
302–17.64 When should I file my "Statement of Income and Tax Filing Status" under the two-year process?
302–17.65 What happens if I do not file the "Statement of Income and Tax Filing Status" in a timely manner?
302–17.66 How do I claim my RITA under the two-year process?
302–17.67 How does my agency calculate my RITA under the two-year process?
302–17.68 What does my agency do once it has calculated my RITA under the two-year process?
302–17.69 How do I pay taxes on my RITA under the two-year process?

Subpart H—Agency Responsibilities

302–17.100 May we use a relocation company to comply with the requirements of this part?
302–17.101 What are our responsibilities with regard to taxes on relocation expenses?
302–17.102 What happens if an employee fails to file and/or amend a "Statement of Income and Tax Filing Status" prior to the required date?
302–17.103 What are the advantages of choosing a one-year or a two-year RITA process?

Authority: 5 U.S.C. 5724b; 5 U.S.C. 5738; E.O. 11609, as amended.

§ 302–17.0 How are the terms "I" and "you" used in this part?

The pronouns "I" and "you" and their variants throughout this part refer to the employee.

Subpart A—General

§ 302–17.1 What special terms apply to this part?

The following definitions apply to this part:

Allowance:

(1) Money paid to the employee to cover future expenses, such as the miscellaneous expense allowance (see part 302–16 of this chapter for information about the miscellaneous expense allowance);

(2) Money paid to the employee to cover past expenses, such as the relocation income tax allowance (RITA) under the two-year tax process described in part 302–17, subpart G; or

(3) A limit established by statute or regulation, such as the 18,000 pound net weight allowance for household goods shipments (see part 302–7 of this chapter for information about the 18,000 pound net weight allowance).

City means any unit of general local government as defined in 31 CFR 215.2(b).

Combined marginal tax rate (CMTR) means a single rate determined by combining the applicable marginal tax rates for Federal, state, and local income taxes, using the formula provided in § 302–17.40. If you incur liability for income tax in the Commonwealth of Puerto Rico, see § 302–17.44.

County means any unit of local general government as defined in 31 CFR 215.2(e).

Gross-up used as a noun, has two related meanings in this part. It is either:

(1) The process that your agency uses to estimate the additional income tax liability that you incur as a result of relocation benefits and taxes on those benefits; or

(2) The result of the gross-up process.

Note to the definition of *gross-up:* The gross-up allows for the fact that every reimbursement of taxes is itself taxable. Therefore, the gross-up calculates the amount an agency must reimburse an employee to cover substantially all of the income taxes incurred as the result of a relocation.

Internal Revenue Code (IRC) means Title 26 of the United States Code, which governs Federal income taxes.

Local income tax means a tax imposed by a recognized city or county tax authority that is deductible for Federal income tax purposes as a *local income tax* under the IRC, at 26 U.S.C. 164(a)(3). (See the definitions for the terms *city* and *county* in this section.)

Marginal tax rate (MTR) means the tax rate that applies to the last increment of taxable income after taxable relocation benefits have been added to the employee's income. For example, a

married employee who files jointly has a taxable income of $120,000. According to the IRS 2010 Tax Rate Schedules, taxable income between $68,000 and $137,700 is taxed at the 25 percent tax rate; therefore, the $120,000 taxable income of the employee and spouse is in this range, so they have a 25 percent marginal tax rate. If the employee receives $30,000 of taxable relocation benefits, the taxable income for the employee and spouse is now $150,000, which is in the next highest tax bracket. In this example, the employee and spouse now have a Federal marginal tax rate of 28 percent once the taxable relocation benefits have been added to their income.

Reimbursement means money paid to you to cover expenses that you have already paid for out of your own funds.

Relocation benefits means all reimbursements and allowances that you receive, plus all direct payments that your agency makes on your behalf, in connection with your relocation.

Relocation income tax allowance (RITA) means the payment to the employee to cover the difference between the withholding tax allowance (WTA), if any, and the actual tax liability incurred by the employee as a result of their taxable relocation benefits; RITA is paid whenever the actual tax liability exceeds the WTA.

State means any one of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, or any other territory and possession of the United States.

State income tax means a tax imposed by a state tax authority that is deductible for Federal income tax purposes under the IRC, specifically 26 U.S.C. 164(a)(3).

Withholding tax allowance (WTA) means the amount paid to the Federal IRS by the agency as withholding of income taxes for any taxable relocation allowance, reimbursement, or direct payment to a vendor.

§ 302–17.2 Why does relocation affect personal income taxes?

When you are relocated from one permanent duty station to another, you are reimbursed by your employing agency for certain expenses. The IRC requires that you report many of these relocation benefits, including some that your agency pays on your behalf, as taxable income. When you receive taxable benefits, you must pay income tax on the amount or value of those benefits. However, 5 U.S.C. 5724b also requires that your agency reimburse you for substantially all of the additional Federal, state, and local income taxes you incur as a result of any taxable relocation benefits. A reimbursement for taxes is also a taxable benefit on which you must pay additional taxes.

§ 302–17.3 What is the Government's objective in reimbursing the additional income taxes incurred as a result of a relocation?

The Government's objective is to reimburse transferred employees for substantially all (not exactly all—see § 302–17.4) of the additional Federal, state, and local income taxes incurred as a result of a relocation, including the taxes on the taxable relocation benefits and the taxes on the reimbursement for taxes.

§ 302–17.4 Why is the reimbursement for substantially all, and not exactly all, of the additional income taxes incurred as a result of a relocation?

Because of the complexity of the calculations, which involve not only Federal income tax but also the income tax rates of many states and localities, it is not reasonable for the Government to compute the exact impact of relocation on an affected employee's taxes. Making a good faith effort to reimburse substantially all additional income taxes is sufficient. The statute where this appears, at 5 U.S.C. 5724b does not define substantially all. This part provides the description through its provisions.

§ 302–17.5 Who is eligible for the withholding tax allowance and the relocation income tax allowance?

(a) The withholding tax allowance (WTA) and the relocation income tax allowance (RITA) are the two allowances through which the Government reimburses you for substantially all of the income taxes that you incur as a result of your relocation. You are eligible for the WTA and the RITA if your agency is transferring you from one permanent duty station to another, in the interest of the Government, and your agency's reimbursements to you for relocation expenses result in you being liable for additional taxes.

(b) If your agency chooses to offer you the choice, the WTA is optional to you. See 302–17.61 through 302–17.69.

§ 302–17.6 Who is not eligible for the WTA and the RITA?

You are not eligible for the WTA or the RITA if you are:

(a) A new appointee;

(b) Assigned under the Government Employees Training Act; or

(c) Returning from an overseas assignment for the purpose of separation from Government service.

§ 302–17.7 Is there any circumstance under which the WTA and the RITA are not paid even though I would otherwise be eligible?

If you violate the 12-month service agreement under which you are relocated, your agency will not pay the WTA or the RITA to you, and you must repay any relocation benefits paid prior to the violation.

§ 302–17.8 What limitations and Federal income tax treatments apply to various relocation reimbursements?

(a) If you were moving yourself for a new job, with no help from your employer, then you probably would be able to deduct some of your relocation expenses. However, if you are eligible for WTA and RITA under this part, your Federal agency reimburses you or pays directly for many relocation expenses that otherwise would be deductible. Since you could have deducted these expenses if you had paid them yourself, the benefits you receive from your agency for these "deductible" relocation expenses are nontaxable. Therefore, you do not report them as income and you cannot take them as deductions.

(b) However, many other relocation benefits are taxable income to you, the employee, because you could not have deducted them. You also may not deduct the additional taxes you incur, as a result of taxable benefits (except that you may deduct state and local income taxes on your Federal tax return). Your agency will reimburse you for most of these taxable expenses and for substantially all of the additional taxes that you incur as a result of the taxable benefits.

(c) The table to § 302–17.8 summarizes the FTR allowances, limitations, and tax treatment of each reimbursement, allowance, or direct payment to a vendor. See IRS Publication 521, Moving Expenses, and the cited FTR paragraphs for details.

TABLE TO § 302–17.8—FTR ALLOWANCES AND FEDERAL INCOME TAX TREATMENTS

Entitlement	Summary of FTR allowance	FTR part or section	Tax treatments
Meals while en route to the new duty station.	The standard CONUS per diem for meals and incidental expenses.	§ 302–4.200	Taxable.
Lodging while en route to the new duty station.	The standard CONUS per diem for lodging expenses for the employee only.	§ 302–4.200	Nontaxable provided the cost is reasonable according to the IRC.
Transportation using your POV to your new duty station.	Actual cost or the rate established by the IRS for using a POV for relocation.	Part 302–4	Nontaxable.
Transportation to your new duty station using a common carrier (an airline, for example).	Actual cost	Part 302–4	Nontaxable.
Per diem and transportation for househunting trip.	Actual Expense Method: 10 days of per diem plus transportation expenses—must be itemized;	Part 302–5	Taxable.
	or		
	Lump Sum Method: locality rate times 5 (one person) or times 6.25 (employee and spouse) for up to 10 days—no itemization required.	Part 302–5	Taxable.
Temporary quarters subsistence expenses (TQSE).	Actual Expense Method: Maximum of 120 days; full per diem for only the first 30 days—itemization required;	§ 302–6.100	Taxable.
	or		
	Lump Sum Method: multiply number of days allowed by .75 times the locality rate (30 days maximum)—no itemization required.	§ 302–6.200	Taxable.
	Note: *Additional TQSE allowances for family members are less than the benefit for the employee occupying TQ alone.*		
Shipment of household goods (HHG)	Transportation of up to 18,000 pounds	§ 302–7.2	Transportation of goods from your former residence to your new residence is nontaxable.
Temporary storage of household goods in transit, as long as the expenses are incurred within any 30 calendar day period after the day your items are removed from your old residence and before they are delivered to the new residence.	Temporary storage of up to 30 days (However, see the section immediately below).	§ 302–7.8	Nontaxable.
Temporary storage of household goods beyond 30 days.	Temporary storage of 60 plus 90 days, NTE 150 days.	§ 302–7.8	Taxable.
Extended storage of Household Goods (HHG).	CONUS—TCS (per agency policy) or isolated duty station only.	Part 302–8, Subpart B.	Taxable.
	OCONUS—Agency policy	Part 302–8, Subparts C and D.	Nontaxable.
Transportation of privately-owned vehicle (POV).	CONUS—Agency discretion	Part 302–9, Subpart D.	Nontaxable.
	OCONUS—Agency discretion	Part 302–9, Subparts B & C.	Nontaxable.
Shipment of mobile home in lieu of HHG.	Limited to maximum allowance for HHG.	§ 302–10.3	Nontaxable.
Residence transactions:			
• Sale of home	Closing costs up to 10% of actual sales price.	§ 302–11.300(a)	Taxable.
• Purchase of home	Closing costs up to 5% of actual purchase price.	§ 302–11.300(b)	Taxable.
• Lease-breaking	Itemization required	§§ 302–11.430 & 431.	Taxable.
Payments to Relocation Service Contractors.	According to agency policy and contracts.	Part 302–12	Taxability determined on a case-by-case basis.
Home Marketing Incentive Payment	See internal agency policies and regulations.	Part 302–14	Taxable, but not eligible for WTA or RITA.
Property Management Services	See internal agency policies and regulations.	Part 302–15	Taxable.
Miscellaneous expenses	$500 or $1,000; or	§ 302–16.102	Taxable.
	Maximum of 1 or 2 weeks basic pay	§ 302–16.103	Taxable.
Withholding tax allowance	25 percent of reimbursements, allowances, and direct payments to vendors.	Part 302–17, Subpart B.	Taxable.

TABLE TO § 302–17.8—FTR ALLOWANCES AND FEDERAL INCOME TAX TREATMENTS—Continued

Entitlement	Summary of FTR allowance	FTR part or section	Tax treatments
Relocation income tax allowance	Based on income and tax filing status.	Part 302–17, Subpart C.	Taxable.

§ 302–17.9 Who is responsible for knowing which relocation expenses are taxable and which expenses are nontaxable?

Both you and your agency must know which reimbursements and direct payments to vendors are taxable and which are nontaxable in your specific circumstances. When you submit a voucher for reimbursement, your agency must determine whether the reimbursement is taxable income at the Federal, state, and/or local level. Then, when you file your income tax returns, you must report the taxable allowances, reimbursements, and direct payments to vendors as income. Your agency is ultimately responsible for calculating and reporting withholding accurately, and you are ultimately responsible for filing your taxes correctly.

§ 302–17.10 Which expenses should I report on my state tax returns if I am required to file returns in two different states?

In most cases, your state tax return for the state you are leaving should reflect your reimbursement or allowance, if any, for househunting expenses and your reimbursement or direct payments to vendors for real estate expenses at the home you are leaving. All other taxable expenses should be shown as income on the tax return you file in the state into which you have moved. However, you and your agency must carefully study the rules in both states and include everything that each state considers to be income on each of your state tax returns.

§ 302–17.11 When is an expense considered completed in a specific tax year?

A reimbursement, allowance, or direct payment to a vendor is considered completed in a specific tax year only if the money was actually disbursed to the employee or vendor during the tax year in question.

§ 302–17.12 Where can I find additional information and guidance on WTA and RITA?

To find additional information and guidance on WTA and RITA, see:

(a) IRS Publication 521, Moving Expenses; and

(b) FTR Bulletins; GSA publishes additional information on RITA, including the illustrations and examples of various RITA computations, in FTR Bulletins which are updated as necessary. The current GSA FTR Bulletins may be found at *http://www.gsa.gov/bulletins.*

§ 302–17.13 How are taxes on extended TDY benefits and taxes on relocation allowances related?

(a) Taxes on extended TDY benefits are computed using exactly the same processes described in this part for the WTA and RITA except that:

(1) The tax process for extended TDY benefits uses the term "withholding tax allowance " (WTA) in exactly the same fashion as the process for taxes on relocation allowances; however, in place of the term "relocation income tax allowance," the tax process for extended TDY benefits uses the term "extended TDY tax reimbursement allowance" (ETTRA); and

(2) All benefits are taxable under extended TDY, so the sections of this part that discuss which benefits are taxable and which are not have no relevance to ETTRA.

(b) See part 301–11, subpart F of this title for additional information about taxes on extended TDY benefits.

Subpart B—The Withholding Tax Allowance (WTA)

§ 302–17.20 What is the purpose of the WTA?

(a) The purpose of the WTA is to protect you from having to use part of your relocation expense reimbursements to pay Federal income tax withholding; it does not cover state taxes, local taxes, Medicare taxes, or Social Security taxes (see § 302–17.22(c) and (d)).

(b) If your agency chooses to offer you the choice, the WTA is optional to you. See 302–17.61 through 302–17.69.

§ 302–17.21 What relocation expenses does the WTA cover?

The WTA covers certain allowances, reimbursements, and/or direct payments to vendors, to the extent that each of them is taxable income. It does not cover any allowance, reimbursement, or direct payment to a vendor that is nontaxable; that is, your agency will not give you a WTA for anything that is not considered taxable income to you (see the table in § 302–17.8 for a summary of tax treatment). In particular, the WTA covers:

(a) En route meals and incidental expenses—Reimbursements for meals and incidental expenses while en route are taxable and, therefore, are covered by the WTA.

(b) Househunting trip—Travel (including per diem and transportation) expenses for you (and your spouse) for one round trip to the new official station to seek permanent residence quarters. Househunting is covered regardless of whether it is reimbursed under the actual expense or lump sum method. (See part 302–5 of this chapter.)

(c) Temporary quarters—Subsistence expenses for you and your immediate family during occupancy of temporary quarters. Temporary quarters are covered regardless of whether it is reimbursed under the actual expense or lump sum method. (See part 302–6 of this chapter.)

(d) Extended storage expenses—Extended storage for a temporary change of station in CONUS or assignment to an isolated duty station in CONUS, but only if these expenses are allowed by part 302–8 of this chapter and your agency's policy.

(e) Real estate expenses—Expenses for the sale of the residence at your old official station and purchase of a home at your new official station. This can also include expenses for settling an unexpired lease ("breaking" a lease) at your old official station. (See part 302–11 of this chapter. If you do not hold full title to the home you are selling or buying, see § 302–12.7 of this chapter.)

(f) Expenses paid by a relocation company to the extent such payments constitute taxable income to the employee. The extent to which such payments constitute taxable income varies according to the individual circumstances of your relocation, and by the state and locality in which you reside. (See IRS Publication 521, Moving Expenses, and appropriate state and local tax authorities for additional information.)

(g) Property Management Services—Payment for the services of a property manager for renting rather than selling a residence at your old official station. (See part 302–15 of this chapter.)

(h) Miscellaneous expense allowance—Miscellaneous expenses for defraying certain relocation expenses not covered by other relocation benefits. (See part 302–16 of this chapter.)

§ 302–17.22 What relocation expenses does the WTA not cover?

The WTA does not cover the following relocation expenses:

(a) Any reimbursement, allowance, or direct payment to a vendor that should not be reported as taxable income when you file your Federal tax return; this includes but is not limited to en route lodging and transportation, HHG transportation, and transportation of POVs.

(b) Reimbursed expenses for extended storage of household goods during an OCONUS assignment, if reimbursement is permitted under your agency's policy.

(c) State and local withholding tax obligations. To the extent that your state or local tax authority requires periodic (such as quarterly) tax payments, you are responsible to pay these from your own funds. Your agency reimburses you for substantially all of these payments through the RITA process, but your agency does not provide a WTA for them. If required to by state or local law, your agency may withhold these from your reimbursement.

(d) Additional taxes due under the Federal Insurance Contributions Act including Social Security tax, if applicable, and Medicare tax. Current law does not allow Federal agencies to reimburse transferees for these employment taxes on relocation benefits. However, your agency will deduct for these taxes from your reimbursements for taxable items.

(e) Any reimbursement amount that exceeds the actual expense paid or incurred. For example, if your reimbursement for the movement of household goods is based on the commuted rate schedule but your actual relocation expenses are less than that, your tax liability for the difference is not covered by the WTA or RITA.

(f) Home marketing incentive payment. In accordance with FTR part 302–14, your agency may not provide you either a WTA or RITA for this incentive.

(g) Any recruitment, relocation, or retention incentive payment that you receive. Any withholding of taxes for such payments is outside the scope of this regulation. Rather, it is covered by regulations issued by the Office of Personnel Management, Treasury's Financial Management Service, and the IRS.

(h) Any allowances, reimbursements, and/or direct payments to vendors not related to your relocation; for example, a reimbursement for office supplies would not be covered by the WTA, even if it occurred during your relocation.

§ 302–17.23 What are the procedures for my WTA?

(a) Your agency prepares a relocation travel authorization, which includes an estimate of the WTA and RITA, to obligate funds for your relocation.

(b) Your agency pays certain allowances to you. Your agency also pays vendors directly for other relocation expenses.

(c) Your agency instructs you as to whether to submit one voucher after you have completed your relocation or to submit vouchers at various points as your relocation progresses plus another when your relocation is completed.

(d) You submit your voucher(s) for reimbursement of certain relocation expenses.

(e) Your agency determines the extent to which each allowance, each item on your voucher(s), and each direct payment to a vendor is nontaxable or is taxable income to you under the IRC.

(f) For the taxable items, your agency calculates your WTA and any reimbursement(s) due to you in accordance with § 302–17.24. Your agency sets aside the amount of your WTA and pays the IRS as a withholding tax in accordance with IRS requirements.

§ 302–17.24 How does my agency compute my WTA?

(a) Your agency computes your WTA by applying the grossed-up withholding formula below each time your agency incurs a covered, taxable relocation expense, regardless of whether it is a reimbursement, allowance, or direct payment to a vendor.

(b) The law currently provides for a withholding rate of 25 percent for "supplemental wages" that are identified separately from regular wages (This rate has not always been 25 percent and may change in the future; GSA will revise the FTR to reflect any changes as quickly as possible, but users of this part should see IRS Publication 15, Employer's Tax Guide, for the most current rate). Taxable payments for relocation expenses are "supplemental wages," as defined in IRS Publication 15. However, you owe taxes on the WTA itself because, like most other relocation allowances, it is taxable income. To reimburse you for the taxes on the WTA itself, your agency computes the WTA by multiplying the reimbursement, allowance, or direct payment to a vendor by 0.3333 instead of 0.25. That is:

$$WTA = R/(1-R) \times Expense$$

Where R is the withholding rate for supplemental wages, or

$$WTA = 0.25/(1 - 0.25) \times Expense, \text{ or } 0.3333 \times Expense$$

EXAMPLE 1—CALCULATING THE WITHHOLDING TAX ALLOWANCE (WTA)

Househunting Trip Actual Expense Claim	3,000
WTA = .3333 × $3,000 = $999.90	
Temporary Quarters Lump Sum Allowance	5,000
WTA = .3333 × $5,000 = $1,666.50	
Total WTA $999.90 + $1,666.50 = $2,666.40	

Note: Your agency must deduct withholding for Medicare and FICA (Social Security) from your reimbursement for expenses such as househunting, as the WTA does not cover such expenses.

Subpart C—The Relocation Income Tax Allowance (RITA)

§ 302–17.30 What is the purpose of the RITA?

(a) The purpose of the RITA is to reimburse you for any taxes that you owe that were not adequately reimbursed by the WTA. As discussed in § 302–17.24, the WTA calculation is based on the 25 percent income tax withholding rate applicable to supplemental wages. This may be higher or lower than your actual tax rate. The RITA, on the other hand, is based on your marginal tax rate, determined by your actual taxable income and filing status, which allows your agency to reimburse you for *substantially all* of your Federal income taxes. The RITA also reimburses you for any additional state and local taxes that you incur as a result of your relocation, because they are not reimbursed in the WTA process.

(b) The WTA may be optional to you. See 302–17.61 for a discussion of criteria for choosing whether or not to accept the WTA. See 302–17.62 through 302–17.69 for procedures if you choose not to accept the WTA.

§ 302–17.31 What are the procedures for calculation and payment of my RITA?

The procedures for the calculation and payment of your RITA depend on whether your agency has chosen to use a one-year or two-year RITA process. See subpart F for the one-year process and subpart G for the two-year process.

§ 302–17.32 Who chooses the one-year or two-year process?

Your agency or a major component of your agency determines whether it will adopt a one-year or two-year RITA process. Your agency may use the one-year RITA process for one or more specific categories of employees and the

two-year process for one or more other categories.

§ 302–17.33 May I ask my agency to recalculate my RITA?

(a) Yes, you may ask your agency to recalculate your RITA provided you filed your "Statement of Income and Tax Filing Status," and amended it, if necessary, in a timely manner. If, once you have completed all Federal, state, and local tax returns, you believe that your RITA should have been significantly different from the RITA that your agency calculated, you may ask your agency to recalculate your RITA. This is true for either the one-year or two-year process. With any request for recalculation, you must submit a statement explaining why you believe your RITA was incorrect.

(b) Please note that your agency may require that you also submit an amended "Statement of Income and Tax Filing Status" (if, for example, you inadvertently did not report some of your income in your original Statement), your actual tax returns, or both, as attachments to your request for recalculation.

Note to § 302–17.33: Please see § 302–17.55, if your agency uses a one-year RITA process, or § 302–17.69, if your agency uses a two-year RITA process, for more information about positive and negative RITA calculations.

Subpart D—The Combined Marginal Tax Rate (CMTR)

§ 302–17.40 How does my agency calculate my CMTR?

(a) The CMTR is a key element that greatly enhances the accuracy of the calculation of your RITA. Your agency uses the information on your "Statement of Income and Tax Filing Status," as amended, to determine your CMTR, as follows (see subparts F and G of this part for information about the "Statement of Income and Tax Filing Status").

(b) The CMTR is, in essence, a combination of your Federal, state, and local tax rates. However, the CMTR cannot be calculated by merely adding the Federal, state, and local marginal tax rates together because of the deductibility of state and local income taxes from income on your Federal income tax return. The formula prescribed below for calculating the CMTR, therefore, is designed to adjust the state and local tax rates to compensate for their deductibility from income for Federal tax purposes.

(c) The formula for calculating the CMTR is:

$$CMTR = F + (1 - F)S + (1 - F)L$$

Where:

F = Your Federal marginal tax rate
S = Your state marginal tax rate, if any
L = Your local marginal tax rate, if any

(d) Your agency finds the Federal marginal tax rate by comparing your taxable income, as shown in your "Statement of Income and Filing Status," to the Federal tax tables in the current year's Form 1040–ES instructions (See §§ 302–17.50 through 302–17.53 and §§ 302–17.63 through 302–17.65 for additional information on the "Statement of Income and Tax Filing Status.")

(e) Your agency finds the state and local marginal tax rates that apply to you (if any) by comparing your taxable income to the most current state and/or local tax tables provided by the states and localities. Every Federal payroll office and every provider of tax calculation software has these tables readily available, and the tables are also available on the Web sites of the various state and local taxing authorities.

§ 302–17.41 Is there any difference in the procedures for calculating the CMTR, depending on whether my agency chooses the one-year or two-year RITA process?

No. The procedures for calculating the CMTR are the same for the one-year and two-year RITA processes.

EXAMPLE 2—CALCULATING THE COMBINED MARGINAL TAX RATE

	Percent
Federal marginal tax rate	33
State marginal tax rate	6
Local marginal tax rate	3

$$CMTR = 0.33 + (1.00 - 0.33)(.06) + (1.00 - 0.33)(0.03) = .3903 \text{ or } 39.03\%$$

§ 302–17.42 Which state marginal tax rate(s) does my agency use to calculate the CMTR if I incur tax liability in more than one state, and how does this affect my RITA and my state tax return(s)?

If two or more states that are involved in your relocation impose an income tax on relocation benefits, then your relocation benefits may be taxed by both states. Most commonly, your old and new duty stations are in the two states involved. The following table lays out the possibilities:

If:	But:	Your agency will use the following as the state marginal tax rate in the CMTR:	Your RITA will include an appropriate allowance for:	Your action:
Only one involved state has a state income tax.	.....	The marginal tax rate of the one state that taxes income.	Taxes you incur in that state.	You pay the taxes required by the state that taxes income.
Each involved state taxes a different set of your relocation benefits, with no overlap.	.....	The average of the marginal tax rates for each state involved.	Taxes you incur in all involved states.	You file tax returns in each involved state and pay the applicable taxes.
Two or more involved states tax some of your same relocation benefits.	All involved states *allow* you to adjust or take a credit for income taxes paid to other states.	The marginal tax rate of the state that has the highest state income tax rate.	Taxes you incur in all involved states.	You file tax returns in each involved state, take the appropriate credits and/or adjustments, and pay the applicable taxes.
Two or more involved states tax some of the same relocation benefits.	One or more involved states *does not allow* you to adjust or take a credit for income taxes paid to other states.	The sum of all applicable state marginal tax rates.	Taxes you incur in all involved states.	You file tax returns in each involved state, and pay the applicable taxes. This may result in paying taxes in more than one state on the same relocation benefits.

§ 302–17.43 What local marginal tax rate(s) does my agency use?

(a) If you incur local tax liability, you provide the applicable marginal tax rate(s) on your "Statement of Income and Tax Filing Status. Your agency validates the applicable local marginal tax rate(s) and uses it (them) in the CMTR formula.

(b) If you incur local income tax liability in more than one locality, then your agency should follow the rules described for state income taxes in § 302–17.42 to calculate the local marginal tax rate that will be used in the CMTR formula and to compute your RITA, and you should follow the rules in § 302–17.42 to determine your actions.

(c) If a locality in which you incur income tax liability publishes its tax rates in terms of a percentage of your Federal or state taxes, then your agency must convert that tax rate to a percentage of your income to use it in computing your CMTR. This is accomplished by multiplying the applicable Federal or state tax rate by the applicable local tax rate. For example, if the state marginal tax rate is 6 percent and the local tax rate is 50 percent of state income tax liability, the local marginal tax rate stated as a percentage of taxable income would be 3 percent.

§ 302–17.44 What if I incur income tax liability to the Commonwealth of Puerto Rico?

A Federal employee who is relocated to or from a point, or between points, in the Commonwealth of Puerto Rico may be subject to income tax by both the Federal government and the government of Puerto Rico. However, under current Puerto Rico law, an employee receives a credit on his/her Puerto Rico income tax for the amount of taxes paid to the Federal government. Therefore:

(a) If the applicable Puerto Rico marginal tax rate, as shown in the tables provided by the Commonwealth of Puerto Rico, is *equal to or lower* than the applicable Federal marginal tax rate, then your agency uses the Federal marginal tax rates and the formula in § 302–17.40(c) in calculating your CMTR.

(b) If the applicable Puerto Rico marginal tax rate, as shown in the tables provided by the Commonwealth of Puerto Rico, is *higher* than the applicable Federal marginal tax rate, and if all of the states involved either have no income tax or allow an adjustment or credit for income taxes paid to the other state(s) and Puerto Rico, then your agency uses the rate for Puerto Rico in place of the Federal marginal tax rate in the formula in § 302–17.40(c).

(c) If the applicable Puerto Rico marginal tax rate, as shown in the tables provided by the Commonwealth of Puerto Rico, is *higher* than the applicable Federal marginal tax rate and one or more of the state(s) involved does not allow an adjustment or credit for income taxes paid to the other state(s) and/or Puerto Rico, then your agency uses the formula below:

CMTR = P + S + L

Where:

P = Your Puerto Rico marginal tax rate
S = Your state marginal tax rate, if any
L = Your local marginal tax rate, if any

§ 302–17.45 What if I incur income tax liability to the Commonwealth of the Northern Mariana Islands or any other territory or possession of the United States?

If you are relocated to, from, or within the Commonwealth of the Northern Mariana Islands or any territory or possession of the United States that is not covered by the definitions in § 302–17.7 or § 302–17.44, your agency will have to determine the tax rules of that locality and then include those taxes in your RITA calculation, as applicable.

Subpart E—Special Procedure if a State Treats an Expense as Taxable Even Though It Is Nontaxable Under the Federal IRC

§ 302–17.46 What does my agency do if a state treats an expense as taxable even though it is nontaxable under the Federal IRC?

(a) If one or more of the states where you have incurred tax liability for relocation expenses treats one or more relocation expenses as taxable, even though it (they) are nontaxable under Federal tax rules, you may be required to pay additional state income tax when you file tax returns with those states. In this case, your agency calculates a state gross-up to cover the additional tax liability resulting from the covered relocation expense reimbursement(s) that are nontaxable under Federal, but not state tax rules. Your agency calculates the state gross-up and then adds that amount to your RITA. Your agency will use this formula to calculate the state gross-up:

$$\text{State Gross-up} = S \times \left(\frac{1-F}{1-C}\right) \times N$$

F = Federal Marginal Tax Rate
S = State Marginal Tax Rate
C = CMTR
N = Dollar amount of covered relocation expenses that are nontaxable under Federal tax rules but are taxable under state tax rules

All information, except "N," can be found in previous calculations (if moving to, from, or within Puerto Rico, follow the rules in 302–17.44 to determine when to substitute "P" for "F").

"N" is determined as follows:

1. Take the dollar amount of reimbursements, allowances, and direct payments to vendors treated as nontaxable under Federal tax rules.
2. Subtract the dollar amount of reimbursements, allowances, and direct payments to vendors treated as nontaxable by the state.
3. The difference represents "N."

(b) This calculation is the same, regardless of whether your agency has chosen to use the one-year or two-year RITA process.

Subpart F—The One-Year RITA Process

§ 302–17.50 What information should I provide to my agency to make the RITA calculation possible under the one-year process?

You should provide the information required in the following "Statement of Income and Tax Filing Status."

Statement of Income and Tax Filing Status—One-Year Process

The following information, which my agency will use in calculating the RITA to which I am entitled, was shown on the Federal, state, and local income tax returns that I (or my spouse and I) filed for the 20____ tax year (this should be the most recent year in which you filed).

Filing status:

☐ Single ☐ Head of Household
☐ Married Filing Jointly
☐ Qualifying Widow(er)
☐ Married Filing Separately

(a) Taxable income as shown on my (our) IRS Form 1040: $ ____

Significant future changes in income (including cost of living raises) that you can foresee for the current year:

__Increase __ Decrease __
No Foreseeable Changes

(b) Approximate net amount of this (these) change(s): $ ____

(c) Predicted taxable income for the current tax year 20__ =
Sum of (a) and (b) = $ ____

State you are moving out of :_____
Marginal Tax Rate: ____%
State you are moving into: _____
Marginal Tax Rate: ____%
Locality you are moving out of: _____
Marginal Tax Rate: ____%
Locality you are moving into: _____
Marginal Tax Rate: ____%

The above information is true and accurate to the best of my (our) knowledge. I (we) agree to notify the appropriate agency official of any significant changes to the above so that appropriate adjustments to the RITA can be made.

Employee's signature

Date

Spouse's signature

Date (if filing jointly)

§ 302–17.51 When should I file my "Statement of Income and Tax Filing Status" under the one-year process?

For the one-year process, you should file this form as soon as you receive your relocation orders, or as soon as you file your tax returns for the most recent tax year, whichever occurs later.

§ 302–17.52 When should I file an amended "Statement of Income and Tax Filing Status" under the one-year process?

You should submit an amended "Statement of Income and Tax Filing Status" to your agency under the one-year process whenever the information on it changes, and you should continue to amend it until you have received the last W–2 from your agency in connection with a specific relocation. In particular, you should file an amended version of this statement whenever:

(a) Your filing status changes;

(b) Your income changes enough that your income, including WTA and RITA, might put you into a different tax bracket; or

(c) You have taxable relocation expenses in a second or third year.

Note to § 302–17.52: Your agency will not be able to use your original or amended "Statement of Income and Tax Filing Status" if you file it after the cut-off date established by your agency in accordance with § 302–17.54(b).

§ 302–17.53 What happens if I do not file and amend the "Statement of Income and Tax Filing Status" in a timely manner?

If you don't file the "Statement of Income and Tax Filing Status" and/or amend it when necessary, your agency will switch to the 2-year process, and because the WTA is an advance of your income tax expenses, you will be liable to repay the full amount of the WTA that your agency has paid to the IRS. See subpart G of this part.

§ 302–17.54 How does my agency calculate my RITA under the one-year process?

(a) Your agency provides allowances to you, reimburses you for vouchers that you submit, and pays certain relocation vendors directly, all during the calendar year as described in subpart B of this part. Some of these reimbursements, allowances, and direct payments to vendors are taxable income to you, the employee, as described in subpart A of this part. Your agency computes a WTA and reports the WTA to the IRS as taxes withheld for you for each of these taxable reimbursements, allowances, and direct payments to vendors.

Note to § 302–17.54(a): The WTA may be optional to you. However, if your agency is using a one-year RITA process, there is no advantage to you in choosing not to receive the WTA, because your agency will adjust the WTA payment to the IRS. See 302–17.55(a)(1).

(b) Your agency establishes a cutoff date (for example, December 1), after which it will not issue reimbursements or allowances to you or make direct payments to relocation vendors for the rest of the calendar year.

(c) If the information on your "Statement of Income and Tax Filing Status" changes after you have submitted the initial version, you must submit an amended "Statement of Income and Tax Filing Status" no later than your agency's cutoff date.

(d) During the period between the cutoff date and the end of the calendar year, your agency calculates your RITA.

(e) Your RITA is itself taxable income to you. To account for taxes on the RITA, your agency will gross-up your RITA by using a gross-up formula that multiplies the grossed-up CMTR by the total of all covered taxable relocation benefits, and then subtracts your grossed-up WTA from that total. That is:

$$\underline{RITA} = \left[\left(\frac{\underline{C}}{1-\underline{C}} \right) \times \underline{R} \right] - Y$$

Where

C = CMTR

R = Reimbursements, allowances, and direct payments to vendors covered by WTA

Y = Total grossed-up WTAs paid during the current year.

§ 302–17.55 What does my agency do once it has calculated my RITA under the one-year process?

(a) Your RITA is likely to be different from the sum of the WTA computed and reported during the year, because the WTA is calculated using a flat rate, established by the IRC, while the RITA is calculated using the CMTR. Therefore:

(1) If the calculation above results in a negative value (that is, if your agency's calculation shows that it withheld and reported too much money as WTA), then your agency will send an adjustment to the IRS using Form 941. In this case, your agency does not make a RITA payment to you because you do not need additional funds to pay your taxes. That is, everything you need to pay substantially all of your taxes was included in the adjusted WTA, and that is the amount that will appear on your Form W–2.

(2) If the calculation above results in a positive value (that is if your agency's calculation shows that it did not withhold enough money for your income taxes), then your agency will pay your RITA to you before the end of the calendar year and report it to the IRS as part of your income for that year.

(b) Shortly after the end of the calendar year, your agency will provide one or two W–2 Forms to you. At your agency's discretion, you may receive one W–2 that includes all of your taxable relocation expenses, WTA, and RITA (if any), along with your payroll wages, or you may receive one W–2 for your payroll wages and a separate one for your taxable relocation expenses, WTA, and RITA.

§ 302–17.56 What do I do, under the one-year process, once my agency has provided my W–2(s)?

(a) You must use all W–2(s) that you have received to file your tax returns. On those returns, you must include all taxable relocation expenses shown on your W–2(s) as income, including your WTA and RITA (if any). Please note that you must also include all WTA as withholding, in addition to the standard withholding from your payroll wages.

(b) If you finished your relocation within one calendar year, and your agency paid all of your relocation reimbursements, allowances, and direct payments to vendors in the same calendar year, before the cutoff date, then your tax returns for that calendar year are the end of your relocation tax process. If, on the other hand, your agency reimburses you for relocation expenses, or pays allowances or relocation vendors on your behalf, during a second (and possibly a third) calendar year, then you and your agency repeat the process above for each of those years.

Subpart G—The Two-Year RITA Process

§ 302–17.60 How are the terms "Year 1" and "Year 2" used in the two-year RITA process?

(a) Year 1 is the calendar year in which the agency reimburses you for a specific expense, provides an allowance, or pays a vendor directly. If your reimbursements, allowances, and/or direct payments to vendors occur in

more than one calendar year, you will have more than one Year 1.

(b) Year 2 is the calendar year in which you submit your RITA claim and your agency pays your RITA to you.

(c) In most cases:

(1) For every Year 1 you will have a corresponding Year 2;

(2) Every Year 2 immediately follows a Year 1; and

(3) Year 2 is the year in which you file a tax return reflecting your remaining tax liability for taxable reimbursement(s), allowance(s), and/or direct payments to vendors in each Year 1.

(d) The table below offers a graphic explanation of Year 1 and Year 2, assuming that you begin your relocation in 2010 and incurred additional approved expenses in 2011 and 2012.

2010	2011	2012	2013
First Year 1	Second Year 1 *and* Year 2 for 2010.	Third Year 1 *and* Year 2 for 2011	Year 2 for 2012.

§ 302–17.61 Is the WTA optional under the two-year process?

(a) Yes. If your agency makes the WTA optional to you, you may choose to not receive the WTA.

(b) WTA is paid at a rate of 25 percent. When deciding whether or not to receive the WTA, you should consider the following:

(1) If you expect that your marginal Federal tax rate will be 25 percent or higher for the calendar year for which you received the majority of your relocation reimbursements, you may want to elect to receive the WTA, because your initial reimbursements will be higher, as shown in the following Example 3).

EXAMPLE 3—CLAIMS PAID WITH AND WITHOUT WTA

Allowance computed without WTA:		
	$1,000.00	Miscellaneous Expenses Allowance.
Minus	250.00	Federal Withholding Tax (25%).
Minus	14.50	Medicare Withholding Tax (1.45%).
Minus	62.50	FICA (Social Security) Tax (6.20%).
Equals	673.50	Amount due to the transferee.
Allowance computed with WTA:		
	$1,000.00	Miscellaneous Expenses Allowance.
Plus	333.30	Withholding Tax Allowance (25% of $1333.30).
Equals	1,333.30	Net allowance with WTA.
Minus	333.30	Federal Withholding Tax (25%).
Minus	19.33	Medicare Withholding Tax (1.45%).
Minus	82.66	FICA (Social Security) Tax (6.20%).
Equals	898.01	Amount due to the transferee.

(2) If you expect that your marginal Federal tax rate will be less than 25 percent, you may want to decline the WTA to avoid or limit possible overpayment of the WTA, the so-called "negative RITA" situation (In a "negative RITA" situation, you must repay some of the WTA in Year 2). However, even if your marginal Federal tax rate will be less than 25 percent, you may want to accept the WTA so that your initial reimbursement is larger. Example 3 shows the relative reimbursements you would receive by accepting and declining the WTA, in the case of a hypothetical $1000 Miscellaneous Expense Allowance.

§ 302–17.62 What information do I put on my tax returns for Year 1 under the two-year process?

(a) Your agency provides allowances to you, reimburses you for vouchers that you submit, and pays certain relocation vendors directly, all during the same calendar year, as described in subpart B of this part. Some of these reimbursements, allowances, and direct payments to vendors are taxable income to you, the employee. Your agency computes a WTA and reports that withholding to the IRS for each of these that is taxable. This is Year 1 of the two-year process.

(b) If your agency makes the WTA optional to you and you have chosen not to receive the WTA, then your agency computes withholding tax for each taxable reimbursement, allowance, and direct payment, and reports that withholding to the IRS. See Example 3 in this section

(c) Shortly after the end of the calendar year, your agency provides one or more W–2 forms to you. At its discretion, your agency may include all of your taxable relocation expenses and WTA (if any) in one W–2, along with your regular payroll wages, or it may provide you one W–2 for your regular payroll wages and a separate W–2 for your taxable relocation expenses and WTA (if any).

(d) At approximately the same time as your agency provides your W–2(s), it also may provide you an itemized list of all relocation benefits and the WTA (if any) for each benefit. You should use this statement to verify that your agency has included all covered taxable items in its calculations and to check your agency's calculations.

(e) You must submit all W–2s that you have received with your Year 1 tax returns. On those returns, you must include all taxable relocation expenses during the previous year as income. Furthermore, you must include the WTA (if any) as tax payments that your agency made for you during the previous year, in addition to the regular withholding of payroll taxes from your salary.

§ 302–17.63 What information should I provide to my agency to make the RITA calculation possible under the two-year process?

You should provide the information required in the following "Statement of Income and Tax Filing Status." This information should be taken from the income tax returns you filed for Year 1.

Statement of Income and Tax Filing Status—Two-Year Process

The following information, which my agency will use in calculating the RITA

to which I am entitled, was shown on the Federal, state and local income tax returns that I (or my spouse and I) filed for the 20_____ tax year.

Filing status:

☐Single ☐ Head of Household
☐ Married Filing Jointly
☐ Qualifying Widow(er)
☐ Married Filing Separately

Taxable income as shown on my (our) IRS Form 1040: $ _____

State you are moving out of:_____

Marginal Tax Rate: _____%

State you are moving into:

_____

Marginal Tax Rate: _____%

Locality you are moving out of:

_____

Marginal Tax Rate: _____%

Locality you are moving into:

_____

Marginal Tax Rate: _____%

The above information is true and accurate to the best of my (our) knowledge. I (we) agree to notify the appropriate agency official of any significant changes to the above so that appropriate adjustments to the RITA can be made.

_____

Employee's signature

_____

Date

_____

Spouse's signature (if filing jointly)

_____

Date

§ 302–17.64 When should I file my "Statement of Income and Tax Filing Status" and RITA claim under the two-year process?

For the two-year process, you should file the "Statement of Income and Tax Filing Status" in Year 2, along with your RITA claim, after you file your income tax return. If your agency pays any taxable expenses covered by the WTA (if any) in more than one year, then you will have to file a new "Statement of Income and Tax Filing Status" each year. Your agency establishes the deadline each year for filing of your Statement.

§ 302–17.65 What happens if I do not file the "Statement of Income and Tax Filing Status" in a timely manner?

The WTA is an advance on your income tax expenses, thus if you don't file the "Statement of Income and Tax Filing Status" in a timely manner, your agency will require you to repay the entire amount of the withholding and WTA (if any) that the agency has paid on your behalf.

§ 302–17.66 How do I claim my RITA under the two-year process?

(a) To claim your RITA under the two-year process, you must submit a voucher and attach the "Statement of Income and Tax Filing Status," as discussed in §§ 302–17.63—302–17.65.

(b) Your voucher must claim a specific amount. However, your agency will calculate your actual RITA after you submit your RITA voucher and your "Statement of Income and Tax Filing Status;" the amount you claim on your voucher does not enter into that calculation. You should perform the RITA calculation for yourself, as a check on your agency's calculation, but you are not required to put the "right answer" on the voucher you submit to claim your RITA.

§ 302–17.67 How does my agency calculate my RITA under the two-year process?

(a) Your agency calculates your RITA after receipt of your RITA voucher.

(b) Your RITA is itself taxable income to you. To account for taxes on the RITA, your agency will gross-up your RITA by applying the CMTR to the final amount rather than the reimbursed amount.

(c) Thus, your agency calculates your RITA by multiplying the Combined Marginal Tax Rate (CMTR) (using the state and local tax tables most current at the time of the RITA calculation) by the total of all covered taxable relocation benefits during the applicable Year 1, and then subtracting your WTA(s), if any, from the same Year 1 from that total. That is:

$$RITA = \left(\left(\frac{C}{1-C} \right) \times R \right) - Z$$

Where C = CMTR
R = Reimbursements, allowances, and direct payments to vendors covered by WTA during Year 1
Z = Total grossed-up WTAs paid during Year 1.

Note to 302–17.67(c): If your agency chooses to offer you the choice, the WTA is optional to you. If the employee has declined the WTA, enter zero for element Z in the above calculation.

§ 302–17.68 What does my agency do once it has calculated my RITA under the two-year process?

(a) Your RITA is likely to be different from the sum of the WTA(s) paid during Year 1, if any, because the WTA is calculated using a flat rate, established by the IRC, while the RITA is calculated using the CMTR. Therefore:

(1) If the RITA calculation in § 302–17.67 results in a negative value (that is, if your agency's calculation shows that it withheld and reported too much money as income taxes), then your agency will report this result to you and will send you a bill for the difference, to repay the excess amount that it sent to the IRS on your behalf as withheld income taxes. The IRS will credit you for the full amount of withheld taxes, including the excess amount, when you file your income tax return for Year 1; therefore, you must repay the excess amount to your agency within 90 days, or within a time period set by your agency. If you are required to repay an amount in Year 2 that was included as wages on your W–2 in Year 1, you may be entitled to a miscellaneous itemized deduction on your Federal income tax return in Year 2. For more information, see IRS Publication 535, "Business Expenses." If your agency chooses to offer you the choice, then you may want to decline the WTA to avoid this so-called "negative RITA" situation.

(2) If the RITA calculation in § 302–17.67 results in a positive value (that is, if your agency's calculation shows that it did not withhold enough money as income taxes), then your agency will pay your RITA to you before the end of Year 2 and will report it to the IRS as part of your income for that year. Also, after your agency has paid your RITA to you, it will provide a W–2 that shows your RITA as taxable income to you.

(b) At your agency's discretion, you may receive one W–2 that includes all of your taxable relocation expenses, WTA (if any), and RITA (if any), along with your regular payroll wages, or you may receive one W–2 for your regular payroll wages and a separate one for your taxable relocation expenses, WTA, and RITA.

§ 302–17.69 How do I pay taxes on my RITA under the two-year process?

When income taxes are due for Year 2, you must report your RITA, if any, as taxable income on your Federal, state, and local tax returns.

(a) If your relocation process results in only one Year 2, or if the previous year was your last Year 1, your RITA is the only amount that you report as income resulting from your relocation for that Year 2.

(b) If, on the other hand, your relocation process results in more than one Year 2 (if, for example, you incurred relocation expenses during more than one calendar year), then, except for your last Year 2, you will need to report reimbursements, allowances, direct payments to vendors, and WTA(s), if any, for succeeding Year 1's at the same time that you report each Year 2's RITA.

(c) See the table in § 302–17.60 for a graphic explanation of Year 1 and Year 2.

Subpart H—Agency Responsibilities

§ 302–17.100 May we use a relocation services provider to comply with the requirements of this part?

Yes. You may use the services of relocation companies to manage all aspects of relocation, including the RITA computation. Agencies that relocate few employees or do not have the resources to manage the complexity of relocation may find that the use of relocation companies is a practical alternative. As another alternative, agencies with infrequent requirements for relocation or with inadequate internal resources may establish an interagency agreement with one or more other agencies to pool resources to provide this service.

§ 302–17.101 What are our responsibilities with regard to taxes on relocation expenses?

To ensure that all provisions of this part are fulfilled, you must:

(a) Prepare a relocation travel authorization that includes an estimate of the WTA and RITA, to obligate the funds that will be needed.

(b) Determine, in light of the specific circumstances of each employee relocation, which reimbursements, allowances, and direct payments to vendors are taxable, and which are nontaxable.

(c) Decide whether or not you will allow individual employees and/or categories of employees to choose not to receive the WTA.

(d) Calculate the WTA, and credit the amount of the WTA to the employee at the time of reimbursement.

(e) Prepare the employee's W–2 Form(s) and ensure that it (they) reflect(s) the WTA.

(f) Provide each employee an itemized list of relocation expenses after the end of each calendar year in which you provided an allowance, reimbursement, or direct payment to a vendor.

(g) Establish processes for identifying the relevant Federal, state, and local marginal tax rates and for keeping that information current.

(h) Establish processes for identifying states that treat a reimbursement or direct payment to a vendor as taxable even though it is nontaxable under the Federal IRC, and for keeping that information current.

(i) Calculate the employee's CMTR(s).

(j) Decide whether you will use the one-year or two-year RITA process and whether you will use different processes (that is, one-year or two-year) for different groups of employees within your agency.

(k) Make sure the RITA calculation is done correctly and in a timely manner, whether your policies call for the calculation to be done by you or by a third party.

(l) Make sure that payment of the RITA occurs in a timely manner (this is especially critical for the one-year process).

(m) Develop criteria for accepting and rejecting requests for recalculation of RITA.

(n) Establish a process for recalculating the RITA when the employee's request for recalculation is accepted.

(o) Consult with IRS for clarification of any confusion stemming from taxes on relocation expenses.

§ 302–17.102 What happens if an employee fails to file and/or amend a "Statement of Income and Tax Filing Status" prior to the required date?

(a) If a relocating employee does not file and/or amend a "Statement of Income and Tax Filing Status" prior to the required date, and you are using a one-year RITA process, you are to switch to a two-year RITA process and send a written warning to the employee reminding them of the requirement and informing them that if they do not submit the "Statement of Income and Tax Filing Status," you may declare the entire amount of the WTA forfeited.

(b) If the relocating employee does not file and/or amend a Statement of Income and Tax Filing Status prior to the required date, and you are using a two-year RITA process, you are to send the employee a written warning informing them they have 60 days to file or amend their "Statement of Income and Tax Filing Status," or you will declare the WTA that you have already paid on his/her behalf forfeited and due as a debt to the Government.

(c) If the relocating employee chose not to receive the WTA and fails to file a Statement of Income and Tax Filing Status prior to your required date, you are to send the employee a written warning that they have 60 days to file. If the employee still fails to file, you may close your case file and refuse any later claims for RITA related to this specific relocation.

§ 302–17.103 What are the advantages of choosing a one-year or a two-year RITA process?

(a) The one-year process is simpler. It reimburses the employee more quickly, and it eases the administrative burden required to calculate the RITA. Most importantly, the one-year process eliminates the possibility of charging employees for excess payments to the IRS, the so-called "negative RITA."

(b) The two-year process provides a somewhat more accurate calculation of the additional taxes the employee incurs because it is based on the employee's actual Year One taxable income and filing status rather than the taxable income and filing status from the year before.

[FR Doc. 2011–13356 Filed 6–3–11; 8:45 am]

BILLING CODE 6820–14–P

Notices

Federal Register

Vol. 76, No. 108

Monday, June 6, 2011

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Rural Business-Cooperative Service

Rural Utilities Service

Notice of Funds Availability (NOFA) Inviting Applications for the Biorefinery Assistance Program

AGENCY: Rural Business-Cooperative Service and Rural Utilities Service, USDA.

ACTION: Notice of Funds Availability: Extension of Application Deadline.

SUMMARY: With this notice, the Agency is extending the period of time for acceptance of applications for Fiscal Year 2011 program funds available under the Biorefinery Assistance Program, which provides guaranteed loans for the development and construction of commercial-scale biorefineries or for the retrofitting of existing facilities using eligible technology for the development of advanced biofuels.

DATES: Applications must be received in the USDA Rural Development National Office no later than 4:30 pm Eastern Time on July 6, 2011 in order to compete for Fiscal Year 2011 program funds. Any application received after 4:30 pm Eastern Time on July 6, 2011, regardless of the application's postmark, will not be considered for Fiscal Year 2011 program funds.

ADDRESSES: Applications and forms may be obtained from:

- U.S. Department of Agriculture, Rural Development, Energy Branch, Attention: BioRefinery Assistance Program, 1400 Independence Avenue, SW., STOP 3225, Washington, DC 20250–3225.
- *Agency Web site: http://www.rurdev.usda.gov/BCP_Biorefinery.html.* Follow instructions for obtaining the application and forms.

Submit an original completed application with two copies to USDA's Rural Development National Office: Energy Branch, *Attention:* BioRefinery Assistance Program, 1400 Independence Avenue, SW., STOP 3225, Washington, DC, 20250–3225.

FOR FURTHER INFORMATION CONTACT: Kelley Oehler, Energy Branch, Biorefinery Assistance Program, U.S. Department of Agriculture, 1400 Independence Avenue, SW., Mail Stop 3225, Washington, DC, 20250–3225. *Telephone:* 202–720–6819. *E-mail: kelley.oehler@wdc.usda.gov.*

SUPPLEMENTARY INFORMATION:

On March 11, 2011, the Agency issued a Notice of Funds Availability (NOFA) for the Biorefinery Assistance program (the "Program") in the **Federal Register** (76 FR 13351) announcing the availability of approximately $129 million in mandatory budget authority to support guaranteed loans under this Program in Fiscal Year 2011, in addition to any carry-over funds from Fiscal Year 2010. This budget authority represents approximately $463 million in program funds. Further, the March 11, 2011, NOFA provided the opportunity to submit applications for the Program, with an original application deadline of May 10, 2011.

The Agency has received 10 applications in response to the March 11, 2011, NOFA. These applications are the first applications received subsequent to the Biorefinery Assistance Program's interim rule published on February 14, 2011 (76 FR 8404). As there was some confusion about the information to be provided, the Agency has determined it appropriate to extend the application deadline.

All other requirements for submitting applications remain the same as described in the March 11, 2011, NOFA.

Dated: *May 31, 2011.*

Cheryl L. Cook,

Acting Under Secretary, Rural Development.

[FR Doc. 2011–13850 Filed 6–3–11; 8:45 am]

BILLING CODE 3410–XY–P

BROADCASTING BOARD OF GOVERNORS

Privacy Act of 1974: New System Of Records

AGENCY: Broadcasting Board of Governors (BBG).

ACTION: Notice of a new system of records.

SUMMARY: BBG proposes to add a new system of records to its inventory of records systems subject to the Privacy Act of 1974 (5 U.S.C. 522a), as amended. The primary purposes of the system are: (a) To ensure the safety and security of BBG facilities, systems, or information, and our occupants and uses; (b) To verify that all persons entering federal facilities, using federal information resources, or accessing classified information are authorized to do so; (c) To track and control PIV card issued to persons entering and exiting the facilities using systems, or accessing classified information. This action is necessary to meet the requirements of the Privacy Act to publish in the **Federal Register** notice of the existence and character of records maintained by the agency (5 U.S.C. 522a(e)(4)).

DATES: This action will be effective without further notice on July 18, 2011 unless comments are received that would result in a contrary determination.

ADDRESSES: Send written comments to the Broadcasting Board of Governors, *Attn:* Paul Kollmer, Chief Privacy Officer, 330 Independence Avenue, Room 3349, Washington, DC 20237.

FOR FURTHER INFORMATION CONTACT: Michael Lawrence, 202–382–7779.

SUPPLEMENTARY INFORMATION: The creation of this system of records is required to implement the Homeland Security Presidential Directive 12 (HSPD–12) mandate to create a common identification standard for all Federal employees and contractors.

International Broadcasting Bureau.

Richard M. Lobo,

Director.

Broadcasting Board of Governors (BBG)

System of Records Notice (SORN) for Personal Identity Verification (PIV) System

BROADCASTING BOARD OF GOVERNORS [BBG–20]

SYSTEM NAME:

M/SEC–Office of Security (Personal Identity Verification (PIV) System).

SYSTEM LOCATION:

Broadcasting Board of Governors (BBG), 330 Independence Avenue, SW., Washington, DC 20237.

SECURITY CLASSIFICATION:

None.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Individuals who require regular, ongoing access to BBG facilities, information technology systems, or information classified in the interest of national security, including applicants for employment or contracts, federal employees, contractors, and individuals formerly in any of these positions. The system also includes individuals accused of security violations or found in violation. The system also includes individuals authorized to perform or use services provided in agency facilities (*e.g.,* Fitness Center, Cafeteria, or *etc.*)

The system does not apply to occasional visitors or short-term guests to whom BBG will issue temporary identification and credentials.

CATEGORIES OF RECORDS IN THE SYSTEM:

Records maintained on individuals issued credentials by BBG include the following data fields: Full name; Social Security number; date of birth; signature; image (photograph); fingerprints; hair color; eye color; height; weight; organization/office of assignment; company name; telephone number; copy of background investigation form; PIV card issue and expiration dates; personal identification number (PIN); results of background investigation; PIV request form; PIV security sponsor approval signature; PIV card serial number; copies of documents used to verify identification or information derived from those documents such as document title, document issuing authority, document number, document expiration date, document other information); computer system user name; user access and permission rights, authentication certificates; and digital signature information.

Records maintained on card holders entering BBG facilities or using BBG systems include: Name, PIV Card serial number; date, time, and location of entry and exit; company name; contain in the record but not on the PIV card and expiration date; digital signature information; computer networks/applications/data accessed.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

5 U.S.C. 301; Federal Information Security Act (Pub. L. 104–106, sec. 5113); Electronic Government Act (Pub. L. 104–347, sec. 203); the Paperwork Reduction Act of 1995 (44 U.S.C. 3501); and the Government Paperwork Elimination Act (Pub. L. 105–277, 44 U.S.C. 3504); Homeland Security Presidential Directive (HSPD) 12, Policy for a Common Identification Standard for Federal Employees and Contractors, August 27, 2004; Federal Property and Administrative Act of 1949, as amended.

PURPOSE:

The primary purposes of the system are: (a) To ensure the safety and security of BBG facilities, systems, or information, and our occupants and users; (b) To verify that all persons entering federal facilities, using federal information resources, or accessing classified information are authorized to do so; (c) To track and control PIV cards issued to persons entering and exiting the facilities, using systems, or accessing classified information.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Information about covered individuals may be disclosed without consent as permitted by the Privacy Act of 1974, 5 U.S.C. 552a(b) the Statement of General Routine Uses Applicable to All BBG System of Records Files, and:

- *To a court or adjudicative body in a proceeding when:* (a) The agency or any component thereof; (b) any employee of the agency in his or her official capacity; (c) any employee of the agency in his or her individual capacity where agency or the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- Except as noted on Forms SF 85, 85–P, and 86, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate public authority, whether Federal, foreign, State, local, or tribal, or otherwise, responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative or prosecutorial responsibility of the receiving entity.
- To a Federal State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- To notify another federal agency when, or verify whether, a PIV card is no longer valid.

DISCLOSURE TO CONSUMER REPORTING AGENCIES:

Privacy Act information may be reported to consumer reporting agencies pursuant to 5 U.S.C. 552a(b)(12).

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are stored in electronic media or in paper files in a secured Federal facility and a lockable storage area.

RETRIEVABILITY:

Records are retrievable by name, Social Security number, other ID number, PIV card serial number, image (photograph), and fingerprint.

SAFEGUARDS:

Paper records are kept in a controlled area, which uses electronic high security lock that is armed with motion detector. The motion detector is connected to a guard station that is manned on a constant basis. The controlled area is equipped with locked cabinets within a Security File Room. Access to paper records is restricted to individuals whose role requires use of the records. The computer servers in which records are stored are located in facilities that are secured by alarm systems and off-master key access. The computer servers themselves are password-protected. Access by individuals working at guard stations is password-protected; each person granted access to the system at guard stations must be individually authorized to use the system. A Privacy Act Warning Notice appears on the monitor screen when records containing information on individuals are first displayed. Data exchanged between the servers and the client PCs at the guard stations and badging office is encrypted. Backup tapes are stored in a locked and controlled room in a secure, off-site location.

An audit trail is maintained and reviewed periodically to identify unauthorized access. Persons given roles in the PIV process must complete training specific to their roles to ensure they are knowledgeable about how to protect personally identifiable information.

RETENTION AND DISPOSAL:

Pursuant to GRS 18, Item 22a records used to initiate background investigations; register and enroll individuals; manage the PIV card lifecycle; and, verify, authenticate and revoke PIV cardholder access to Federal resources are destroyed upon notification of death or not later than 5 years after separation or transfer of employee or no later than 5 years after contract relationship expires, whichever is applicable.

Pursuant to GRS 11, Item PIV cards are destroyed three months after they are returned to the issuing office. Pursuant to GRS 11, Item 4a identification credentials are destroyed by cross-cut shredding no later than 90 days after deactivation.

Pursuant to GRS 18, Item 17 registers or logs used to record names of outside contractors, service personnel, visitors, employees admitted to areas, and reports on automobiles and passengers for areas under maximum security are destroyed five years after final entry or five years after date of document, as appropriate.

Other documents pursuant to GRS 18, Item 17b are destroyed two years after final entry or two years after date of document, as appropriate.

SYSTEM MANAGER(S) AND ADDRESS:

Michael Lawrence, Director of Security (DAA/SAO), International Broadcasting Bureau, 330 C Street, SW., Room 4117, Washington, DC 20237, (202) 382–7779, *mtlawren@bbg.gov.*

NOTIFICATION PROCEDURES:

Individuals seeking notification of and access to any record contained in this system of records, or seeking to contest its content, may submit a request in writing to the BBG FOIA Office, whose contact information can be found at *http://www.bbg.gov/reports/foia/*. If an individual believes more than one component maintains Privacy Act records concerning him or her, the individual may submit the request to the Chief FOIA Officer, Broadcasting Board of Governors, 330 Independence Avenue, SW., Room 3349, Washington, DC 20237.

When seeking records about yourself from this system of records or any other Agency system of records your request must conform with the Privacy Act regulations set forth in 6 CFR part 5. You must first verify your identity, meaning that you must provide your full name, current address and date and place of birth. You must sign your request, and your signature must either be notarized or submitted under 28 U.S.C. 1746, a law that permits statements to be made under penalty or perjury as a substitute for notarization. While no specific form is required, you may obtain forms for this purpose from the BBG FOIA Office at the address above or by calling 202–203–4550.

In addition to the requirements above, in your request you should:

—Provide an explanation of why you believe the Agency would have information about you;

—Identify which component(s) of the Agency you believe may have the information about you;

—Specify when you believe the records would have been created;

—Provide any other information that will help the FOIA staff determine which BBG component agency may have responsive records;

—If your request is seeking records pertaining to another living individual, you must include a statement from that individual certifying his/her agreement for you to access his/her records.

Without this bulleted information the component(s) will not be able to conduct an effective search, and your request may be denied due to lack of specificity or lack of compliance with applicable regulations.

RECORDS ACCESS PROCEDURES:

See "Notification Procedures" above.

CONTESTING RECORD PROCEDURES:

See "Notification Procedures" above.

RECORD SOURCE CATEGORIES:

Employee, contractor, or applicant; sponsoring agency; former sponsoring agency; other federal agencies; contract employer; former employer.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

[FR Doc. 2011–13364 Filed 6–3–11; 8:45 am]

BILLING CODE 8610–01–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–570–848]

Freshwater Crawfish Tail Meat From the People's Republic of China: Extension of Time Limit for Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

DATES: *Effective Date:* June 6, 2011.

FOR FURTHER INFORMATION CONTACT: Dmitry Vladimirov, AD/CVD Operations, Office 5, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230; *telephone:* (202) 482–0665.

SUPPLEMENTARY INFORMATION:

Background

On October 28, 2010, the Department of Commerce (the Department) initiated an administrative review of the antidumping duty order on freshwater crawfish tail meat from the People's Republic of China (PRC) for the period September 1, 2009, through August 31, 2010. See *Initiation of Antidumping and Countervailing Duty Administrative Reviews,* 75 FR 66349 (October 28, 2010). We initiated an administrative review of six companies. On February 28, 2011, we rescinded the review of the order with respect to Yancheng Hi-King. *See Freshwater Crawfish Tail Meat From the People's Republic of China: Rescission of Antidumping Duty Administrative Review in Part,* 76 FR 10879 (February 28, 2011). The preliminary results of the review are currently due no later than June 2, 2011.

Extension of Time Limit for Preliminary Results

Section 751(a)(3)(A) of the Tariff Act of 1930, as amended (the Act), requires the Department to complete the preliminary results within 245 days after the last day of the anniversary month of an order for which a review is requested and the final results within 120 days after the date on which the preliminary results are published. If it is not practicable to complete the review within these time periods, section 751(a)(3)(A) of the Act allows the Department to extend the time limit for the preliminary results to a maximum of 365 days after the last day of the anniversary month.

We determine that it is not practicable to complete the preliminary results of

this review within the original time limit because we require additional time to analyze various recently filed submissions of factual information submitted by both parties. In addition, the numerous extensions requested by, and granted to, the interested parties for filing various responses has contributed to the Department's need for additional time to complete the preliminary results. Therefore, we are extending the time period for issuing the preliminary results of this review by 46 days until July 18, 2011.

This notice is published in accordance with section 751(a)(3)(A) of the Act and 19 CFR 351.213(h)(2).

Dated: May 27, 2011.

Christian Marsh,

Deputy Assistant Secretary for Antidumping and Countervailing Duty Operations.

[FR Doc. 2011–13909 Filed 6–3–11; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF DEFENSE

Office of the Secretary

Open Meeting Notice; Advisory Council on Dependents' Education

AGENCY: Department of Defense Education Activity (DoDEA), DoD.

ACTION: Open meeting notice.

SUMMARY: Under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended), the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended), and 41 CFR 102–3.150, the Department of Defense announces that a Federal advisory committee meeting of the Advisory Council on Dependents' Education will take place.

DATES: Friday, September 23, 2011, Japan Standard Time at Yokosuka Naval Base, Japan, from 7 a.m. to 12 p.m., Japan Standard Time; and Thursday, September 22, 2011, Eastern Standard Time via Video-teleconference (VTC), from 6 p.m. to 11 p.m., Eastern Standard Time via VTC.

ADDRESSES: On September 23, at Yokosuka Naval Base, Japan, and on September 22 at 4040 North Fairfax Drive, Arlington, VA 22203 via VTC.

FOR FURTHER INFORMATION CONTACT: Dr. Steve Schrankel at (703) 588–3109 or *Steve.Schrankel@hq.dodea.edu.*

SUPPLEMENTARY INFORMATION:

1. *Purpose of the Meeting:* Recommend to the Acting Director DoDEA, general policies for the operation of the Department of Defense Dependents Schools (DoDDS); to provide the Acting Director with information about effective educational programs and practices that should be considered by DoDDS; and to perform other tasks as may be required by the Secretary of Defense.

2. *Agenda:* The meeting agenda will reflect current DoDDS schools operational status, educational practices, and other educational matters that come before the council.

3. *Public's Accessibility to the Meeting:* Pursuant to 5 U.S.C. 552b and 41 CFR 102–3.140 through 102–3.165 and the availability of space, this meeting is open to the public. Seating is on a first-come basis. The purpose of the VTC meeting on September 22, 2011, at 6 p.m., Eastern Daylight Time is to provide the public in the United States access to the meeting held in Japan on September 23, 2011, at 7 a.m. Japan Standard Time.

4. *Committee's Point of Contact:* Dr. Steve Schrankel at (703) 588–3109, 4040 North Fairfax Drive, Arlington, VA 22203 or *Steve.Schrankel@hq.dodea.edu.*

5. *Special Accommodations:* Individuals requiring special accommodations to access the public meeting should contact Dr. Schrankel at least five (5) business days prior to the meeting so that appropriate arrangements can be made.

6. *Written Statements:* Pursuant to 41 CFR 102–3.105(j) and 102–3.140 and section 10(a)(3) of the Federal Advisory Committee Act of 1972, the public or interested organizations may submit written statements to the Advisory Council on Dependents' Education about its mission and functions. Written statements may be submitted at any time or in response to the stated agendas of the planned meeting of the Advisory Council on Dependents' Education.

All written statements shall be submitted to the Designated Federal Officer (DFO) for the Advisory Council on Dependents' Education, Dr. Patrick A. Dworakowski, 4040 North Fairfax Drive, Arlington, VA 22203; *Patrick.Dworakowski@hq.dodea.edu.* Statements being submitted in response to the agendas mentioned in this notice must be received by the DFO at the address listed above at least fourteen calendar days prior to the meeting, which is the subject of this notice. Written statements received after this date may not be provided to or considered by the Advisory Council on Dependents' Education until its next meeting.

The DFO will review all timely submissions with the Advisory Council on Dependents' Education Chairpersons and ensure they are provided to all members of the Advisory Council on Dependents' Education before the meeting that is the subject of this notice.

Oral Statements by the Public to the Membership: Pursuant to 41 CFR 102–3.140(d), time will be allotted for public comments to the Advisory Council on Dependents' Education. Individual comments will be limited to a maximum of five minutes duration. The total time allotted for public comments will not exceed thirty minutes.

Dated: May 26, 2011.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2011–13874 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE

Office of the Secretary

Meeting of the Defense Department Advisory Committee on Women in the Services (DACOWITS)

AGENCY: Department of Defense, DoD.

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a), Public Law 92–463, as amended, notice is hereby given of a forthcoming meeting of the Defense Department Advisory Committee on Women in the Services (DACOWITS). The purpose of the meeting is for the Committee to receive briefings from the Sexual Assault Prevention and Response Office on their annual report results and comments on the FY11 NDAA. The Defense Manpower Data Center will give the Committee a briefing on the results of their Workplace and Gender Relations survey. Additionally, the Committee will also receive a status update briefing from the Navy on the integration of women into submarines. Finally, OUSD Military Personnel Policy will brief on the laws and policies that restrict the service of female members and the plans for a new Working Group on women's issues. The meeting is open to the public, subject to the availability of space.

DATES: June 28, 2011, 8:30 a.m.–5 p.m.

ADDRESSES: Residence Inn Marriott, 550 Army Navy Dr., Arlington, VA 22202.

FOR FURTHER INFORMATION CONTACT: MSgt Robert Bowling, USAF, or DACOWITS, 4000 Defense Pentagon, Room 2C548A, Washington, DC 20301–4000. *Robert.bowling@osd.mil.* Telephone (703) 697–2122. Fax (703) 614–6233.

SUPPLEMENTARY INFORMATION:

Meeting Agenda

Tuesday, 28 June 2011, 8:30 a.m.–5 p.m.

—Welcome, introductions, and announcements.
—Receive briefings from the Sexual Assault Prevention and Response Office on 2010 Reports and FY11 NDAA.
—Receive briefing from Defense Manpower Data Center on survey results on 2010 workplace and gender relations.
—Receive briefing from Navy on the status of integration of women into submarines.
—Receive briefings from OUSD Military Personnel Policy on laws and policies restricting service of female service members and plans on Working Group on women's issues.
—Public Forum.

Interested persons may submit a written statement for consideration by the Defense Department Advisory Committee on Women in the Services. Individuals submitting a written statement must submit their statement to the Point of Contact listed below at the address detailed in **FOR FURTHER INFORMATION CONTACT** no later than 5 p.m., Friday, June 24, 2011. If a written statement is not received by Friday, June 24, 2011, prior to the meeting, which is the subject of this notice, then it may not be provided to or considered by the Defense Advisory Committee on Women in the Services until its next open meeting. The Designated Federal Officer will review all timely submissions with the Defense Advisory Committee on Women in the Services Chairperson and ensure they are provided to the members of the Defense Advisory Committee on Women in the Services. If members of the public are interested in making an oral statement, a written statement must be submitted as above. After reviewing the written comments, the Chairperson and the Designated Federal Officer will determine who of the requesting persons will be able to make an oral presentation of their issue during an open portion of this meeting or at a future meeting. Determination of who will be making an oral presentation will depend on time available and if the topics are relevant to the Committee's activities. Two minutes will be allotted to persons desiring to make an oral presentation. Oral presentations by members of the public will be permitted only on Tuesday, June 28, 2011 from 4:15 p.m. to 5 p.m. before the full Committee. Number of oral presentations to be made will depend on the number of requests received from members of the public.

Dated: May 26, 2011.

Aaron Siegel,

Alternate OSD Federal Register Liaison, Department of Defense.

[FR Doc. 2011–13875 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE

Department of the Navy

[Docket ID USN–2011–0008]

Privacy Act of 1974; System of Records

AGENCY: Department of the Navy, DoD.

ACTION: Notice to delete two systems of records.

SUMMARY: The Department of the Navy is deleting two systems of records notices in its existing inventory of record systems subject to the Privacy Act of 1974, (5 U.S.C. 552a), as amended.

DATES: This proposed action will be effective without further notice on July 6, 2011 unless comments are received which result in a contrary determination.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

• *Federal Rulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.

• *Mail:* Federal Docket Management System Office, 1160 Defense Pentagon, Washington, DC 20301–1160.

Instructions: All submissions received must include the agency name and docket number or Regulatory Information Number (RIN) for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at *http://www.regulations.gov* as they are received without change, including any personal identifiers or contact information.

FOR FURTHER INFORMATION CONTACT: Ms. Robin Patterson, FOIA/Privacy Act Policy Branch, Department of the Navy, 2000 Navy Pentagon, Washington, DC 20350–2000, or by phone at (202) 685–6546.

SUPPLEMENTARY INFORMATION: The Department of the Navy systems of records notices subject to the Privacy Act of 1974, (5 U.S.C. 552a), as amended, have been published in the **Federal Register** and are available from the address in **FOR FURTHER INFORMATION CONTACT**.

The Department of the Navy proposes to delete two systems of records notices from its inventory of record systems subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended. The proposed deletions are not within the purview of subsection (r) of the Privacy Act of 1974, (5 U.S.C. 552a), as amended, which requires the submission of a new or altered system report.

Dated: May 24, 2011.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

N12308–1

DELETION:

SYSTEM NAME:

Navy Fleet and Family Readiness (FFR) Internship Program (March 10, 2008, 73 FR 12713).

REASON:

Commander, Navy Installations Command, Department of the Navy, has determined this collection is no longer needed and thus obsolete. Future interns will either be placed as volunteers or temporary flex Non Appropriated Fund (NAF) employees at an installation level. N12308–1, The Navy Fleet and Family Readiness (FFR) Internship Program system of records notice can therefore be deleted.

NM12410–1

DELETION:

SYSTEM NAME:

MWR Training Student Database (May 31, 2006, 71 FR 30897).

REASON:

Commander, Navy Installations Command, Department of the Navy, has determined this collection is now taking place under N05230–1, Total Workforce Management Services (TWMS) (October 20, 2010, 75 FR 64715). NM12410–1, MWR Training Student Database system of records notice can therefore be deleted.

[FR Doc. 2011–13873 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–06–P

ELECTION ASSISTANCE COMMISSION

Sunshine Act Meeting

AGENCY: U.S. Election Assistance Commission.

ACTION: Notice of Public Meeting for EAC Board of Advisors (Amended).

DATE AND TIME: Monday, June 6, 2011, 8:30 a.m.–5:30 p.m. and Tuesday, June 7, 2011, 8:30 a.m.–3:30 p.m.

PLACE: Westin Washington, DC, City Center Hotel, 1400 M Street NW., Washington, DC 20005, Phone number (202) 429–1700.

PURPOSE: The U.S. Election Assistance Commission (EAC) Board of Advisors will meet to receive updates on EAC's program activities and budget. The Board will receive updates on the Voting System Testing and Certification program. The Board will hear updates from a special committee on Defining Issues of Voting System Sustainability. The Board will hear presentations by the National Institute of Standards and Technology (NIST) and the Federal Voting Assistance Program (FVAP) on UOCAVA internet voting and common data format. The Board will receive updates on EAC grants programs including: the Accessible Voting Technology Initiative; and the Pre-Election Logic and Accuracy Testing and Post-Election Audit Initiative. The Board will receive updates on EAC research and studies. The Board will hear a presentation on a Rutgers report on Voter Participation of People with Disabilities in 2010. The Board will hear other committee reports, elect officers and consider motions. The Board will consider other administrative matters.

Members of the public may observe but not participate in EAC meetings unless this notice provides otherwise. Members of the public may use small electronic audio recording devices to record the proceedings. The use of other recording equipment and cameras requires advance notice to and coordination with the EAC's Communications Office.

This meeting will be open for public observation.

STATEMENT OF EXCEPTIONAL CIRCUMSTANCES:

The Monday, May 23, 2011 notice of the EAC Board of Advisors Meeting inadvertently omitted the fact that the notice would published in the **Federal Register** 14 days prior to the dates of the meeting instead of the required 15 days notice. Late notice was unavoidable due to the short timeline following the approval of the meeting agenda and the intent that the notice would publish on Friday, May 20, 2011.

PERSON TO CONTACT FOR INFORMATION: Bryan Whitener. *Telephone:* (202) 566–3100.

Thomas R. Wilkey,

Executive Director, U.S. Election Assistance Commission.

[FR Doc. 2011–13984 Filed 6–2–11; 4:15 pm]

BILLING CODE 6820–KF–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–9314–3]

Casmalia Disposal Site; Notice of Proposed CERCLA Administrative De Minimis Settlement

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice; correction.

SUMMARY: On April 4, 2011, a published notice of a proposed administrative *de minimis* settlement concerning the Casmalia Disposal Site in Santa Barbara County, California listed the name of one of the parties to the settlement as "EADS North America" rather than "EADS North America Holdings, Inc."

FOR MORE INFORMATION CONTACT: Karen Goldberg at (415) 972–3951.

CORRECTION: In the **Federal Register** of April 4, 2011, in FR Doc. 2011–7904, 76 FR 18549, page 18550, column 1, correct the name as follows: Manhattan Beach Holding Corp. on its own behalf and on behalf of Fairchild Industries, Inc. and its successors, and on behalf of Fairchild Controls Corporation, Matra Aerospace, Inc., EADS North America, Inc., and EADS North America Holdings, Inc.

Dated: May 2, 2011.

Nancy Lindsay,

Acting Director, Superfund Division, Region IX.

[FR Doc. 2011–13877 Filed 6–3–11; 8:45 am]

BILLING CODE 6560–50–P

FARM CREDIT ADMINISTRATION

Farm Credit Administration Board; Sunshine Act; Regular Meeting

AGENCY: Farm Credit Administration.

SUMMARY: Notice is hereby given, pursuant to the Government in the Sunshine Act (5 U.S.C. 552b(e)(3)), of the regular meeting of the Farm Credit Administration Board (Board).

DATE AND TIME: The regular meeting of the Board will be held at the offices of the Farm Credit Administration in McLean, Virginia, on June 9, 2011, from 9 a.m. until such time as the Board concludes its business.

FOR FURTHER INFORMATION CONTACT: Dale L. Aultman, Secretary to the Farm Credit Administration Board, (703) 883–4009, TTY (703) 883–4056.

ADDRESSES: Farm Credit Administration, 1501 Farm Credit Drive, McLean, Virginia 22102–5090.

SUPPLEMENTARY INFORMATION: Parts of this meeting of the Board will be open to the public (limited space available), and parts will be closed to the public. In order to increase the accessibility to Board meetings, persons requiring assistance should make arrangements in advance. The matters to be considered at the meeting are:

Open Session

A. Approval of Minutes

- May 12, 2011.

B. New Business

- Farmer Mac Risk-Based Capital Stress Test, Version 5.0—Advance Notice of Proposed Rulemaking.

C. Reports

- FCA's Annual Report on the Farm Credit System's Young, Beginning, and Small Farmer Mission Performance: 2010 Results.
- Semi-Annual Report on Office of Examination Operations.
- Quarterly Report on Farm Credit System Condition.

Closed Session*

Report

- Update on Office of Examination Supervisory and Oversight Activities.

Dated: June 2, 2011.

Dale L. Aultman,

Secretary, Farm Credit Administration Board.

*Session Closed-Exempt pursuant to 5 U.S.C. 552b(c)(8) and (9).

[FR Doc. 2011–14030 Filed 6–2–11; 4:15 pm]

BILLING CODE 6705–01–P

FEDERAL COMMUNICATIONS COMMISSION

Information Collection Being Reviewed by the Federal Communications Commission

AGENCY: Federal Communications Commission.

ACTION: Notice and request for comments.

SUMMARY: The Federal Communications Commission (FCC), as part of its continuing effort to reduce paperwork burdens, invites the general public and other Federal agencies to take this opportunity to comment on the following information collection, as required by the Paperwork Reduction Act (PRA) of 1995. Comments are requested concerning (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimate; (c)

ways to enhance the quality, utility, and clarity of the information collected; (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology; and (e) ways to further reduce the information collection burden on small business concerns with fewer than 25 employees.

The FCC may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid Office of Management and Budget (OMB) control number.

DATES: Written PRA comments should be submitted on or before August 5, 2011. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all PRA comments to the Federal Communications Commission via e-mail to *PRA@fcc.gov* and *Cathy.Williams@fcc.gov.*

FOR FURTHER INFORMATION CONTACT: For additional information about the information collection, contact Cathy Williams at (202) 418–2918.

SUPPLEMENTARY INFORMATION:

OMB Control No.: 3060–xxxx.

Title: Part 27—Miscellaneous Wireless Communications Services in the 2.3 GHz Band.

Form No.: N/A.

Type of Review: New information collection.

Respondents: Business or other for profit.

Number of Respondents and Responses: 158 respondents; 2,406 responses.

Estimated Time per Response: 0.5 to 40 hours.

Frequency of Response: Recordkeeping requirement; Third party disclosure requirement, and On occasion reporting requirement.

Obligation to Respond: Required to obtain or retain benefits. The statutory authority for this collection of information is contained in 47 U.S.C. 154, 301, 302(a), 303, 309, 332, 336, and 337.

Total Annual Burden: 23,507 hours.

Annual Cost Burden: $928,200.

Privacy Act Impact Assessment: None.

Nature and Extent of Confidentiality: There is no need for confidentiality with this collection of information.

Needs and Uses: The information filed by Wireless Communications Service (WCS) licensees in support of their construction notifications will be used to determine whether licensees have complied with the Commission's performance benchmarks. Further, the information collected by licensees in support of their coordination obligations will help avoid harmful interference to Satellite Digital Audio Radio Service (SDARS), Aeronautical Mobile Telemetry (AMT), and Deep Space Network (DSN) operations in other spectrum bands.

Federal Communications Commission.

Marlene H. Dortch,

Secretary, Office of the Secretary, Office of Managing Director.

[FR Doc. 2011–13906 Filed 6–3–11; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Update to Notice of Financial Institutions for Which the Federal Deposit Insurance Corporation Has Been Appointed Either Receiver, Liquidator, or Manager

AGENCY: Federal Deposit Insurance Corporation.

ACTION: Update listing of financial institutions in liquidation.

SUMMARY: Notice is hereby given that the Federal Deposit Insurance Corporation (Corporation) has been appointed the sole receiver for the following financial institutions effective as of the Date Closed as indicated in the listing. This list (as updated from time to time in the **Federal Register**) may be relied upon as "of record" notice that the Corporation has been appointed receiver for purposes of the statement of policy published in the July 2, 1992 issue of the **Federal Register** (57 FR 29491). For further information concerning the identification of any institutions which have been placed in liquidation, please visit the Corporation Web site at *http://www.fdic.gov/bank/individual/failed/banklist.html* or contact the Manager of Receivership Oversight in the appropriate service center.

Dated: May 31, 2011.

Federal Deposit Insurance Corporation.

Pamela Johnson,

Regulatory Editing Specialist.

INSTITUTIONS IN LIQUIDATION

In alphabetical order

FDIC Ref. No.	Bank name	City	State	Date closed
10368	First Heritage Bank	Snohomish	WA	05/27/2011

[FR Doc. 2011–13862 Filed 6–3–11; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than June 21, 2011.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *Teresa L. Keslar, Beatrice, Nebraska,* to acquire control of Keystone Investment, Inc., and thereby indirectly acquire control of Bank of Keystone, both in Keystone, Nebraska.

B. Federal Reserve Bank of San Francisco (Kenneth Binning, Vice President, Applications and

Enforcement) 101 Market Street, San Francisco, California 94105–1579:

1. *Castle Creek Capital Partners IV, LP, Castle Creek Advisors IV, LLC, Castle Creek Capital IV, LLC, John T. Pietrzak, Pietrzak Advisory Corp., John M. Eggemeyer, JME Advisory Corp., William J. Ruh, Ruh Advisory Corp., Mark G. Merlo, Legions IV Advisory Corp., Joseph Mikesell Thomas, and Mikesell Advisory Corp., all of Rancho Santa Fe, California as a group acting in concert,* to acquire control of Intermountain Community Bancorp, and thereby indirectly acquire control of Panhandle State Bank, both of Sandpoint, Idaho.

Board of Governors of the Federal Reserve System, June 1, 2011.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2011–13883 Filed 6–3–11; 8:45 am]

BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 1, 2011.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President), 701 East Byrd Street, Richmond, Virginia 23261–4528:

1. ASB Bancorp, Inc., Asheville, North Carolina, to become a bank holding company upon the conversion of Asheville Savings Bank, S.S.B., Asheville, North Carolina, from a mutual to stock form of ownership.

Board of Governors of the Federal Reserve System, June 1, 2011.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 2011–13882 Filed 6–3–11; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0279]

Agency Information Collection Activities: Proposed Collection; Reports and Records Under Prescription Drug Marketing Act of 1987

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the reporting and recordkeeping requirements contained in the regulations implementing the Prescription Drug Marketing Act of 1987 (PDMA).

DATES: Submit either electronic or written comments on the collection of information by August 5, 2011.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov.* Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Elizabeth Berbakos, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., P150–400B, Rockville, MD 20850, 301–796–3792, *Elizabeth.Berbakos@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes Agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal Agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Prescription Drug Marketing Act of 1987; Administrative Procedures, Policies, and Requirements—21 CFR Part 203 (OMB Control Number 0910–0435)—Extension

FDA is requesting OMB approval under the PRA (44 U.S.C. 3501–3520) for the reporting and recordkeeping requirements contained in the regulations implementing the Prescription Drug Marketing Act of 1987 (PDMA) (Public Law 100–293). PDMA was intended to ensure that drug products purchased by consumers are safe and effective and to avoid an unacceptable risk that counterfeit, adulterated, misbranded, subpotent, or expired drugs are sold.

PDMA was enacted by Congress because there were insufficient safeguards in the drug distribution system to prevent the introduction and retail sale of substandard, ineffective, or counterfeit drugs, and that a wholesale drug diversion submarket had developed that prevented effective control over the true sources of drugs.

Congress found that large amounts of drugs had been reimported into the United States as U.S. goods returned causing a health and safety risk to U.S. consumers because the drugs may become subpotent or adulterated during foreign handling and shipping. Congress also found that a ready market for prescription drug reimports had been the catalyst for a continuing series of frauds against U.S. manufacturers and had provided the cover for the importation of foreign counterfeit drugs.

Congress also determined that the system of providing drug samples to physicians through manufacturers' representatives had resulted in the sale to consumers of misbranded, expired, and adulterated pharmaceuticals.

The bulk resale of below-wholesale priced prescription drugs by health care entities for ultimate sale at retail also helped to fuel the diversion market and was an unfair form of competition to wholesalers and retailers who had to pay otherwise prevailing market prices.

FDA is requesting OMB approval for the following reporting and recordkeeping requirements:

TABLE 1—REPORTING REQUIREMENTS

21 CFR 203.11	Applications for reimportation to provide emergency medical care.
21 CFR 203.30(a)(1) and (b)	Drug sample requests (drug samples distributed by mail or common carrier).
21 CFR 203.30(a)(3), (a)(4), and (c)	Drug sample receipts (receipts for drug samples distributed by mail or common carrier).
21 CFR 203.31(a)(1) and (b)	Drug sample requests (drug samples distributed by means other than the mail or a common carrier).
21 CFR 203.31(a)(3), (a)(4), and (c)	Drug sample receipts (drug samples distributed by means other than the mail or a common carrier).
21 CFR 203.37(a)	Investigation of falsification of drug sample records.
21 CFR 203.37(b)	Investigation of a significant loss or known theft of drug samples.
21 CFR 203.37(c)	Notification that a representative has been convicted of certain offenses involving drug samples.
21 CFR 203.37(d)	Notification of the individual responsible for responding to a request for information about drug samples.
21 CFR 203.39(g)	Preparation by a charitable institution of a reconciliation report for donated drug samples.

TABLE 2—RECORDKEEPING REQUIREMENTS

21 CFR 203.23(a) and (b)	Credit memo for returned drugs.
21 CFR 203.23(c)	Documentation of proper storage, handling, and shipping conditions for returned drugs.
21 CFR 203.30(a)(2) and 203.31(a)(2)	Verification that a practitioner requesting a drug sample is licensed or authorized by the appropriate State authority to prescribe the product.
21 CFR 203.31(d)(1) and (d)(2)	Contents of the inventory record and reconciliation report required for drug samples distributed by representatives.
21 CFR 203.31(d)(4)	Investigation of apparent discrepancies and significant losses revealed through the reconciliation report.
21 CFR 203.31(e)	Lists of manufacturers' and distributors' representatives.
21 CFR 203.34	Written policies and procedures describing administrative systems.
21 CFR 203.37(a)	Report of investigation of falsification of drug sample records.
21 CFR 203.37(b)	Report of investigation of significant loss or known theft of drug samples.
21 CFR 203.38(b)	Records of drug sample distribution identifying lot or control numbers of samples distributed. (The information collection in 21 CFR 203.38(b) is already approved under OMB Control Number 0910–0139).
21 CFR 203.39(d)	Records of drug samples destroyed or returned by a charitable institution.
21 CFR 203.39(e)	Record of drug samples donated to a charitable institution.
21 CFR 203.39(f)	Records of donation and distribution or other disposition of donated drug samples.
21 CFR 203.39(g)	Inventory and reconciliation of drug samples donated to charitable institutions.
21 CFR 203.50(a)	Drug origin statement.
21 CFR 203.50(b)	Retention of drug origin statement for 3 years.
21 CFR 203.50(d)	List of authorized distributors of record.

The reporting and recordkeeping requirements are intended to help achieve the following goals: (1) To ban the reimportation of prescription drugs produced in the United States, except when reimported by the manufacturer or under FDA authorization for emergency medical care; (2) to ban the sale, purchase, or trade, or the offer to sell, purchase, or trade, of any prescription drug sample; (3) to limit the distribution of drug samples to practitioners licensed or authorized to prescribe such drugs or to pharmacies of hospitals or other health care entities at the request of a licensed or authorized practitioner; (4) to require licensed or authorized practitioners to request prescription drug samples in writing; (5) to mandate storage, handling, and recordkeeping requirements for prescription drug samples; (6) to prohibit, with certain exceptions, the sale, purchase, or trade of, or the offer to sell, purchase, or trade, prescription drugs that were purchased by hospitals or other health care entities, or which were donated or supplied at a reduced price to a charitable organization; (7) to require unauthorized wholesale distributors to provide, prior to the wholesale distribution of a prescription drug to another wholesale distributor or

retail pharmacy, a statement identifying each prior sale, purchase, or trade of the drug.

FDA estimates the burden of this collection of information as follows:

TABLE 3—ESTIMATED ANNUAL REPORTING BURDEN[1]

21 CFR section	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response (in hours)[2]	Total hours
203.11	1	1	1	30/60	.50
203.30(a)(1) and (b)	61,961	12	743,532	4/60	44,612
203.30(a)(3), (a)(4), and (c)	61,961	12	743,532	4/60	44,612
203.31(a)(1) and (b)	232,355	135	31,367,925	2/60	1,254,717
203.31(a)(3), (a)(4), and (c)	232,355	135	31,367,925	2/60	941,038
203.37(a)	50	4	200	15/60	50
203.37(b)	50	40	2,000	15/60	500
203.37(c)	1	1	1	1	1
203.37(d)	50	1	50	5/60	4
203.39(g)	1	1	1	1	1
Total					2,285,535.50

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.
[2] Burden estimates of less than 1 hour are expressed as a fraction of an hour in the format "[number of minutes per response]/60".

TABLE 4—ESTIMATED ANNUAL RECORDKEEPING BURDEN[1]

21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping (in hours)[2]	Total hours
203.23(a) and (b)	31,676	5	158,380	15/60	39,595
203.23(c)	31,676	5	158,380	5/60	12,670
203.30(a)(2) and 203.31(a)(2)	2,208	100	220,800	30/60	110,400
203.31(d)(1) and (d)(2)	2,208	1	2,208	40	88,320
203.31(d)(4)	442	1	442	24	10,608
203.31(e)	2,208	1	2,208	1	2,208
203.34	90	1	90	40	3,600
203.37(a)	50	4	200	6	1,200
203.37(b)	50	40	2,000	6	1,200
203.39(d)	65	1	65	1	65
203.39(e)	3,221	1	3,221	30/60	1,610
203.39(f)	3,221	1	3,221	8	25,768
203.39(g)	3,221	1	3,221	8	25,768
203.50(a)	125	100	12,500	10/60	2,125
203.50(b)	125	100	12,500	30/60	6,250
203.50(d)	691	1	691	2	1,382
Total					332,769

[1] There are capital costs or operating and maintenance costs associated with this collection of information.
[2] Burden estimates of less than 1 hour are expressed as a fraction of an hour in the format "[number of minutes per response]/60".

Dated: May 24, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–13442 Filed 6–3–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0375]

Collaboration in Regulatory Science and Capacity To Advance Global Access to Safe Vaccines and Biologicals

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) announces its intention to accept and consider a single source application for award of a cooperative agreement to the World Health Organization (WHO) in support of collaboration in regulatory science and capacity of National Regulatory Authorities (NRAs) to advance global access to safe and effective vaccines and other biologicals that meet international standards. The goal of FDA's Center for Biologics Evaluation and Research (FDA/CBER) is to enhance technical collaboration and cooperation between FDA, WHO, and its Member States.

DATES: Important dates are as follows:

1. The application due date is July 8, 2011.

2. The anticipated start date is August 15, 2011.

3. The expiration date is July 9, 2011.

FOR FURTHER INFORMATION AND ADDITIONAL REQUIREMENTS CONTACT:

Gopa Raychaudhuri, Center for Biologics and Evaluation and Research, Liaison to the World Health Organization, Food and Drug Administration, 1401 Rockville Pike (HFM–30), suite 200N, Rockville, MD 20852, 301–827–6352, *gopa.raychaudhuri@fda.hhs.gov;*
Leslie Haynes, Foreign Regulatory Capacity Building Coordinator, International Affairs, Food and Drug Administration, 1401 Rockville Pike (HFM–30), suite 200N, Rockville, MD 20852, 301–827–3114, *leslie.haynes@fda.hhs.gov;* or
Vieda Hubbard, Grants Management Specialist, Office of Acquisitions and Grants Services, Food and Drug Administration, 5630 Fishers Lane (HFA 500), rm. 2141, Rockville, MD 20857, 301–827–7177, *vieda.hubbard@fda.hhs.gov.*

For more information on this funding opportunity announcement (FOA) and to obtain detailed requirements, please refer to the full FOA located at *http://www.grants.gov* and/or *http://www.fda.gov/BiologicsBloodVaccines/ScienceResearch/ucm251665.htm.*

SUPPLEMENTARY INFORMATION:

I. Funding Opportunity Description

RFA–FD–11–011.
93.103.

A. Background

The U.S. Department of Health and Human Services (HHS) has invested significantly in developing sustainable global influenza vaccines production capacity. These financial and intellectual investments in vaccine development and manufacture should not be made in a regulatory vacuum. Adequate regulatory oversight is essential in assuring the safety, efficacy and quality of vaccines.

WHO is the directing and coordinating authority for health within the United Nations (U.N.) system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. It is the only organization with the mandate, technical expertise, and broad reach to meet the stated objectives.

WHO plays a key role in establishing the WHO International Biological Reference Preparations and in developing WHO guidelines and recommendations on the production and control of influenza and other vaccines, biological products and technologies. These norms and standards are based on wide scientific consultation and on international consensus and are intended to ensure the consistent quality and safety of biological medicines and related *in vitro* diagnostic tests worldwide. Advancement of these efforts requires close collaboration with the international scientific and professional communities, regional and national regulatory authorities, manufacturers, and expert laboratories worldwide.

FDA/CBER has worked with WHO in the global community to improve human public health worldwide for many years. A core principle of FDA/CBER's international engagements to protect global public health is the fact that efforts to address infectious disease threats anywhere in the world translates to protection of the U.S. population which benefits U.S. public health overall. Indeed, in 2011, improving global public health through international collaboration, including promoting research and information sharing, is one of FDA/CBER's six primary strategic goals. FDA generally, and more specifically FDA/CBER, has long-standing productive collaborations with WHO in the area of vaccines and other biologics.

FDA/CBER is a Pan American Health Organization (PAHO)/WHO Collaborating Center for Biological Standardization. In this capacity, FDA/CBER contributes significantly through participation as expert consultants, as members of advisory and other expert committees, in laboratory collaborations for establishing physical standards, and other activities. An important additional area of work is FDA/CBER's engagement with the WHO Vaccine Prequalification Program. The WHO provides advice to the United Nations Children's Fund (UNICEF) and other United Nations (U.N.) Agencies on the acceptability of vaccines considered for purchase by such Agencies for vaccination programs which they administer globally. In 2009, FDA/CBER was assessed by WHO and recognized as a functional national regulatory authority (NRA). FDA entered into a confidentiality arrangement with WHO/QSS to enable FDA/CBER to serve as a reference NRA for the Vaccine Prequalification Program, and FDA/CBER is currently a reference NRA for eight U.S. licensed vaccines including five influenza vaccines.

The establishment of strong regulatory systems is very important for FDA's ability to fulfill its mission to better monitor and ensure the safety of the supply chain for food, feed, medical products, and cosmetics that enter the United States from other parts of the world. Strengthening regulatory capacity in the developing world is equally important for improving the health and quality of life of individuals and communities in those countries. Strong regulatory systems reinforce and secure public and private investments in development and manufacture of new drugs and vaccines, as well as agriculture and food production—all of which are vulnerable in the absence of functional regulatory frameworks.

FDA, with other U.S. Government Agencies at HHS, WHO, and other regulatory counterparts, are working to strategize on approaches to enhance the regulatory capabilities of NRAs in developing countries so that they can meet the needs for providing oversight of vaccines manufactured in their countries, specifically influenza vaccines. Sustainable vaccine production capacity cannot be achieved in the absence of robust and functional national regulatory systems. Thus, investments for improving manufacturing facilities must be accompanied in parallel with strengthening regulatory oversight for the manufactured products. Additionally, NRAs are encouraged to build relationships with the policymakers to gain support so that advancements in regulatory capabilities in these countries can be sustained. The aim is to bolster resources for regulatory oversight, thus maximizing the returns on total investments with the production and availability of high quality, effective influenza vaccines that can be deployed worldwide quickly and equitably in future pandemics. In doing so, it is anticipated that strengthening regulatory capacity will benefit the broader arena of access to, and supply of, vaccines globally.

B. Research Objectives

The project has the following goals:

- Contribute to the knowledge base of the current state of regulatory oversight of influenza and other vaccines and biologicals by supporting analysis, synthesis, and application of assessments of associated regulatory frameworks and processes in select countries/regions. For example, this could include but is not limited to, analyses and synthesis of existing data from assessments of vaccine regulatory capabilities of different NRAs, and new applications of assessment frameworks to specific areas, such as pharmacovigilance (*e.g.,* following vaccination with seasonal or pandemic influenza vaccines). Expected outputs

could include analyses, reports and data-driven strategy papers, among others.

• Enable the timely and effective sharing of scientific findings and data, *e.g.,* on safety and effectiveness of adjuvanted influenza and other vaccines and other emerging technologies in support of developing WHO guidance where appropriate, the utility of new technologies for assessment of product safety, among other areas.

• Support the sharing and application of knowledge, data, and information through active participation in regional and global networks, such as the African Vaccine Regulatory Forum (AVAREF) and the Developing Countries' Vaccine Regulators Network (DCVRN).

C. Eligibility Information

The following organizations/institutions are eligible to apply: The World Health Organization.

II. Award Information/Funds Available

A. Award Amount

FDA/CBER anticipates providing in Fiscal Year (FY) 2011 up to $800,000 (total costs including indirect costs for one award subject to availability of funds) in support of this project. With the possibility of four additional years of support up to $2,000,000 of funding contingent upon successful performance and the availability of funding.

B. Length of Support

The support will be 1 year with the possibility of an additional 4 years of noncompetitive support. Continuation beyond the first year will be based on satisfactory performance during the preceding year, receipt of a noncompeting continuation application and available Federal FY appropriations.

III. Paper Application, Registration, and Submission Information

To submit a paper application in response to this FOA, applicants should first review the full announcement located at *http://www.fda.gov/BiologicsBloodVaccines/ScienceResearch/ucm251665.htm* and/or *http://www.grants.gov.* (FDA has verified the Web site addresses throughout this document, but FDA is not responsible for any subsequent changes to the Web sites after this document publishes in the **Federal Register**.) Persons interested in applying for a grant may obtain an application at *http://grants.nih.gov/grants/funding/phs398/phs398.html.* For all paper application submissions, the following steps are required:

• Step 1: Obtain a Dun and Bradstreet (DUNS) Number.

• Step 2: Register With Central Contractor Registration.

• Step 3: Register With Electronic Research Administration (eRA) Commons.

Steps 1 and 2, in detail, can be found at *http://www07.grants.gov/applicants/organization_registration.jsp.* Step 3, in detail, can be found at *https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp.* After you have followed these steps, submit paper applications to: Vieda Hubbard, Grants Management, 5630 Fishers Lane (HFA–500), rm. 1079, Rockville, MD 20857 and Leslie Haynes, Center for Biologics Evaluation and Research, Office of the Director, 1401 Rockville Pike (HFM–30), suite 200N, Rockville, Maryland 20852–1448.

Dated: May 31, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–13885 Filed 6–3–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket Nos. FDA–2007–P–0347 formerly 2007P–0431/CP1 and FDA–2010–P–0505]

Determination That ORLAAM (Levomethadyl Acetate Hydrochloride) Oral Solution, 10 Milligrams/Milliliter, Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has determined that ORLAAM (levomethadyl acetate hydrochloride (HCl)) oral solution, 10 milligrams (mg)/milliliter (mL), was not withdrawn from sale for reasons of safety or effectiveness. This determination will allow FDA to approve abbreviated new drug applications (ANDAs) for levomethadyl acetate HCl oral solution, 10 mg/mL, if all other legal and regulatory requirements are met.

FOR FURTHER INFORMATION CONTACT: Sandra Park, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, rm. 6221, Silver Spring, MD 20993–0002, 301–796–3601.

SUPPLEMENTARY INFORMATION: In 1984, Congress enacted the Drug Price Competition and Patent Term Restoration Act of 1984 (Pub. L. 98–417) (the 1984 amendments), which authorized the approval of duplicate versions of drug products approved under an ANDA procedure. ANDA applicants must, with certain exceptions, show that the drug for which they are seeking approval contains the same active ingredient in the same strength and dosage form as the "listed drug," which is a version of the drug that was previously approved. ANDA applicants do not have to repeat the extensive clinical testing otherwise necessary to gain approval of a new drug application (NDA). The only clinical data required in an ANDA are data to show that the drug that is the subject of the ANDA is bioequivalent to the listed drug.

The 1984 amendments include what is now section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)), which requires FDA to publish a list of all approved drugs. FDA publishes this list as part of the "Approved Drug Products With Therapeutic Equivalence Evaluations," which is known generally as the "Orange Book." Under FDA regulations, drugs are removed from the list if the agency withdraws or suspends approval of the drug's NDA or ANDA for reasons of safety or effectiveness or if FDA determines that the listed drug was withdrawn from sale for reasons of safety or effectiveness (21 CFR 314.162). Under § 314.161(a)(1) (21 CFR 314.161(a)(1)), the agency must determine whether a listed drug was withdrawn from sale for reasons of safety or effectiveness before an ANDA that refers to that listed drug may be approved. FDA may not approve an ANDA that does not refer to a listed drug.

ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, is the subject of NDA 20–315, held by Roxane Laboratories, Inc. (Roxane), and approved on July 9, 1993. ORLAAM is indicated for the management of opiate dependence, reserved for use in treatment of opiate-addicted patients who fail to show an acceptable response to other adequate treatments for opiate addiction, either because of insufficient effectiveness or the inability to achieve effective dose due to intolerable adverse effects from those drugs.

In a letter dated April 10, 2003, Roxane notified FDA that ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, was being discontinued, and FDA moved the drug product to the "Discontinued Drug Product List" section of the Orange Book. In the **Federal Register** of November 7, 2007 (72 FR 62858), FDA

announced that it was withdrawing approval of NDA 20–315, effective December 7, 2007.

Charles O'Keeffe of the Virginia Commonwealth University School of Medicine submitted two citizen petitions, one dated October 31, 2007 (Docket No. FDA–2007–P–0347), and the second dated September 22, 2010 (Docket No. FDA–2010–P–0505), under 21 CFR 10.30, requesting that the agency determine whether ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, was withdrawn from sale for reasons of safety or effectiveness.

After considering the citizen petition and reviewing agency records, FDA has determined under § 314.161 that ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, was not withdrawn for reasons of safety or effectiveness. The petitioner has identified no data or other information suggesting that ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, was withdrawn for reasons of safety or effectiveness. We have carefully reviewed our files for records concerning the withdrawal of ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, from sale. We have also independently evaluated relevant literature and data for possible postmarketing adverse events. We have found no information that would indicate that this product was withdrawn from sale for reasons of safety or effectiveness.

Accordingly, the agency will continue to list ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, in the "Discontinued Drug Product List" section of the Orange Book. The "Discontinued Drug Product List" delineates, among other items, drug products that have been discontinued from marketing for reasons other than safety or effectiveness. ANDAs that refer to ORLAAM (levomethadyl acetate HCl) oral solution, 10 mg/mL, may be approved by the agency as long as they meet all other legal and regulatory requirements for the approval of ANDAs. If FDA determines that labeling for this drug product should be revised to meet current standards, the agency will advise ANDA applicants to submit such labeling.

Dated: May 31, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–13884 Filed 6–3–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–1999–D–0742 (formerly Docket No. 1999D–4396)]

Draft Guidance for Clinical Investigators, Industry, and FDA Staff: Financial Disclosure by Clinical Investigators; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of May 24, 2011 (76 FR 30175). The document announced the availability of a draft guidance entitled " Draft Guidance for Clinical Investigators, Industry, and FDA Staff: Financial Disclosure by Clinical Investigators."The document was published with an incorrect docket number. This document corrects that error.

FOR FURTHER INFORMATION CONTACT: Joyce Strong, Office of Policy, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, Rm. 3208, Silver Spring, MD 20993–0002, 301–796–9148.

SUPPLEMENTARY INFORMATION: In FR Doc. 2011–12623, appearing on page 30175, in the **Federal Register** of Tuesday, May 24, 2011, the following correction is made:

1. On page 30175, in the second column, in the Docket No. heading, "[Docket No. FDA–1999–D–0792] (Formerly FDA–1999–D–0792)" is corrected to read "[Docket No. FDA–1999–D–0742] (formerly Docket No. 1999D–4396)".

Dated: May 31, 2011.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2011–13871 Filed 6–3–11; 8:45 am]

BILLING CODE 4160–01–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA–2011–0013; OMB No. 1660–0106]

Agency Information Collection Activities, Proposed Collection; Comment Request; Integrated Public Alert and Warning Systems (IPAWS) Inventory

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: The Federal Emergency Management Agency (FEMA), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on a proposed revision of a continuing information collection. In accordance with the Paperwork Reduction Act of 1995, this notice seeks comments concerning the proposed revision of the information collection concerning public alert and warning systems at the Federal, State, territorial, Tribal and local levels of government which is necessary for the inventory and evaluation and assessment of existing public alert and warning resources and their integration with the Integrated Public Alert and Warning System.

DATES: Comments must be submitted on or before August 5, 2011.

ADDRESSES: To avoid duplicate submissions to the docket, please use only one of the following means to submit comments:

(1) *Online.* Submit comments at *http://www.regulations.gov* under Docket ID FEMA–2011–0013. Follow the instructions for submitting comments.

(2) *Mail.* Submit written comments to Docket Manager, Office of Chief Counsel, DHS/FEMA, 500 C Street, SW., Room 835, Washington, DC 20472–3100.

(3) *Facsimile.* Submit comments to (703) 483–2999.

(4) *E-mail.* Submit comments to *FEMA-POLICY@dhs.gov.* Include Docket ID FEMA–2011–0013 in the subject line.

All submissions received must include the agency name and Docket ID. Regardless of the method used for submitting comments or material, all submissions will be posted, without change, to the Federal eRulemaking Portal at *http://www.regulations.gov,* and will include any personal information you provide. Therefore,

submitting this information makes it public. You may wish to read the Privacy Act notice that is available via the link in the footer of *http://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Vincent Dumas, Business Operations Specialist, National Continuity Program IPAWS Division, FEMA, (202) 646–4269 for additional information. You may contact the Records Management Division for copies of the proposed collection of information at facsimile number (202) 646–3347 or *e-mail address: FEMA-Information-Collections-Management@dhs.gov.*

SUPPLEMENTARY INFORMATION: Presidential Executive Order 13407 establishes the policy for an effective, reliable, integrated, flexible, and comprehensive system to alert and warn the American people in situations of war, terrorist attack, natural disaster, or other hazards to public safety and well being. The Executive Order requires that DHS establish an inventory of public alert and warning resources, capabilities, and the degree of integration at the Federal, State, territorial, Tribal, and local levels of government. The Integrated Public Alert and Warning System (IPAWS) implements the requirements of the Executive Order. The information collected has, and will continue to consist of the public alert and warning systems, as well as the communication systems being used for collaboration and situational awareness at the Local Emergency Operations Center (EOC) level and higher. This information will help FEMA identify the technologies currently in use or desired for inclusion into IPAWS.

Collection of Information

Title: Integrated Public Alert and Warning Systems (IPAWS) Inventory.

Type of Information Collection: Revision of currently approved collection.

OMB Number: 1660–0106.

Form Titles and Numbers: FEMA Form 142–1–1, IPAWS Inventory.

Abstract: FEMA will be conducting an inventory, evaluation and assessment of the capabilities of Federal, State, territorial, Tribal, and local government alert and warning systems. The IPAWS Inventory and Evaluation Survey collects data that will facilitate the integration of public alert and warning systems. It also reduces Federal planning costs by leveraging existing State systems.

Affected Public: State, local, territorial, and Tribal Government.

Estimated Total Annual Burden Hours: 5,796 hours.

ANNUAL HOUR BURDEN

Data collection activity/instrument	Number of respondents	Frequency of responses	Hour burden per response	Annual responses	Total annual burden hours
	(A)	(B)	(C)	(D) = (A × B)	(C × D)
FEMA Form 142–1–1, IPAWS Inventory and Evaluation Survey.	1,932	1	3 hours (180 min).	1,932	5,796
Total	1,932		3 hours (180 min).	1,932	5,796

Estimated Cost: There are no annual start-up or capital costs.

Comments

Comments may be submitted as indicated in the **ADDRESSES** caption above. Comments are solicited to (a) Evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

Dated: May 11, 2011.

Lesia M. Banks,

Director, Records Management Division, Mission Support Bureau, Federal Emergency Management Agency, Department of Homeland Security.

[FR Doc. 2011–13141 Filed 6–3–11; 8:45 am]

BILLING CODE 9110–14–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–3320–EM; Docket ID FEMA–2011–0001]

Mississippi; Emergency and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of an emergency for the State of Mississippi (FEMA–3320–EM), dated May 4, 2011, and related determinations.

DATES: *Effective Date:* May 4, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated May 4, 2011, the President issued an emergency declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5207 (the Stafford Act), as follows:

I have determined that the emergency conditions in certain areas of the State of Mississippi resulting from flooding beginning on April 27, 2011, and continuing, are of sufficient severity and magnitude to warrant an emergency declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. ("the Stafford Act"). Therefore, I declare that such an emergency exists in the State of Mississippi.

You are authorized to provide appropriate assistance for required emergency measures, authorized under Title V of the Stafford Act, to save lives and to protect property and public health and safety, and to lessen or avert the threat of a catastrophe in the designated areas. Specifically, you are authorized to provide assistance emergency

protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program. This assistance excludes regular time costs for subgrantees' regular employees.

Consistent with the requirement that Federal assistance is supplemental, any Federal funds provided under the Stafford Act for Public Assistance will be limited to 75 percent of the total eligible costs. In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as you find necessary for Federal emergency assistance and administrative expenses.

Further, you are authorized to make changes to this declaration for the approved assistance to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, Department of Homeland Security, under Executive Order 12148, as amended, Terry L. Quarles, of FEMA is appointed to act as the Federal Coordinating Officer for this declared emergency.

The following areas of the State of Mississippi have been designated as adversely affected by this declared emergency:

Adams, Bolivar, Claiborne, Coahoma, DeSoto, Issaquena, Jefferson, Tunica, Warren, Washington, and Wilkinson Counties for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13896 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–3321–EM; Docket ID FEMA–2011–0001]

Tennessee; Emergency and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of an emergency for the State of Tennessee (FEMA–3321–EM), dated May 4, 2011, and related determinations.

DATES: *Effective Date:* May 4, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated May 4, 2011, the President issued an emergency declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5207 (the Stafford Act), as follows:

I have determined that the emergency conditions in certain areas of the State of Tennessee resulting from flooding beginning on April 26, 2011, and continuing, are of sufficient severity and magnitude to warrant an emergency declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 *et seq.* ("the Stafford Act"). Therefore, I declare that such an emergency exists in the State of Tennessee.

You are authorized to provide appropriate assistance for required emergency measures, authorized under Title V of the Stafford Act, to save lives and to protect property and public health and safety, and to lessen or avert the threat of a catastrophe in the designated areas. Specifically, you are authorized to provide assistance for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program. This assistance excludes regular time costs for subgrantees' regular employees.

Consistent with the requirement that Federal assistance is supplemental, any Federal funds provided under the Stafford Act for Public Assistance will be limited to 75 percent of the total eligible costs. In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as you find necessary for Federal emergency assistance and administrative expenses.

Further, you are authorized to make changes to this declaration for the approved assistance to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, Department of Homeland Security, under Executive Order 12148, as amended, W. Montague Winfield, of FEMA is appointed to act as the Federal Coordinating Officer for this declared emergency.

The following areas of the State of Tennessee have been designated as adversely affected by this declared emergency:

Dyer, Lake, Shelby, and Stewart Counties for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13913 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–3318–EM; Docket ID FEMA–2011–0001]

North Dakota; Amendment No. 4 to Notice of an Emergency Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of an emergency declaration for the State of North Dakota (FEMA–3318–EM), dated April 7, 2011, and related determinations.

DATES: *Effective Date:* May 28, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of an emergency declaration for the State of North Dakota is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared an emergency by the President in his declaration of April 7, 2011.

Burleigh, Emmons, McLean, Mercer, Morton, Oliver, and Sioux Counties and the portion of the Standing Rock Reservation within the State of North Dakota for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13916 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1976–DR; Docket ID FEMA–2011–0001]

Kentucky; Amendment No. 8 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the Commonwealth of Kentucky (FEMA–1976–DR), dated May 4, 2011, and related determinations.

DATES: *Effective Date:* May 26, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the Commonwealth of Kentucky is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 4, 2011.

Pike County for Individual Assistance.

Ballard, Daviess, Henderson, Lawrence, and McLean Counties for Individual Assistance, (already designated for Public Assistance, including direct Federal assistance).

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13895 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1976–DR; Docket ID FEMA–2011–0001]

Kentucky; Amendment No. 7 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the Commonwealth of Kentucky (FEMA–1976–DR), dated May 4, 2011, and related determinations.

DATES: *Effective Date:* May 25, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the Commonwealth of Kentucky is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 4, 2011.

Breckinridge, Floyd, Grayson, Hancock, Johnson, Knott, Magoffin, Martin, McLean, Meade, Perry, and Wolfe Counties for Public Assistance, including direct Federal assistance.

Ballard, Daviess, and Henderson Counties for Public Assistance, including direct Federal assistance, (already designated for emergency protective measures [Category B], limited to direct Federal assistance, under the Public Assistance program).

Crittenden, Hickman, and Livingston Counties for Public Assistance, including direct Federal assistance, (already designated for Individual Assistance and emergency protective measures [Category B], limited to direct Federal assistance, under the Public Assistance program).

Marshall and Webster Counties for Public Assistance, including direct Federal assistance, (already designated for Individual Assistance).

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13898 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1974–DR Docket ID FEMA–2011–0001]

Tennessee; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Tennessee (FEMA–1974–DR), dated May 1, 2011, and related determinations.

DATES: *Effective Date:* May 27, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Tennessee is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 1, 2011.

Carroll, Crockett, Hardin, Henry, and Madison Counties for Individual Assistance.

Benton, Carroll, Chester, Crockett, Fayette, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Shelby, and Weakley for Public Assistance.

Bradley, Greene, Hamilton and Washington Counties for Public Assistance [Categories C–G] (already designated for Individual Assistance and for debris removal and emergency protective measures [Category A and B], under the Public Assistance program).

Bledsoe, Cocke, Johnson, McMinn, Monroe, and Rhea Counties for Public Assistance, (already designated for Individual Assistance).

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13914 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1975–DR; Docket ID FEMA–2011–0001]

Arkansas; Amendment No. 4 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Arkansas (FEMA–1975–DR), dated May 2, 2011, and related determinations.

DATES: *Effective Date:* May 27, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Arkansas is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 2, 2011.

Arkansas, Lee, Poinsett, and St. Francis Counties for Individual Assistance.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13915 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1979–DR; Docket ID FEMA–2011–0001]

Tennessee; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Tennessee (FEMA–1979–DR), dated May 9, 2011, and related determinations.

DATES: *Effective Date:* May 26, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Tennessee is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 9, 2011.

Gibson and Lauderdale Counties for Individual Assistance (already designated for Public Assistance, including direct Federal assistance.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13897 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1982–DR; Docket ID FEMA–2011–0001]

Minnesota; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Minnesota (FEMA–1982–DR), dated May 10, 2011, and related determinations.

DATES: *Effective Date*: May 25, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective May 25, 2011.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13918 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–1982–DR; Docket ID FEMA–2011–0001]

Minnesota; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Minnesota (FEMA–1982–DR), dated May 10, 2011, and related determinations.

DATES: *Effective Date:* May 24, 2011.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Minnesota is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of May 10, 2011.

Becker, Beltrami, Kittson, Marshall, Norman, Otter Tail, Polk, Ramsey, Red Lake, Roseau, Swift, Washington, Wright Counties and the Red Lake Reservation for Public Assistance.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2011–13917 Filed 6–3–11; 8:45 am]

BILLING CODE 9111–23–P

INTERNATIONAL TRADE COMMISSION

Notice of Receipt of Complaint; Solicitation of Comments Relating to the Public Interest

AGENCY: U.S. International Trade Commission.

ACTION: Notice.

SUMMARY: Notice is hereby given that the U.S. International Trade Commission has received a complaint entitled *In the Matter of Certain Microprocessors, Components Thereof, and Products Containing Same,* DN 2810; the Commission is soliciting comments on any public interest issues raised by the complaint.

FOR FURTHER INFORMATION CONTACT: James R. Holbein, Secretary to the Commission, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436, telephone (202) 205–2000. The public version of the complaint can be accessed on the Commission's electronic docket (EDIS) at *http://edis.usitc.gov,* and will be available for inspection during official business hours (8:45 a.m. to 5:15 p.m.) in the Office of the Secretary, U.S. International Trade Commission, 500 E Street, SW., Washington, DC 20436, telephone (202) 205–2000.

General information concerning the Commission may also be obtained by accessing its Internet server (*http://www.usitc.gov*). The public record for this investigation may be viewed on the Commission's electronic docket (EDIS) at *http://edis.usitc.gov.* Hearing-impaired persons are advised that information on this matter can be obtained by contacting the Commission's TDD terminal on (202) 205–1810.

SUPPLEMENTARY INFORMATION: The Commission has received a complaint filed on behalf of X2Y Attenuators, LLC ("X2Y") on May 31, 2011. The complaint alleges violations of section 337 of the Tariff Act of 1930 (19 U.S.C. 1337) in the importation into the United States, the sale for importation, and the sale within the United States after importation of certain microprocessors, components thereof, and products containing same. The complaint names as respondents Intel Corporation of Santa Clara, CA, Componentes Intel de Costa Rica S.A. of Costa Rica, Intel Malaysia Sdn. Bhd of Malaysia, Intel (Philippines) of the Philippines, Intel Products (Chengdu) Ltd., of People's Republic of China, Intel Product (Shanghai) Ltd. of People's Republic of China, Apple Inc. of Cupertino, CA and Hewlett-Packard Company of Palo Alto, CA.

The complainant, proposed respondents, other interested parties, and members of the public are invited to file comments, not to exceed five pages in length, on any public interest issues raised by the complaint. Comments should address whether issuance of an exclusion order and/or a cease and desist order in this investigation would negatively affect the public health and welfare in the United States, competitive conditions in the United States economy, the production of like or directly competitive articles in the United States, or United States consumers.

In particular, the Commission is interested in comments that:

(i) Explain how the articles potentially subject to the orders are used in the United States;

(ii) Identify any public health, safety, or welfare concerns in the United States relating to the potential orders;

(iii) Indicate the extent to which like or directly competitive articles are produced in the United States or are otherwise available in the United States, with respect to the articles potentially subject to the orders; and

(iv) Indicate whether Complainant, Complainant's licensees, and/or third party suppliers have the capacity to replace the volume of articles potentially subject to an exclusion order and a cease and desist order within a commercially reasonable time.

Written submissions must be filed no later than by close of business, five business days after the date of publication of this notice in the **Federal Register**. There will be further

opportunities for comment on the public interest after the issuance of any final initial determination in this investigation.

Persons filing written submissions must file the original document and 12 true copies thereof on or before the deadlines stated above with the Office of the Secretary. Submissions should refer to the docket number ("Docket No. 2810") in a prominent place on the cover page and/or the first page. The Commission's rules authorize filing submissions with the Secretary by facsimile or electronic means only to the extent permitted by section 201.8 of the rules (see Handbook for Electronic Filing Procedures, *http://www.usitc.gov/secretary/fed_reg_notices/rules/documents/handbook_on_electronic_filing.pdf*). Persons with questions regarding electronic filing should contact the Secretary (202–205–2000).

Any person desiring to submit a document to the Commission in confidence must request confidential treatment. All such requests should be directed to the Secretary to the Commission and must include a full statement of the reasons why the Commission should grant such treatment. *See* 19 CFR 201.6. Documents for which confidential treatment by the Commission is properly sought will be treated accordingly. All nonconfidential written submissions will be available for public inspection at the Office of the Secretary.

This action is taken under the authority of section 337 of the Tariff Act of 1930, as amended (19 U.S.C. 1337), and of sections 201.10 and 210.50(a)(4) of the Commission's Rules of Practice and Procedure (19 CFR 201.10, 210.50(a)(4)).

By order of the Commission.

Issued: June 1, 2011.

James R. Holbein,

Secretary to the Commission.

[FR Doc. 2011–13889 Filed 6–3–11; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Inv. No. 337–TA–774]

In the Matter of Certain Electronic Devices Having a Digital Television Receiver and Components Thereof; Notice of Institution of Investigation

AGENCY: U.S. International Trade Commission.

ACTION: Institution of investigation pursuant to 19 U.S.C. 1337.

SUMMARY: Notice is hereby given that a complaint was filed with the U.S. International Trade Commission on April 29, 2011, under section 337 of the Tariff Act of 1930, as amended, 19 U.S.C. 1337, on behalf of Zenith Electronics LLC of Lincolnshire, Illinois. The complaint alleges violations of section 337 based upon the importation into the United States, the sale for importation, and the sale within the United States after importation of certain electronic devices having a digital television receiver and components thereof by reason of infringement of certain claims of U.S. Patent No. 5,598,220 ("the '220 patent"); U.S. Patent No. 5,629,958 ("the '958 patent"); and U.S. Patent No. 5,636,251 ("the '251 patent"). The complaint further alleges that an industry in the United States exists as required by subsection (a)(2) of section 337.

The complainant requests that the Commission institute an investigation and, after the investigation, issue an exclusion order and cease and desist order.

ADDRESSES: The complaint, except for any confidential information contained therein, is available for inspection during official business hours (8:45 a.m. to 5:15 p.m.) in the Office of the Secretary, U.S. International Trade Commission, 500 E Street, SW., Room 112, Washington, DC 20436, telephone 202–205–2000. Hearing impaired individuals are advised that information on this matter can be obtained by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its Internet server at *http://www.usitc.gov.* The public record for this investigation may be viewed on the Commission's electronic docket (EDIS) at *http://edis.usitc.gov.*

FOR FURTHER INFORMATION CONTACT: The Office of Unfair Import Investigations, U.S. International Trade Commission, telephone (202) 205–2560.

Authority: The authority for institution of this investigation is contained in section 337 of the Tariff Act of 1930, as amended, and in section 210.10 of the Commission's Rules of Practice and Procedure, 19 CFR 210.10 (2011).

Scope of Investigation: Having considered the complaint, the U.S. International Trade Commission, on May 26, 2011, *ordered that:*

(1) Pursuant to subsection (b) of section 337 of the Tariff Act of 1930, as amended, an investigation be instituted to determine whether there is a violation of subsection (a)(1)(B) of section 337 in the importation into the United States, the sale for importation, or the sale within the United States after importation of certain electronic devices having a digital television receiver and components thereof that infringe one or more of claims 65 and 66 of the '220 patent; claims 9–12 of the '958 patent; and claims 1, 2, 4–7, and 10 of the '251 patent, and whether an industry in the United States exists as required by subsection (a)(2) of section 337;

(2) For the purpose of the investigation so instituted, the following are hereby named as parties upon which this notice of investigation shall be served:

(a) The complainant is:

Zenith Electronics LLC, 2000 Millbrook Drive, Lincolnshire, IL 60069.

(b) The respondents are the following entities alleged to be in violation of section 337, and are the parties upon which the complaint is to be served:

Sony Corporation, 7–1 Konan 1–Chome, Minato-ku, Tokyo, 108–0075, Japan.

Sony Corporation of America, 550 Madison Avenue, New York, NY 10022.

Sony Electronics, Inc., 16530 Via Esprillo, San Diego, CA 92127.

(c) The Office of Unfair Import Investigations, U.S. International Trade Commission, 500 E Street, SW., Suite 401, Washington, DC 20436; and

(3) For the investigation so instituted, the Honorable Paul J. Luckern, Chief Administrative Law Judge, U.S. International Trade Commission, shall designate the presiding Administrative Law Judge.

Responses to the complaint and the notice of investigation must be submitted by the named respondents in accordance with section 210.13 of the Commission's Rules of Practice and Procedure, 19 CFR 210.13. Pursuant to 19 CFR 201.16(d)–(e) and 210.13(a), such responses will be considered by the Commission if received not later than 20 days after the date of service by the Commission of the complaint and the notice of investigation. Extensions of time for submitting responses to the complaint and the notice of investigation will not be granted unless good cause therefor is shown.

Failure of a respondent to file a timely response to each allegation in the complaint and in this notice may be deemed to constitute a waiver of the right to appear and contest the allegations of the complaint and this notice, and to authorize the administrative law judge and the

Commission, without further notice to the respondent, to find the facts to be as alleged in the complaint and this notice and to enter an initial determination and a final determination containing such findings, and may result in the issuance of an exclusion order or a cease and desist order or both directed against the respondent.

By order of the Commission.

Issued: May 31, 2011.

James R. Holbein,

Secretary to the Commission.

[FR Doc. 2011–13854 Filed 6–3–11; 8:45 am]

BILLING CODE 7020–02–P

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. OSHA–2011–0065]

National Advisory Committee on Occupational Safety and Health (NACOSH)

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.

ACTION: Announcement of meetings of the National Advisory Committee on Occupational Safety and Health (NACOSH) and NACOSH subgroups.

SUMMARY: The National Advisory Committee on Occupational Safety and Health (NACOSH) will meet June 22, 2011, in Washington, DC. In conjunction with the committee meeting, NACOSH subgroups will meet on June 21, 2011.

DATES: *NACOSH Meeting:* NACOSH will meet from 9 a.m. to 4:30 p.m., Wednesday, June 22, 2011.

NACOSH Subgroup Meetings: The NACOSH subgroups will meet from 11 a.m. to 5 p.m., Tuesday, June 21, 2011.

Submission of Comments, Requests to Speak, Speaker Presentations, and Requests for Special Accommodation: Comments, requests to speak at the NACOSH meeting, speaker presentations, and requests for special accommodations for the NACOSH and NACOSH subgroup meetings must be submitted (postmarked, sent, transmitted) by June 16, 2011.

ADDRESSES: *NACOSH and NACOSH Subgroup Meetings:* NACOSH and its subgroups will meet in Room N–N4437 A/B/C/D, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210.

Submission of Comments, Requests to Speak and Speaker Presentations: You must submit comments, requests to speak at the NACOSH meeting and speaker presentations, identified by the docket number for this **Federal Register** notice (Docket No. OSHA–2011–0065), by one of the following methods:

Electronically: You may submit materials, including attachments, electronically at *http://www.regulations.gov,* the Federal eRulemaking Portal. Follow the online instructions for making submissions.

Facsimile: If your submission, including attachments, does not exceed 10 pages, you may fax it to the OSHA Docket Office at (202) 693–1648.

Mail, Express Delivery, Messenger, or Courier Service: You may submit your materials to the OSHA Docket Office, Room N–2625, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210, telephone (202) 693–2350 (TTY (887) 889–5627). Deliveries (hand, express mail, messenger, courier service) are accepted during the Department of Labor's and OSHA Docket Office's normal business hours, 8:15 a.m. to 4:45 p.m. E.T.

Requests for Special Accommodation: You may submit requests for special accommodations for the NACOSH and NACOSH subgroup meetings by hard copy, telephone, or e-mail to Ms. Veneta Chatmon, OSHA, Office of Communications, Room N–3647, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210; telephone (202) 693–1999; e-mail *chatmon.veneta@dol.gov.*

Instructions: All submissions must include the Agency name and docket number for this **Federal Register** notice (Docket No. OSHA–2011–0065). Because of security-related procedures, submission by regular mail may result in significant delay in receipt. Please contact the OSHA Docket Office for information about security procedures for making submissions by hand delivery, express delivery, messenger or courier service. For additional information about submitting comments, requests to speak and speaker presentations see the **SUPPLEMENTARY INFORMATION** section of this notice.

Comments, requests to speak and speaker presentations, including personal information provided, will be placed in the public docket and may be available online. Therefore, OSHA cautions interested parties about submitting personal information such as social security numbers and birthdates.

FOR FURTHER INFORMATION CONTACT: *For Press Inquiries:* Mr. Earl Hicks, OSHA, Office of Communications, U.S. Department of Labor, Room N–3647, 200 Constitution Avenue, NW., Washington, DC 20210; telephone (202) 693–1999.

For General Information: Ms. Deborah Crawford, OSHA, Directorate of Evaluation and Analysis, U.S. Department of Labor, Room N–3641, 200 Constitution Avenue, NW., Washington, DC 20210; telephone (202) 693–1932; e-mail *crawford.deborah@dol.gov.*

SUPPLEMENTARY INFORMATION:

NACOSH Meeting

NACOSH will meet Wednesday, June 22, 2011, in Washington, DC. NACOSH meetings are open to the public.

Section 7(a) of the Occupational Safety and Health Act of 1970 (OSH Act) (29 U.S.C. 651, 656) authorizes NACOSH to advise the Secretary of Labor and the Secretary of Health and Human Services on matters relating to the administration of the OSH Act. NACOSH is a continuing advisory body and operates in compliance with the OSH Act, the Federal Advisory Committee Act (5 U.S.C. App. 2), and regulations issued pursuant to those laws (29 CFR part 1912a, 41 CFR part 102–3).

The tentative agenda of the NACOSH meeting includes:

- Remarks from the Assistant Secretary of Labor for Occupational Safety and Health (OSHA);
- Remarks from the Director of the National Institute for Occupational Safety and Health;
- Discussion with NIOSH and OSHA on Chemical Policy;
- NACOSH subgroup reports;
- Discussion on injury and illness prevention programs with OSHA staff;
- Discussion on recordkeeping issues with OSHA staff; and
- Public comments.

NACOSH meetings are transcribed and detailed minutes of the meetings are prepared. Meeting transcripts and minutes are included in the public record of the NACOSH meeting.

NACOSH Subgroup Meetings

NACOSH established two subgroups, Injury and Illness Prevention Programs and Recordkeeping, at the January 20–21, 2011, NACOSH meeting. Those subgroups will meet from 11 a.m. to 5 p.m., June 21, 2011, in Room N–4437A/B/C and report back to the full committee at the June 22, 2011, NACOSH meeting.

Public Participation

NACOSH and NACOSH subgroup meetings: NACOSH and NACOSH subgroup meetings are open to the public. Any individual attending meetings at the U.S. Department of Labor must enter the building at the

Visitors' Entrance, at 3rd and C Streets, NW., and pass through Building Security. Attendees must have valid government-issued photo identification to enter the building. Please contact Ms. Crawford for additional information about building security measures for attending the NACOSH and NACOSH subgroup meetings.

Individuals needing special accommodations to attend NACOSH and NACOSH subgroup meetings should contact Ms. Chatmon.

Submission of Written Comments, Requests to Speak and Speaker Presentations: Interested parties may submit written comments, requests to speak at the NACOSH meeting and speaker presentations by June 16, 2011, using one of the methods listed in the **ADDRESSES** section. All submissions must include the Agency name and docket number for this **Federal Register** notice (Docket No. OSHA–2011–0065). OSHA will provide submissions to NACOSH members prior to the meeting.

Requests to speak must state the amount of time requested to speak, the interest the individual represents (*e.g.,* organization name), if any, and a brief outline of the presentation. Electronic speaker presentations (*e.g.,* PowerPoint) must be compatible with PowerPoint 2003 and other Microsoft 2003 formats. Requests to address NACOSH may be granted as time permits and at the discretion of the NACOSH chair.

Because of security-related procedures, submission by regular mail may result in significant delay in receipt. Please contact the OSHA Docket Office for information about security procedures for making submissions by hand delivery, express delivery, messenger or courier service.

Public Docket of the NACOSH Meeting: Comments, requests to speak and speaker presentations, including any personal information you provide, are placed in the public docket of this NACOSH meeting without change and may be available online at *http://www.regulations.gov.* Therefore, OSHA cautions you about submitting certain personal information such as social security numbers and birthdates.

Meeting transcripts and minutes, subgroup reports and other documents from the NACOSH meeting also are included in the public record of the NACOSH meeting. Although all submissions are listed in the *http://www.regulations.gov* index, some documents (*e.g.,* copyrighted materials) are not publicly available to read or download through that webpage. All submissions, including copyrighted material, are available for inspection and copying at the OSHA Docket Office.

To read or download documents in the public docket of this NACOSH meeting go to Docket No. OSHA–2011–0065 at *http://www.regulations.gov.* For information on using *http://www.regulations.gov* to access the docket, click on the "Help" tab at the top of the Home page. Contact the OSHA Docket Office for information about materials not available through that webpage and for assistance in using the Internet to locate submissions and other documents in the public docket.

Electronic copies of this **Federal Register** notice are available at *http://www.regulations.gov.* This notice, as well as news releases and other relevant information, is also available on the OSHA webpage at *http://www.osha.gov.*

Authority and Signature

David Michaels, PhD, MPH, Assistant Secretary of Labor for Occupational Safety and Health, directed the preparation of this notice under the authority granted by Section 7 of the Occupational Safety and Health Act of 1970 (U.S.C. 656), the Federal Advisory Committee Act (5 U.S.C. App. 2); 29 CFR part 1912a; 41 CFR part 102–3; and Secretary of Labor's Order No. 4–2010 (75 FR 55355, 9/10/2010).

Signed at Washington, DC, on June 1, 2011.

David Michaels,

Assistant Secretary of Labor for Occupational Safety and Health.

[FR Doc. 2011–13901 Filed 6–3–11; 8:45 am]

BILLING CODE 4510–26–P

OFFICE OF MANAGEMENT AND BUDGET

Agency Information Collection Activities: Proposed Collection; Comment Request; The Partnership Fund for Program Integrity Innovation Pilot Idea Template

AGENCY: Office of Management and Budget.

ACTION: Notice and request for public comments.

SUMMARY: The Office of Federal Financial Management (OFFM) within OMB is proposing for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*) the following template for pilot idea summaries submitted to the Partnership Fund for Program Integrity Innovation (Partnership Fund). This notice announces that OFFM intends to submit this collection to OMB for approval and solicits comments on specific aspects for the proposed collection.

The Partnership Fund seeks to identify pilot projects to improve the service delivery, payment accuracy, and administrative efficiency of state-administered Federal assistance programs, while also reducing access barriers for eligible beneficiaries.

The proposed pilot idea summary template is intended for use by those wishing to submit pilot ideas for consideration. It outlines the specific information required by the Partnership Fund to make informed decisions in the pilot selection process. Pilot ideas to advance the Partnership Fund's goals are being solicited from all stakeholders, including the general public. The template is currently in use by Federal agencies based on OMB guidance. If approved under the Paperwork Reduction Act, it will be used to solicit ideas from stakeholders outside the Federal government both as a general template and as an online form for idea solicitations through the Partnership Fund Web site, *http://www.partner4solutions.gov.* Currently, general ideas may be submitted via e-mail to *partner4solutions@omb.eop.gov,* or through *http://www.partner4solutions.gov.* The Partnership Fund is funded through FY 2012 and will continue to accept pilot idea proposals on a rolling basis until funding is exhausted. The Partnership Fund must comply with a statutory requirement that all pilot projects, when taken together, be cost neutral.

DATES: All comments on the pilot idea summary template must be in writing and received by August 5, 2011. Following review and disposition of public comments on this 60-day notice, OFFM will submit comments to OMB for review and issue its own 30-day notice to solicit additional public comments.

ADDRESSES: Due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, we encourage respondents to submit comments electronically to ensure timely receipt. We cannot guarantee that comments mailed will be received before the comment closing date.

Comments may be e-mailed to: *mmassey@omb.eop.gov.* Please include the full body of your comments in the text of the electronic message, as well as in an attachment. Please include your name, title, organization, postal address, telephone number, and e-mail address in the text of the message. Comments may also be submitted via facsimile to (202) 395–3242.

FOR FURTHER INFORMATION CONTACT: Please visit our Web site at *http://www.partner4solutions.gov* or contact Meg Massey at (202) 395–7552 or *mmassey@omb.eop.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Partnership Fund for Program Integrity Innovation (Partnership Fund) was established by the Consolidated Appropriations Act of 2010 (Pub. L. 111–117). An appropriation of $32.5 million [1] provides money to pilot and evaluate promising innovations that confront these challenges in Federal, State and/or local administration. The purpose of the Partnership Fund is to identify and evaluate innovations in programs jointly administered by Federal and State agencies and in other program areas where Federal-state cooperation would be beneficial. OMB coordinates and manages the Partnership Fund for the purpose of conducting pilot projects that test these innovations. The pilots will emphasize the Partnership Fund's four goals: service delivery, program integrity, administrative efficiency, and program access.

Ideas submitted by the public are shared with the Collaborative Forum, a self-directed stakeholder group (*http://www.collaborativeforumonline.com)* established to fulfill the statutory requirement that the OMB Director consult with an "interagency council of stakeholders" in determining which pilots will receive Partnership Fund funding. The Collaborative Forum identifies pilot ideas that show the greatest potential for meeting the Partnership Fund's four goals and convenes work groups to further develop these ideas into feasible, measurable pilot concepts. Collaborative Forum work groups include state and other stakeholders with relevant expertise. Work groups produce pilot concept papers describing the goals, methods, resource requirements, and anticipated outcomes of proposed pilots. Ideas sent to the Collaborative Forum may be developed into pilot concept papers to send to OMB for funding consideration.

Federal agencies may also develop ideas into pilot concept papers that are shared with the Collaborative Forum for consultation. Pilot concepts are then submitted for funding approval by OMB, which takes into account the consultation provided by the Collaborative Forum and by the Partnership Fund's Federal Steering Committee, which consists of senior policy officials from Federal agencies that administer the major benefits programs.

Funds for each approved pilot concept are transferred to a lead Federal agency, which in turn selects specific states, localities, and/or other relevant entities to participate in the pilot by implementing specific pilot projects using pilot funds. The lead agency also conducts a cost-effective evaluation of the pilot projects. Based on evaluation findings, successful pilots will serve as models for other states and local agencies. Evaluation results may also be used to inform future administrative or legislative changes to the affected programs, including broader implementation of the innovations tested.

Examples of Programs and Pilots: Examples of Federally funded, state-administered assistance programs relevant to the goals of the Partnership Fund are listed below. Other programs will also be included in concept idea submissions.

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- Supplemental Nutrition Assistance Program (SNAP—formerly Food Stamps).
- Medicaid.
- Unemployment Insurance (UI).
- Child Welfare.
- Child Care.
- Temporary Assistance for Needy Families (TANF).

Examples of the types of pilots that could be supported include:

- Pilots that simplify or streamline processes for application, eligibility determination, and confirmation of continued eligibility
- Pilots that promote or utilize data matching and information sharing across programs
- Pilots that test integrated applications, screening, and verification for multiple benefit programs

Components of an ideal pilot are listed below. Not every pilot concept considered for funding will meet all of these criteria, and the size and scope of the pilot projects funded may vary widely:

- Yield reliable data that can be captured in the pilot evaluation to suggest replication or expansion and demonstrate how successfully the pilot meets the Partnership Fund's four goals
- Have the potential to be replicated and sustained on a larger scale
- Address multiple elements of the Partnership Fund's four goals
- Address multiple programs and/or otherwise bridge organizational silos
- Yield measurable results in nine to 18 months
- Support the statutory requirement that Partnership Fund pilot projects be cost neutral when looked at as a whole

Current Actions: New collection of information.

Type of Review: New Collection.

Affected Public: Individuals and Households, Businesses and Organizations, State, Local, or Tribal Government.

Estimated Number of Respondents: 300.

Frequency of Response: We expect that most respondents will use the form to submit one idea, while some respondents may submit more than one idea.

Average minutes per response: 2 hours.

Burden Hours: 600.

Needs and Uses: The template is currently being used by Federal agencies, per OMB guidance, to submit pilot ideas to the Partnership Fund for Program Integrity Innovation, and as a useful reference for other organizations or individuals wishing to submit pilot ideas. If approved, the template will be made available for use by all agencies, individuals, and organizations wishing to submit pilot concept proposals for consideration.

Obligation to respond: Voluntary. However, if Federal agencies wish to pursue a pilot through the Partnership Fund, they should use this template.

Nature and extent of confidentiality: All pilot ideas submitted to the Partnership Fund may be posted on the Collaborative Forum Web site, *http://www.collaborativeforumonline.com,* for comment and feedback. Individuals and organizations that submit ideas, regardless of whether they elect to use the template, may submit contact information if they wish to be contacted by the Collaborative Forum about their idea. Contact information, if submitted, will not be shared or used for any other purpose.

Privacy Impact Assessment: All ideas submitted to the Partnership Fund may be posted on the Collaborative Forum Web site for comment and feedback. The template makes clear that the ideas submitted will be shared.

Requests for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity

[1] The initial FY 2010 appropriation for the Partnership Fund was for $37.5 million. This appropriation has been reduced to $32.5 million due to a $5 million rescission in Public Law 112–10.

of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

All written comments will be available for public inspection on Regulations.gov.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Debra J. Bond,

Deputy Controller.

PARTNERSHIP FUND FOR PROGRAM INTEGRITY INNOVATION TEMPLATE INSTRUCTIONS FOR PILOT IDEA SUMMARY

The first step in the Partnership Fund pilot selection process is the submission of a pilot idea summary. Pilot idea summaries may be submitted by anyone through the partner4solutions.gov Web site, *www.partner4solutions.gov,* or the *partner4solutions@omb.eop.gov* email address. Pilot ideas may be sent to an independent Collaborative Forum for further development into more detailed concept papers. OMB consults with the Federal Steering Committee in selecting pilot concepts and making funding decisions.

Below are instructions for completing a pilot idea summary. Completed pilot idea summaries should not be more than two pages in length.

PARTNERSHIP FUND FOR PROGRAM INTEGRITY INNOVATION PILOT IDEA: *Name of Pilot Idea*

1. Pilot Idea: *Summarize the idea in 2–3 sentences.*

2. Programs Affected:

• *Which programs are affected, either directly or indirectly? Ideally, an idea would address multiple programs and bridge multiple programmatic silos.*

• *Are these federal, state, and/or local programs? An ideal submission would involved multiple states and/or communities in the development or eventual implementation of a pilot.*

3. Measurable Impacts: *How does the pilot impact each of the four goals of the Partnership Fund? A pilot should address as many of these goals as possible across multiple programs or test a solution that could later be applied to multiple programs.*

a) Improving payment accuracy

b) Improving administrative efficiency

c) Improving service delivery

d) Reducing access barriers for eligible beneficiaries

4. Expected Outcomes and Measurement Methodologies:

• *What are the expectations and measures of success in relation to the four goals?*

• *What are the possible quantitative and qualitative measures?*

• *Could these outcomes be extrapolated to a larger environment?*

5. Potential Partners or Sponsors:

• *Which stakeholders and/or key organizations are involved?*

• *Does the proposed pilot have sufficient stakeholder buy-in? Stakeholders could include federal, state, and local governments, and non-governmental organizations.*

6. Estimated Operating Cost of Pilot:

• *How much would the pilot cost to implement?*

• *Are there resources of matching or leveraged funds that could be used to support this pilot?*

• *Is the Partnership Fund the most appropriate funding source for the pilot? All pilot ideas will be considered, but the Partnership Fund is targeting ideas that attempt to cut across multiple programs with multiple objectives, but have struggled to gain footing in existing program silos.*

7. Estimated Impact on Program Costs:

• *What are the anticipated costs and/or savings for the various programs involved in the pilot?*

• *If the pilot were to be scaled up, what are the anticipated costs/savings? Pilot ideas that increase program costs will be considered, but the Partnership Fund must comply with our statutory requirement to maintain overall cost neutrality.*

8. Pilot Implementation Issues:

• *Is this pilot idea ready for immediate implementation, or does it require further refinement?*

• *What is the timeframe in which the pilot would be conducted? The target time period for conducting the first round of pilots is 9–18 months.*

• *What are possible implementation barriers (e.g., privacy issues)?*

• *Is this pilot scalable? Successful ideas will demonstrate strong external validity and scalability.*

• *Could this pilot be implemented under existing legislative authorities or mechanisms?*

• *Are any administrative waivers required?*

PARTNERSHIP FUND FOR PROGRAM INTEGRITY INNOVATION

PILOT IDEA SUMMARY: *Name of Pilot Idea*

1. Pilot Idea:

2. Programs Affected:

3. Measurable Impacts:

a) Improving payment accuracy

b) Improving administrative efficiency

c) Improving service delivery

d) Reducing access barriers for beneficiaries

4. Expected Outcomes and Measurement Methodologies:

5. Potential Partners or Sponsors:

6. Estimated Operating Cost of Pilot:

7. Estimated Impact on Program Costs:

8. Pilot Implementation Issues:

[FR Doc. 2011–13892 Filed 6–3–11; 8:45 am]

BILLING CODE 3110–01–P

OFFICE OF MANAGEMENT AND BUDGET

Audits of States, Local Governments, and Non-Profit Organizations; OMB Circular A–133 Compliance Supplement

AGENCY: Executive Office of the President, Office of Management and Budget.

ACTION: Notice of availability of the 2011 OMB Circular A–133 Compliance Supplement.

SUMMARY: This notice announces the availability of the 2011 OMB Circular A–133 Compliance Supplement (Supplement). The notice also offers interested parties an opportunity to comment on the 2011 Supplement. The 2011 Supplement adds nineteen new programs, including five programs added to existing clusters. It deletes two programs and has also been updated for program changes and technical corrections. The two deleted programs are Catalog of Federal Domestic Assistance (CFDA) 84.037, Reading First State Grants, and CFDA 84.938,

Hurricane Education Recovery, which are no longer active (*i.e.,* no funds are being spent by recipients), and have been archived in the CFDA.

In total, the 2011 Supplement includes 248 individual programs. A list of changes to the 2011 Supplement can be found at Appendix V. It updates Appendix VII that provides an audit alert and compliance requirements regarding the grant programs funded under American Recovery and Reinvestment Act of 2009. Due to its length, the 2011 Supplement is not included in this Notice. See **ADDRESSES** for information about how to obtain a copy either on line or through the Government Printing Office.

DATES: The 2011 Supplement will apply to audits of fiscal years beginning after June 30, 2010 and supersedes the 2010 Supplement. All comments on the 2011 Supplement must be in writing and received by October 31, 2011. Late comments will be considered to the extent practicable. We received no comments on the 2010 Supplement.

Due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, we encourage respondents to submit comments electronically to ensure timely receipt. We cannot guarantee that comments mailed will be received before the comment closing date.

Electronic mail comments may be submitted to: *Hai_M._Tran@omb.eop.gov.* Please include "A–133 Compliance Supplement—2011" in the subject line and the full body of your comments in the text of the electronic message and as an attachment. Please include your name, title, organization, postal address, telephone number, and e-mail address in the text of the message. Comments may also be submitted via facsimile at 202–395–3952.

Comments may be mailed to Gilbert Tran, Office of Federal Financial Management, Office of Management and Budget, 725 17th Street, NW., Room 6025, New Executive Office Building, Washington, DC 20503.

Comments may also be sent to via *http://www.regulations.gov*—a Federal E-Government Web site that allows the public to find, review, and submit comments on documents that agencies have published in the **Federal Register** and that are open for comment. Simply type "A–133 Compliance Supplement—2011" (in quotes) in the Comment or Submission search box, click Go, and follow the instructions for submitting comments. Comments received by the date specified above will be included as part of the official record.

ADDRESSES: The 2011 Supplement is available on-line under the Management heading from the OMB home page (Management/Grants Management/Circulars subpage) on the Internet at *http://www.whitehouse.gov/omb.* Hard copies of the 2011 Supplement may be purchased at any Government Printing Office (GPO) bookstore (stock number: 041–001–00687–7). The main GPO bookstore is located at 710 North Capitol Street, NW., Washington, DC 20401, (202) 512–0132.

FOR FURTHER INFORMATION CONTACT: Recipients should contact their cognizant or oversight agency for audit, or Federal awarding agency, as appropriate under the circumstances. The Federal agency contacts are listed in Appendix III of the Supplement. Subrecipients should contact their pass-through entity. Federal agencies should contact Gilbert Tran, Office of Management and Budget, Office of Federal Financial Management, at (202) 395–3052.

Debra J. Bond,

Deputy Controller.

[FR Doc. 2011–13893 Filed 6–3–11; 8:45 am]

BILLING CODE P

NATIONAL SCIENCE FOUNDATION

Notice of Intent To Seek Approval To Establish an Information Collection

AGENCY: National Science Foundation.

ACTION: Notice and Request for Comments.

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the National Science Foundation (NSF) will publish periodic summaries of proposed projects.

DATES: Written comments on this notice must be received by August 5, 2011 to be assured of consideration. Comments received after that date will be considered to the extent practicable.

FOR ADDITIONAL INFORMATION OR COMMENTS: Contact Suzanne Plimpton, Acting Reports Clearance Officer, National Science Foundation, 4201 Wilson Boulevard, Suite 295, Arlington, Virginia 22230; telephone 703–292–7556; or send e-mail to *splimpto@nsf.gov.* Individuals who use telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339 between 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. You also may obtain a copy of the data collection instrument and instructions from Suzanne Plimpton.

SUPPLEMENTARY INFORMATION:

Title of Collection: National Evaluation of the Alliances for Graduate Education and the Professoriate, program survey and interview and focus group protocols.

OMB Approval Number: 3145–New.

Expiration Date of Approval: Not applicable.

Type of Request: Intent to seek approval to establish an information collection for three years.

Proposed Project: The Division of Human Resource Development of the Education and Human Resources Directorate (EHR/HRD) of the National Science Foundation has requested information on the Alliances for Graduate Education and the Professoriate (AGEP) Program. Funded by NSF, the AGEP Program currently funds 17 alliances of postsecondary institutions to promote the participation of underrepresented minority students in PhD programs in the fields of science, technology, engineering and mathematics (STEM). The ultimate goal of the program is to increase the number of underrepresented minorities in these fields who enter the professoriate. NSF seeks information from participants—that is, staff, students and faculty—to determine what influence the program has had on minority graduate students' decisions to enroll in and graduate from STEM doctoral programs and enter the professoriate. NSF proposes a longitudinal approach to the evaluation that includes analysis of extant data sources (*e.g.,* Survey of Earned Doctorates), virtual site visits with AGEP institutions, and a program survey. The virtual site visits will include up to 30 PhD granting universities (up to 10 each year in 2011, 2012, and 2013). These site visits include interviews with program staff and focus groups with students and faculty via videoconferencing or phone. The program survey will be completed once by each AGEP-funded institution.

Estimate of Burden for Virtual Site Visits: The Foundation estimates that, on average, 90 minutes will be required to conduct each program staff interview (2 per institution) and 60 minutes will be required for each faculty or student focus group (6 participants per group per institution). The Foundation estimates a total of up to 90 (1.5 hr × 2 × 30) hours to complete all program staff interviews and up to 360 (1hr × 12 × 30) hours to complete all faculty and student focus groups bringing the total burden hours to 450 for all respondents. Visited institutions will be selected

based on characteristics (*e.g.,* institution type, student population served, age of alliance, geography) that will allow for a variety of perspectives.

Respondents (Virtual Site Visits): AGEP STEM program staff at 30 AGEP STEM institutions; STEM faculty at 30 AGEP STEM institutions and STEM graduate students at 30 AGEP institutions.

Estimated Total Number of Respondents (Virtual Site Visits): 420 individuals total.

Estimated Total Annual Burden on Respondents: 150 hrs annually.

Estimate of Burden for Program Survey: The Foundation estimates that, on average, 30 minutes will be required to administer a 65 question survey to a program coordinator at each AGEP STEM funded PhD institution. The survey will be administered once to all institutions funded as of May 2013. Respondents from the up to 82 institutions that received NSF AGEP support will be asked to complete this survey once.

Respondents (Surveys): One AGEP STEM program staff member at up to 82 AGEP STEM institutions.

Estimated Total Number of Responses (Surveys): 5,330.

Estimated Total Annual Burden on Respondents: 25 hours in year one for each of the 50 surveys; 8 hours in year two and 8 hours in year three for estimated grantees after spring 2011.

Dated: June 1, 2011.

Suzanne H. Plimpton,

Reports Clearance Officer, National Science Foundation.

[FR Doc. 2011–13904 Filed 6–3–11; 8:45 am]

BILLING CODE 7555–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. NRC–2011–0099]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Nuclear Regulatory Commission (NRC).

ACTION: Notice of pending NRC action to submit an information collection request to the Office of Management and Budget (OMB) and solicitation of public comment.

SUMMARY: The NRC invites public comment about our intention to request the OMB's approval for renewal of an existing information collection that is summarized below. We are required to publish this notice in the **Federal Register** under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Information pertaining to the requirement to be submitted:

1. *The title of the information collection:* NRC Form 354, "Data Report on Spouse."

2. *Current OMB approval number:* OMB 3150–0026.

3. *How often the collection is required:* On Occasion.

4. *Who is required or asked to report: NRC contractors, licensees, applicants, and other (e.g. intervenor's) who marry or cohabitate after completing the Personnel Security Forms, or after having been granted an NRC access authorization or employment clearance.*

5. *The number of annual respondents:* 80.

6. *The number of hours needed annually to complete the requirement or request:* 16 hours.

7. *Abstract:* NRC Form 354 must be completed by NRC contractors, licensees, applicants who marry or cohabitate after completing the Personnel Security Forms, or after having been granted an NRC access authorization or employment clearance. Form 354 identifies the respondent, the marriage, and data on the spouse and spouse's parents. This information permits the NRC to make initial security determinations and to assure there is no increased risk to the common defense and security.

Submit, by August 5, 2011, comments that address the following questions:

1. Is the proposed collection of information necessary for the NRC to properly perform its functions? Does the information have practical utility?

2. Is the burden estimate accurate?

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected?

4. How can the burden of the information collection be minimized, including the use of automated collection techniques or other forms of information technology?

The public may examine and have copied for a fee publicly available documents, including the draft supporting statement, at the NRC's Public Document Room, Room O–1F21, One White Flint North, 11555 Rockville Pike, Rockville, Maryland 20852. OMB clearance requests are available at the NRC Web site: *http://www.nrc.gov/public-involve/doc-comment/omb/index.html.*

The document will be available on the NRC home page site for 60 days after the signature date of this notice. Comments submitted in writing or in electronic form will be made available for public inspection. Because your comments will not be edited to remove any identifying or contact information, the NRC cautions you against including any information in your submission that you do not want to be publicly disclosed. Comments submitted should reference Docket No. NRC–2011–0099. You may submit your comments by any of the following methods:

Electronic comments: Go to *http://www.regulations.gov* and search for Docket No. NRC–2011–0099. Mail comments to NRC Clearance Officer, Tremaine Donnell (T–5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001. Questions about the information collection requirements may be directed to the NRC Clearance Officer, Tremaine Donnell (T–5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, by telephone at 301–415–6258, or by e-mail to *INFOCOLLECTS.Resource@NRC.GOV.*

Dated at Rockville, Maryland, this 27th day of May, 2011.

For the Nuclear Regulatory Commission.

Tremaine Donnell,

NRC Clearance Officer, Office of Information Services.

[FR Doc. 2011–13852 Filed 6–3–11; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. NRC–2011–0114]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Nuclear Regulatory Commission (NRC).

ACTION: Notice of pending NRC action to submit an information collection request to the Office of Management and Budget (OMB) and solicitation of public comment.

SUMMARY: The NRC invites public comment about our intention to request the OMB's approval for renewal of an existing information collection that is summarized below. We are required to publish this notice in the **Federal Register** under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Information pertaining to the requirement to be submitted:

1. *The title of the information collection:* 10 CFR Part 61—Licensing Requirements for Land Disposal of Radioactive Waste.

2. *Current OMB approval number:* 3150–0135.

3. *How often the collection is required:* Applications for licenses are

submitted as needed. Other reports are submitted annually and as other events require.

4. *Who is required or asked to report:* Applicants for and holders of an NRC license (to include Agreement State licensees) for land disposal of low-level radioactive waste; and all generators, collectors, and processors of low-level waste intended for disposal at a low-level waste facility.

5. *The number of annual respondents:* 4.

6. *The number of hours needed annually to complete the requirement or request:* 5,412 hours (56 hours for reporting [approximately 4.6 hours per response] and 5,356 hours for recordkeeping [approximately 1,339 hours per recordkeeper]).

7. *Abstract:* 10 CFR part 61 establishes the procedures, criteria, and license terms and conditions for the land disposal of low-level radioactive waste. The reporting and recordkeeping requirements are mandatory and, in the case of application submittals, are required to obtain a benefit. The information collected in the applications, reports, and records is evaluated by the NRC to ensure that the licensee's or applicant's disposal facility, equipment, organization, training, experience, procedures, and plans provide an adequate level of protection of public health and safety, common defense and security, and the environment.

Submit, by August 5, 2011, comments that address the following questions:

1. Is the proposed collection of information necessary for the NRC to properly perform its functions? Does the information have practical utility?

2. Is the burden estimate accurate?

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected?

4. How can the burden of the information collection be minimized, including the use of automated collection techniques or other forms of information technology?

The public may examine and have copied for a fee publicly available documents, including the draft supporting statement, at the NRC's Public Document Room, Room O–1F21, One White Flint North, 11555 Rockville Pike, Rockville, Maryland 20852 OMB clearance requests are available at the NRC's Web site: *http://www.nrc.gov/public-involve/doc-comment/omb/index.html.* The documents will be available on the NRC home page site for 60 days after the signature date of this notice. Comments submitted in writing or in electronic form will be made available for public inspection. Because your comments will not be edited to remove any identifying or contact information, the NRC cautions you against including any information in your submission that you do not want to be publicly disclosed. Comments submitted should reference Docket No. NRC–2011–0114. You may submit your comments by any of the following methods. Electronic comments: Go to *http://www.regulations.gov* and search for Docket No. NRC–2011–0114. Mail comments to the NRC Clearance Officer, Tremaine Donnell (T–5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001. Questions about the information collection requirements may be directed to the NRC Clearance Officer, Tremaine Donnell (T–5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, by telephone at 301–415–6258, or by e-mail to *INFOCOLLECTS.Resource@NRC.GOV.*

Dated at Rockville, Maryland, this 27th day of May, 2011.

For the Nuclear Regulatory Commission.

Tremaine Donnell,

NRC Clearance Officer, Office of Information Services.

[FR Doc. 2011–13853 Filed 6–3–11; 8:45 am]

BILLING CODE 7590–01–P

SECURITIES AND EXCHANGE COMMISSION

Submission for OMB Review; Comment Request

Upon Written Request, Copies Available From: Securities and Exchange Commission, Office of Investor Education and Advocacy, Washington, DC 20549–0213.

Extension:

Rule 17Ac3–1(a) and SEC File No. 270–96; OMB Control No. 3235–0151; Form TA–W (1669).

Notice is hereby given that pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Securities and Exchange Commission ("Commission") has submitted to the Office of Management and Budget requests for approval of extension on the following rule and form: Rule 17Ac3–1(a) (17 CFR 240.17Ac3–1(a)) and Form TA–W (17 CFR 249b.101) under the Securities Exchange Act of 1934 (15 U.S.C. 78a *et seq.*).

Section 17A(c)(4)(B) of the Securities Exchange Act of 1934 (15 U.S.C. 78a *et seq.*) authorizes transfer agents registered with an appropriate regulatory agency ("ARA") to withdraw from registration by filing with the ARA a written notice of withdrawal and by agreeing to such terms and conditions as the ARA deems necessary or appropriate in the public interest, for the protection of investors, or in the furtherance of the purposes of Section 17A.

In order to implement Section 17A(c)(4)(B) of the Exchange Act the Commission, on September 1, 1977, promulgated Rule 17Ac3–1(a) and accompanying Form TA–W. On January 11, 2007, the Commission amended Rule 17Ac3–1(a) and accompanying Form TA–W to require that the form be filed in electronic format through EDGAR. Rule 17Ac3–1(a) provides that notice of withdrawal of registration as a transfer agent with the Commission shall be filed on Form TA–W. Form TA–W requires the withdrawing transfer agent to provide the Commission with certain information, including: (1) The locations where transfer agent activities are or were performed; (2) the reasons for ceasing the performance of such activities; (3) disclosure of unsatisfied judgments or liens; and (4) information regarding successor transfer agents.

The Commission uses the information disclosed on Form TA–W to determine whether the registered transfer agent applying for withdrawal from registration as a transfer agent should be allowed to deregister and, if so, whether the Commission should attach to the granting of the application any terms or conditions necessary or appropriate in the public interest, for the protection of investors, or in furtherance of the purposes of Section 17A of the Exchange Act. Without Rule 17Ac3–1(a) and Form TA–W, transfer agents registered with the Commission would not have a means to voluntarily deregister when necessary or appropriate to do so.

Respondents file approximately 50 TA–Ws with the Commission annually. A Form TA–W filing occurs only once, when a transfer agent is seeking deregistration. Respondents file approximately 50 TA–Ws with the Commission annually. A Form TA–W filing occurs only once, when a transfer agent is seeing deregistration. Approximately 80 percent of Form TA–Ws are completed by the transfer agent or its employees and approximately 20 percent of Forms TA–W are completed by an outside filing agent that is hired by the registrant to prepare the form and file it electronically. In view of the readily-available information requested by Form TA–W, its short and simple presentation, and the Commission's experience with the filers, we estimate that approximately 30 minutes is required to complete and file Form TA–W, which consists primarily of external

labor costs plus a nominal and unquantifiable amount of computer operations/maintenance cost (because the Forms must be filed electronically through the Commission's EDGAR system). For transfer agents that complete Form TA–W themselves, we estimate the cost per filing is $25 (.5 hours times $50 average hourly rate for clerical staff time), which is an internal labor cost. We estimate that outside filing agents charge $100 to complete and file at TA–W on behalf of a registrant, reflecting an external cost to respondents.

The Commission may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid Office of Management and Budget (OMB) control number.

Background documentation for this information collection may be viewed at the following link, *http://www.reginfo.gov.* Comments should be directed to: (i) Desk Officer for the Securities and Exchange Commission, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10102, New Executive Office Building, Washington, DC 20503, or by sending an e-mail to: *Shagufta_Ahmed@omb.eop.gov;* and (ii) Thomas Bayer, Director/Chief Information Officer, Securities and Exchange Commission, c/o Remi Pavlik-Simon, 6432 General Green Way, Alexandria, VA 22312, or send an e-mail to: *PRA_Mailbox@sec.gov.* Comments must be submitted to OMB within 30 days of this notice.

May 31, 2011.

Cathy H. Ahn,

Deputy Secretary.

[FR Doc. 2011–13857 Filed 6–3–11; 8:45 am]

BILLING CODE 8011–01–P

SECURITIES AND EXCHANGE COMMISSION

Submission for OMB Review; Comment Request

Upon Written Request, Copies Available From: Securities and Exchange Commission, Office of Investor Education and Advocacy, Washington, DC 20549–0213.

Extension:

Rule 15c2–11; SEC File No. 270–196; OMB Control No. 3235–0202. .

Notice is hereby given that pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Securities and Exchange Commission (Commission) has submitted to the Office of Management and Budget a request for approval of extension of the previously approved collection of information provided for in Rule 15c2–11, (17 CFR 240.15c2–11), under the Securities Exchange Act of 1934 (15 U.S.C. 78a *et seq.*).

On September 13, 1971, effective December 13, 1971 (*see* 36 FR 18641, September 18, 1971), the Commission adopted Rule 15c2–11 (Rule) under the Securities Exchange Act of 1934 (15 U.S.C. 78a *et seq.*) to regulate the initiation or resumption of quotations in a quotation medium by a broker-dealer for over-the-counter (OTC) securities. The Rule was designed primarily to prevent certain manipulative and fraudulent trading schemes that had arisen in connection with the distribution and trading of unregistered securities issued by shell companies or other companies having outstanding but infrequently traded securities. Subject to certain exceptions, the Rule prohibits brokers-dealers from publishing a quotation for a security, or submitting a quotation for publication, in a quotation medium unless they have reviewed specified information concerning the security and the issuer.

Based on information provided by Financial Industry Regulatory Authority, Inc. (FINRA), in the 2010 calendar year, FINRA received approximately 1,798 applications from broker-dealers to initiate or resume publication of covered OTC securities in the OTC Bulletin Board and/or the Pink Sheets or other quotation mediums. We estimate that (i) 41% of the covered OTC securities were issued by reporting issuers, while the other 59% were issued by non-reporting issuers, and (ii) it will take a broker-dealer about 4 hours to review, record and retain the information pertaining to a reporting issuer, and about 8 hours to review, record and retain the information pertaining to a non-reporting issuer.

We therefore estimate that broker-dealers who initiate or resume publication of quotations for covered OTC securities of reporting issuers will require 2,949 hours ($1,798 \times 41\% \times 4$) to review, record and retain the information required by the Rule. We estimate that broker-dealers who initiate or resume publication of quotations for covered OTC securities of non-reporting issuers will require 8,487 hours ($1,798 \times 59\% \times 8$) to review, record and retain the information required by the Rule. Thus, we estimate the total annual burden hours for broker-dealers to initiate or resume publication of quotations of covered OTC securities to be 11,436 hours (2,949 + 8,487). The Commission believes that these 11,436 hours would be borne by staff working at a rate of $40 per hour.[1]

Subject to certain exceptions, the Rule prohibits brokers-dealers from publishing a quotation for a security, or submitting a quotation for publication, in a quotation medium unless they have reviewed specified information concerning the security and the issuer. The broker-dealer must also make the information reasonably available upon request to any person expressing an interest in a proposed transaction in the security with such broker or dealer. The collection of information that is submitted to FINRA for review and approval is currently not available to the public from FINRA.

The Commission may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid Office of Management and Budget (OMB) control number. Background documentation for this information collection may be viewed at the following link, *http://www.reginfo.gov.* Comments should be directed to: (i) Desk Officer for the Securities and Exchange Commission, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10102, New Executive Office Building, Washington, DC 20503, or by sending an e-mail to: *Shagufta_Ahmed@omb.eop.gov;* and (ii) Thomas Bayer, Director/Chief Information Officer, Securities and Exchange Commission, c/o Remi Pavlik-Simon, 6432 General Green Way, Alexandria, VA 22312 or send an e-mail to: *PRA_Mailbox@sec.gov* . Comments must be submitted to OMB within 30 days of this notice.

Dated: May 31, 2011.

Cathy H. Ahn,

Deputy Secretary.

[FR Doc. 2011–13856 Filed 6–3–11; 8:45 am]

BILLING CODE 8011–01–P

[1] *See* Appendix C, SIFMA Office Salaries Data—Sept. 2007 for General Clerk national hourly rate.

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–64562; File No. SR–ISE–2011–29]

Self-Regulatory Organizations; International Securities Exchange, LLC; Notice of Filing and Immediate Effectiveness of Proposed Rule Change Relating to Second Market Fees

May 27, 2011.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the "Act"),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on May 18, 2011, the International Securities Exchange, LLC (the "Exchange" or the "ISE") filed with the Securities and Exchange Commission the proposed rule change, as described in Items I and II below, which items have been prepared by the Exchange. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The ISE is proposing to amend its fees for executions in the Exchange's Second Market. The text of the proposed rule change is available on the Exchange's Web site (*http://www.ise.com*), at the principal office of the Exchange, and at the Commission's Public Reference Room.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the self-regulatory organization included statements concerning the purpose of, and basis for, the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The self-regulatory organization has prepared summaries, set forth in sections A, B and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The Exchange currently has rules for the listing and trading of low-volume option classes that qualify for listing under ISE Rule 502. These option classes trade in the Exchange's "Second Market."[3] The Exchange currently lists eligible equity option classes (excluding options on exchange traded funds) that trade on another options exchange and that have an average daily volume below 500 contracts over a six-month period in the Second Market. When the Exchange launched the Second Market, it adopted Second Market fees that varied from those that were and still are currently applicable to the Exchange's primary market. Specifically, for Second Market transactions, Members are currently charged an execution fee of $.05 per contract for Priority Customer[4] orders. Priority Customer orders executed in the Exchange's primary market, on the other hand, are, for the most part, not charged an execution fee.[5]

Further, the Exchange currently has a payment-for-order-flow ("PFOF") program that helps its market makers establish PFOF arrangements with an Electronic Access Member ("EAM") in exchange for that EAM preferencing some or all of its order flow to that market maker. The Exchange's PFOF fees are currently set at $0.65 per contract for all option classes that are not in the penny pilot program. For penny pilot classes, the Exchange charges a PFOF fee of $0.25 per contract. The Exchange currently does not charge a PFOF fee for option classes that are subject to the Exchange's maker/taker fees.[6] And since the launch of the Second Market, ISE has not charged and currently does not charge a PFOF fee for Second Market transactions.

The Exchange now proposes to amend its Second Market fees to standardize them with the fees charged for executions in the Exchange's primary market. Specifically, ISE proposes to lower the execution fee for Priority Customer orders in the Second Market from $0.05 per contract to $0.00 per contract. The Exchange also proposes to adopt a PFOF fee for Second Market transactions. In addition to standardizing theses fees, the Exchange believes these fee changes will make the Exchange's transaction fees simpler and more concise to Exchange Members. The Exchange believes that the proposed fee changes for Second Market transactions will encourage more order flow to the Exchange and also allow ISE market makers to better compete for order flow.

The Exchange has designated this proposal to be operative on June 1, 2011.

2. Basis

The Exchange believes that its proposal to amend its Schedule of Fees is consistent with Section 6(b) of the Act[7] in general, and furthers the objectives of Section 6(b)(4) of the Act[8] in particular, in that it is an equitable allocation of reasonable dues, fees and other charges among Exchange members. The Exchange believes that the proposed fee changes will generally allow the Exchange and its market makers to better compete for order flow and thus enhance competition. More specifically, the Exchange believes that its proposal to assess a $0.00 per contract fee for Second Market transactions is equitable and reasonable as it will standardize the fee charged by the Exchange for all market participants that trade in Second Market options. The Exchange believes that its proposal to assess a PFOF fee for Second Market transactions is also equitable and reasonable because the fee will serve to encourage order flow to the Exchange much like the PFOF fee does for option classes in the Exchange's primary market. Finally, the Exchange believes the proposed fee changes are equitable and reasonable as they will apply universally to all market participants who trade in Second Market options on the Exchange.

B. Self-Regulatory Organization's Statement on Burden on Competition

The proposed rule change does not impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants or Others

The Exchange has not solicited, and does not intend to solicit, comments on this proposed rule change. The Exchange has not received any unsolicited written comments from members or other interested parties.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* Exchange Act Release No. 34–54580 (October 6, 2006), 71 FR 60781 (October 16, 2006) (SR–ISE–2006–40).

[4] A Priority Customer is defined in ISE Rule 100(a)(37A) as a person or entity that is not a broker/dealer in securities, and does not place more than 390 orders in listed options per day on average during a calendar month for its own beneficial account(s).

[5] Priority Customer orders in Singly Listed Indexes, Singly Listed ETFs and FX Options that are not a part of the FX Options Incentive Plan are charged $0.18 per contract. Priority Customer orders in FX Options that are part of the FX Options Incentive Plan are charged $0.40 per contract.

[6] The exclusion applies to option classes that are subject to Rebates and Fees for Adding and Removing Liquidity in Select Symbols.

[7] 15 U.S.C. 78f(b).

[8] 15 U.S.C. 78f(b)(4).

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The foregoing rule change has become effective pursuant to Section 19(b)(3)(A)(ii) of the Act.[9] At any time within 60 days of the filing of such proposed rule change, the Commission summarily may temporarily suspend such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act. If the Commission takes such action, the Commission shall institute proceedings to determine whether the proposed rule should be approved or disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form *http://www.sec.gov/rules/sro.shtml);* or
- Send an e-mail to *rule-comments@sec.gov*. Please include File No. SR–ISE–2011–29 on the subject line.

Paper Comments

- Send paper comments in triplicate to Elizabeth Murphy, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–ISE–2011–29. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for website viewing and printing in the Commission's Public Reference Room. Copies of such filing also will be available for inspection and copying at the principal office of the ISE. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–ISE–2011–29 and should be submitted by June 27, 2011.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.[10]

Cathy H. Ahn,

Deputy Secretary.

[FR Doc. 2011–13855 Filed 6–3–11; 8:45 am]

BILLING CODE 8011–01–P

[9] 15 U.S.C. 78s(b)(3)(A)(ii).

[10] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–64570; File No. SR–BX–2011–029]

Self-Regulatory Organizations; NASDAQ OMX BX; Notice of Filing and Immediate Effectiveness of a Proposal To Permit the Exchange To List Series With Additional Expiration Months If Such Series Are Listed on Another Exchange

May 31, 2011.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act") [1] and Rule 19b–4 thereunder,[2] notice is hereby given that, on May 23, 2011, NASDAQ OMX BX (the "Exchange") filed with the Securities and Exchange Commission ("Commission") the proposed rule change as described in Items I and II below, which Items have been prepared by the Exchange. The Exchange has designated the proposed rule change as constituting a non-controversial rule change under Rule 19b–4(f)(6) under the Act,[3] which renders the proposal effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange proposes to amend the Rules of the Boston Options Exchange Group, LLC ("BOX") to permit the Exchange to list additional expiration months if such expiration months are listed on another exchange. The text of the proposed rule change is available at the Exchange's principal office, at *http://www.nasdaqomxbx.cchwallstreet.com,* the Commission's Public Reference Room, and at the Commission's Web site at *http://www.sec.gov.*

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The Exchange has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The purpose of the proposed rule change is to amend the BOX Trading Rules to permit the Exchange to list additional expiration months if such expiration months are listed on another exchange. This filing is based on a filing previously submitted by the International Securities Exchange, LLC.[4]

Under current Chapter IV, Section 6 of the BOX Trading Rules, the Exchange usually will open four (4) Expiration months for each type of option of a class of options open for trading on BOX: the first two (2) being the two nearest months, regardless of the quarterly cycle on which that class trades; the third and fourth being the next two months of the quarterly cycle previously designated by the Exchange for that specific class. For example, if the Exchange listed in late September a new stock option on a January-April-July-October quarterly cycle, the Exchange would list the two nearest-term months (October and November) and the next two expiration months of the cycle (January and April). Further, when the October series expire, the Exchange would add the December series as the next nearest month. And when the November series expire, the Exchange would add the July series as the next month of the cycle.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 17 CFR 240.19b–4(f)(6).

[4] *See* Securities Exchange Act Release No. 64343 (April 26, 2011) 76 FR 24546 (May 2, 2011) (SR–ISE–2011–26).

In 2010, the Exchange established a pilot program to add up to two additional expiration months for each class of options opened for trading on BOX (the "Additional Expiration Months Pilot").[5] Under the Additional Expiration Months Pilot, the Exchange lists expiration months that are considered "mid-month." For example, for options classes that have expiration months of October, November, January, and April, the Exchange lists the December series. For options classes that have expiration months of October, November, February and May, the Exchange lists the December and January series. The listing of additional expiration months has been well-received by BOX Options Participants and has had a very limited impact on system resources.

ISE submitted a similar filing to one submitted by NASDAQ OMX PHLX, Inc. ("PHLX").[6] PHLX recently submitted a filing to adopt rules that permit it to list an unlimited number of expiration months and series for each class of standard options opened for trading on that exchange. Specifically, PHLX amended its rules so that it can open "at least one expiration month" for each class of standard options open for trading on that exchange. Consequently, while the Exchange is currently restricted to listing a limited number of expiration months that are permissible under its rules and the Additional Expiration Months Pilot, PHLX has the ability to list an unlimited number of expiration months, including those that the Exchange would not be able to currently list under its rules. Indeed, PHLX has listed additional expiration months that no other market, including the Exchange, could list at the time they were added. For example, in February 2011, PHLX listed the October 2011 expiration in Omnicare, Inc. (ticker: OCR). PHLX was able to list that expiration month based on its amended rule. Meanwhile, the Exchange could not list the October 2011 series under Chapter IV, Section 6(a) of the BOX Trading Rules because the standard expiration months for OCR in February are March, April, June, and September. The Exchange also could not list the October 2011 series as part of the Additional Expiration Months Pilot because OCR is not one of the classes selected by BOX to participate in the Additional Expiration Months Pilot. As a result, PHLX was the only exchange that listed the October 2011 series in OCR and traded that series without any competition until recently when other options exchanges amended their rules to permit its listing.

For competitive reasons, the Exchange now proposes to add new Supplementary Material .09 to its Chapter IV, Section 6 and Supplementary Material .03 to Chapter XIV, Section 10 of the BOX Trading Rules to permit the Exchange to list additional expiration months on options classes opened for trading on BOX if such expiration months are opened for trading on at least one other national securities exchange. This proposed rule change will allow the Exchange to match the listing of expiration months that PHLX, NOM, ISE, or other exchanges list in the event the Exchange is not able to list those expiration months because they do not comport to BOX Trading Rules or the Additional Expiration Months Pilot.

BOX notes that the proposed rule change affords additional flexibility in that it will permit listing those additional expiration months that have an actual demand from market participants, thereby potentially reducing the proliferation of classes and series. The Exchange believes the proposed rule change is proper, and indeed necessary, in light of the need to have rules that permit the listing of identical expiration months across exchanges for products that are multiply-listed and fungible with one another.

BOX believes that the proposed rule change should encourage competition and be beneficial to traders and market participants by providing them with a means to trade on BOX securities that are listed and traded on other exchanges.

2. Statutory Basis

The Exchange believes that the proposal is consistent with the requirements of Section 6(b) of the Act,[7] in general, and Section 6(b)(5) of the Act,[8] in particular, in that it is designed to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanism for a free and open market and a national market system, and in general, to protect investors and the public interest. In particular, the proposed rule change will permit the Exchange to accommodate requests made by BOX Option Participants and other market participants to list the additional expiration months and thus encourage competition without harming investors or the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange does not believe that the proposed rule change will impose any burden on competition not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

No written comments were either solicited or received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the foregoing proposed rule change does not significantly affect the protection of investors or the public interest, does not impose any significant burden on competition, and, by its terms, does not become operative for 30 days from the date on which it was filed, or such shorter time as the Commission may designate, it has become effective pursuant to Section 19(b)(3)(A) of the Act[9] and Rule 19b–(f)(6) thereunder.[10]

The Exchange has requested that the Commission waive the 30-day operative delay. The Commission believes that waiver of the operative delay is consistent with the protection of investors and the public interest because the proposal should promote competition by allowing the Exchange, without undue delay, to list and trade option series that are trading on other options exchanges. Therefore, the Commission designates the proposal operative upon filing.[11]

At any time within 60 days of the filing of the proposed rule change, the Commission summarily may temporarily suspend such rule change if

[5] *See* Securities Exchange Act Release No. 63321 (November 16, 2010) 75 FR 71163 (November 22, 2010) (SR–BX–2010–077).

[6] *See* Securities Exchange Act Release No. 63700 (January 11, 2011) 76 FR 2931 (January 18, 2011) (SR–PHLX–2011–04). In its filing, PHLX cites to the Commission's approval of the NASDAQ Options Market and rules pertaining thereto as the basis for making the change to its rules.

[7] 15 U.S.C. 78f(b).

[8] 15 U.S.C. 78f(b)(5).

[9] 15 U.S.C. 78s(b)(3)(A).

[10] 17 CFR 240.19b–4(f)(6). In addition, Rule 19b–4(f)(6)(iii) requires the Exchange to give the Commission written notice of the Exchange's intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Commission has waived the five-day prefiling requirement in this case.

[11] For purposes only of waiving the 30-day operative delay, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–BX–2011–029 on the subject line.

Paper Comments

- Send paper comments in triplicate to Elizabeth M. Murphy, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–BX–2011–029. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for Web site viewing and printing in the Commission's Public Reference Room, 100 F Street, NE., Washington, DC 20549, on official business days between the hours of 10 a.m. and 3 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–BX–2011–029 and should be submitted on or before June 27, 2011.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.[12]

Cathy H. Ahn,

Deputy Secretary.

[FR Doc. 2011–13903 Filed 6–3–11; 8:45 am]

BILLING CODE 8011–01–P

[12] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–64571; File No. SR–Phlx–2011–72]

Self-Regulatory Organizations; NASDAQ OMX PHLX LLC; Notice of Filing and Immediate Effectiveness of a Proposed Rule Change Extending the Pilot Period To Allow Cabinet Trading To Take Place Below $1 Per Option Contract

May 31, 2011.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act") [1] and Rule 19b–4 thereunder,[2] notice is hereby given that on May 20, 2011, NASDAQ OMX PHLX LLC ("Phlx" or the "Exchange") filed with the Securities and Exchange Commission ("Commission") the proposed rule change as described in Items I and II below, which Items have been prepared by the Exchange. The Exchange has designated the proposed rule change as constituting a non-controversial rule change under Rule 19b–4(f)(6) under the Act,[3] which renders the proposal effective upon filing with the Commission. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange submits this proposed rule change to extend through December 1, 2011, the pilot program in Rule 1059, Accomodation Transactions, to allow cabinet trading to take place below $1 per option contract, under specified circumstances (the "pilot program").

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The Exchange has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The purpose is to extend through December 1, 2011, the pilot program in Commentary .02 of Exchange Rule 1059, Accommodation Transactions, which sets forth specific procedures for engaging in cabinet trades.[4] Prior to the pilot program, Rule 1059 required that all orders placed in the cabinet were assigned priority based upon the sequence in which such orders were received by the specialist. All closing bids and offers would be submitted to the specialist in writing, and the specialist effected all closing cabinet transactions by matching such orders placed with him. Bids or offers on orders to open for the accounts of customer, firm, specialists and ROTs could be made at $1 per option contract, but such orders could not be placed in and must yield to all orders in the cabinet. Specialists effected all cabinet transactions by matching closing purchase or sale orders which were placed in the cabinet or, provided there was no matching closing purchase or sale order in the cabinet, by matching a closing purchase or sale order in the cabinet with an opening purchase or sale order.[5] All cabinet transactions were reported to the Exchange following the close of each business day.[6] Any (i) Member, (ii) member organization, or (iii) other person who was a non-member broker or dealer and who directly or indirectly controlled, was controlled by, or was under common control with, a member or member organization (any such other person being referred to as an affiliated person) could effect any transaction as principal in the over-the-counter market in any class of option contracts listed on the

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 17 CFR 240.19b–4(f)(6).

[4] Cabinet or accommodation trading of option contracts is intended to accommodate persons wishing to effect closing transactions in those series of options dealt in on the Exchange for which there is no auction market.

[5] Specialists and ROTs are not subject to the requirements of Rule 1014 in respect of orders placed pursuant to this Rule. Also, the provisions of Rule 1033(b) and (c), Rule 1034 and Rule 1038 do not apply to orders placed in the cabinet. Cabinet transactions are not reported on the ticker.

[6] *See* Exchange Rule 1059.

Exchange for a premium not in excess of $1.00 per contract.

On December 30, 2010, the Exchange filed an immediately effective proposal that established the pilot program being extended by this filing. The pilot program allows transactions to take place in open outcry at a price of at least $0 but less than $1 per option contract until June 1, 2011 (the "pilot program").[7] These lower priced transactions are traded pursuant to the same procedures applicable to $1 cabinet trades, except that pursuant to the pilot program (i) Bids and offers for opening transactions are only permitted to accommodate closing transactions in order to limit use of the procedure to liquidations of existing positions, and (ii) the procedures are also made available for trading in options participating in the Penny Pilot Program.[8]

The Exchange believes that allowing a price of at least $0 but less than $1 will better accommodate the closing of options positions in series that are worthless or not actively traded, particularly due to recent market conditions which have resulted in a significant number of series being out-of-the-money. For example, a market participant might have a long position in a call series with a strike price of $100 and the underlying stock might now be trading at $30. In such an instance, there might not otherwise be a market for that person to close-out its position even at the $1 cabinet price (*e.g.,* the series might be quoted no bid).

The Exchange hereby seeks to extend the previously approved pilot period for such $1 cabinet trading for an additional six months through December 1, 2011 so that the procedures can continue without interruptions while the Exchange considers whether to seek permanent approval of the temporary procedure.

2. Statutory Basis

The Exchange believes that the proposed rule change is consistent with the provisions of Section 6 of the Act,[9] in general, and with Section 6(b)(5) of the Act,[10] in particular, in that the proposal is designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanism of a free and open market and a national market system, and, in general, to protect investors and the public interest. Specifically, the Exchange believes that allowing for liquidations at a price less than $1 per option contract pursuant to the pilot program will better facilitate the closing of options positions that are worthless or not actively trading, especially in Penny Pilot issues where cabinet trades are not otherwise permitted. The Exchange believes the extension is of sufficient length to permit both the Exchange and the Commission to assess the impact of the Exchange's authority to allow transactions to take place in open outcry at a price of at least $0 but less than $1 per option in accordance with its attendant obligations and conditions.

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange does not believe that the proposed rule change will impose any burden on competition not necessary or appropriate in furtherance of the purposes of the Act, as amended.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

No written comments were either solicited or received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the foregoing proposed rule change does not: (i) Significantly affect the protection of investors or the public interest; (ii) impose any significant burden on competition; and (iii) become operative for 30 days from the date on which it was filed, or such shorter time as the Commission may designate, if consistent with the protection of investors and the public interest, it has become effective pursuant to Section 19(b)(3)(A) of the Act[11] and Rule 19b–4(f)(6) thereunder.[12]

The Exchange has requested that the Commission waive the 30-day operative delay. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest, because waiver of the 30-day operative delay will enable the benefits of the pilot program to continue without interruption for a six-month period. Accordingly, the Commission designates the proposed rule change operative upon filing with the Commission.[13]

At any time within 60 days of the filing of the proposed rule change, the Commission summarily may temporarily suspend such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments

- Use the Commission's Internet comment form (*http://www.sec.gov/rules/sro.shtml*); or
- Send an e-mail to *rule-comments@sec.gov.* Please include File Number SR–Phlx–2011–72 on the subject line.

Paper Comments

- Send paper comments in triplicate to Elizabeth M. Murphy, Secretary, Securities and Exchange Commission, 100 F Street, NE., Washington, DC 20549–1090.

All submissions should refer to File Number SR–Phlx–2011–72. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (*http://www.sec.gov/rules/sro.shtml*). Copies of the submission, all subsequent amendments, all written statements

[7] PHLX Rule 1059, Commentary .02; *See* Securities Exchange Act Release No. 63626 (December 30, 2010), 76 FR 812 (January 6, 2011) (SR–PHLX–2010–185).

[8] Prior to the pilot, the $1 cabinet trading procedures were limited to options classes traded in $0.05 or $0.10 standard increments. The $1 cabinet trading procedures were not available in Penny Pilot Program classes because in those classes, an option series could trade in a standard increment as low as $0.01 per share (or $1.00 per option contract with a 100 share multiplier). The pilot allows trading below $0.01 per share (or $1.00 per option contract with a 100 share multiplier) in all classes, including those classes participating in the Penny Pilot Program.

[9] 15 U.S.C. 78f.

[10] 15 U.S.C. 78f(b)(5).

[11] 15 U.S.C. 78s(b)(3)(A).

[12] 17 CFR 240.19b–4(f)(6). In addition, Rule 19b–4(f)(6)(iii) requires the self-regulatory organization to submit to the Commission written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Exchange has satisfied this requirement.

[13] For the purposes only of waiving the 30-day operative delay, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78(c)(f).

with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for Web site viewing and printing in the Commission's Public Reference Room on official business days between the hours of 10 a.m. and 3 p.m. Copies of such filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–Phlx–2011–72 and should be submitted on or before June 27, 2011.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.[14]

Cathy H. Ahn,

Deputy Secretary.

[FR Doc. 2011–13876 Filed 6–3–11; 8:45 am]

BILLING CODE 8011–01–P

[14] 17 CFR 200.30–3(a)(12).

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #12599 and #12600]

Kentucky Disaster Number KY–00040

AGENCY: U.S. Small Business Administration.

ACTION: Amendment 2.

SUMMARY: This is an amendment of the Presidential declaration of a major disaster for the Commonwealth of Kentucky (FEMA–1976–DR), dated 05/19/2011.

Incident: Severe Storms, Tornadoes, and Flooding.

Incident Period: 04/22/2011 through 05/20/2011.

Effective Date: 05/26/2011.

Physical Loan Application Deadline Date: 07/18/2011.

EIDL Loan Application Deadline Date: 02/21/2012.

ADDRESSES: Submit completed loan applications to: U.S. Small Business Administration, Processing And Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416

SUPPLEMENTARY INFORMATION: The notice of the Presidential disaster declaration for the Commonwealth of KENTUCKY, dated 05/19/2011 is hereby amended to include the following areas as adversely affected by the disaster:

Primary Counties: (Physical Damage and Economic Injury Loans): Ballard, Daviess, Henderson, Lawrence, McLean, Pike.

Contiguous Counties: (Economic Injury Loans Only):

Kentucky: Elliott, Floyd, Hancock, Johnson, Knott, Letcher, Martin, Morgan, Muhlenberg, Ohio.

Illinois: Alexander.

Indiana: Spencer, Vanderburgh, Warrick.

Virginia: Buchanan, Dickenson, Wise.

West Virginia: Mingo.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

James E. Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2011–13846 Filed 6–3–11; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #12572 and #12573]

Tennessee Disaster Number TN–00053

AGENCY: U.S. Small Business Administration.

ACTION: Amendment 1.

SUMMARY: This is an amendment of the Presidential declaration of a major disaster for the State of Tennessee (FEMA–1979–DR), dated 05/09/2011.

Incident: Severe Storms, Tornadoes, Straight-line, Winds, and Flooding.

Incident Period: 04/19/2011 and continuing.

Effective Date: 05/26/2011.

Physical Loan Application Deadline Date: 07/08/2011.

EIDL Loan Application Deadline Date: 02/09/2012.

ADDRESSES: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

SUPPLEMENTARY INFORMATION: The notice of the Presidential disaster declaration for the State of Tennessee, dated 05/09/2011 is hereby amended to include the following areas as adversely affected by the disaster:

Primary Counties: (Physical Damage and Economic Injury Loans): Gibson, Lauderdale.

Contiguous Counties: (Economic Injury Loans Only): Tennessee: Carroll, Haywood, Madison.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

James E. Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2011–13847 Filed 6–3–11; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Disaster Declaration #12566 and #12567

Kentucky Disaster Number KY–00039

AGENCY: U.S. Small Business Administration.

ACTION: Amendment 4.

SUMMARY: This is an amendment of the Presidential declaration of a major disaster for Public Assistance Only for the Commonwealth of Kentucky (FEMA–1976–DR), dated 05/04/2011.

Incident: Severe Storms, Tornadoes, and Flooding.

Incident Period: 04/22/2011 through 05/20/2011.

Effective Date: 05/25/2011.

Physical Loan Application Deadline Date: 07/05/2011.

Economic Injury (EIDL) Loan Application Deadline Date: 02/06/2012.

ADDRESSES: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

SUPPLEMENTARY INFORMATION: The notice of the President's major disaster declaration for Private Non-Profit organizations in the Commonwealth of KENTUCKY, dated 05/04/2011, is hereby amended to include the following areas as adversely affected by the disaster.

Primary Counties: Ballard, Breckinridge, Crittenden, Daviess, Floyd, Grayson, Hancock, Henderson, Hickman, Johnson, Knott, Livingston, Magoffin,

Marshall, Martin, McLean, Meade, Perry, Webster, Wolfe.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

Joseph P. Loddo,

Acting Associate Administrator for Disaster Assistance.

[FR Doc. 2011–13848 Filed 6–3–11; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration # 12588 and # 12589]

Minnesota Disaster Number MN–00030

AGENCY: U.S. Small Business Administration.

ACTION: Amendment 1.

SUMMARY: This is an amendment of the Presidential declaration of a major disaster for Public Assistance Only for the State of Minnesota (FEMA–1982–DR), dated 05/10/2011.

Incident: Severe Storms and Flooding.

Incident Period: 03/16/2011 and continuing.

Effective Date: 05/24/2011.

Physical Loan Application Deadline Date: 07/11/2011.

Economic Injury (EIDL) Loan Application Deadline Date: 02/10/2012.

ADDRESSES: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street, SW., Suite 6050, Washington, DC 20416.

SUPPLEMENTARY INFORMATION: The notice of the President's major disaster declaration for Private Non-Profit organizations in the State of MINNESOTA, dated 05/10/2011, is hereby amended to include the following areas as adversely affected by the disaster.

Primary Counties: Becker, Beltrami, Kittson, Marshall, Norman, Otter Tail, Polk, Ramsey, Red Lake, Roseau, Swift, Washington, Wright, and the Red Lake Reservation.

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Numbers 59002 and 59008)

James E. Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2011–13849 Filed 6–3–11; 8:45 am]

BILLING CODE 8025–01–P

DEPARTMENT OF STATE

[Public Notice 7486]

Determination and Waiver Relating to Assistance for the Independent States of the Former Soviet Union

Determination and Waiver of Section 7073(a) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010 (Div. F, Pub. L. 111–117), as carried forward under the Full-Year Continuing Appropriations Act, 2011 (Div. B, Pub. L. 112–10) ("the Act") Relating to Assistance for the Independent States of the Former Soviet Union.

Pursuant to the authority vested in me as Deputy Secretary of State, including by section Section 7073(a) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010 (Div. F, Pub. L. 111–117), as carried forward under the Full-Year Continuing Appropriations Act, 2011 (Div. B, Pub. L. 112–10) ("the Act"), Executive Order 13118 of March 31, 1999, and State Department Delegation of Authority No. 245–1, I hereby determine that it is in the national security interest of the United States to make available funds appropriated under the heading "Assistance for Europe, Eurasia and Central Asia" of the Act, without regard to the restriction in section 7073(a).

This determination shall be reported to the Congress and published in the **Federal Register**.

Dated: May 23, 2011.

James B. Steinberg,

Deputy Secretary of State.

[FR Doc. 2011–13920 Filed 6–3–11; 8:45 am]

BILLING CODE 4710–23–P

DEPARTMENT OF STATE

[Public Notice 7484]

Waiver of Restriction on Assistance to the Central Government of Dominican Republic

Pursuant to Section 7086(c)(2) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010 (Div. F, Pub. L. 111–117) as carried forward by the Full-Year Continuing Appropriations Act, 2011 (Div. B, Pub. L. 112–10) ("the Act"), and Department of State Delegation of Authority Number 245–1, I hereby determine that it is important to the national interest of the United States to waive the requirements of Section 7086(c)(1) of the Act with respect to the Dominican Republic and I hereby waive such restriction.

This determination shall be reported to the Congress, and published in the **Federal Register**.

Dated: May 26, 2011.

Thomas Nides,

Deputy Secretary of State for Management and Resources.

[FR Doc. 2011–13919 Filed 6–3–11; 8:45 am]

BILLING CODE 4710–29–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

[Docket No. FMCSA–2011–0065]

Agency Information Collection Activities; Request for Comment; Extension of an Information Collection: Hours of Service (HOS) of Drivers Regulations

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, FMCSA announces its plan to submit the Information Collection Request (ICR) described below to the Office of Management and Budget (OMB) for its review and approval and invites public comment. The FMCSA requests OMB approval to revise and extend an existing ICR entitled, "Hours of Service (HOS) of Drivers Regulations." The hours-of-service (HOS) rules require most commercial motor vehicle (CMV) drivers to maintain on the CMV an accurate record of duty status (RODS) in either paper or electronic form. The Agency, effective June 4, 2010, authorized the use of electronic on-board recorders (EOBRs) to create driver RODS. This ICR estimates, for the first time, the paperwork burden of motor carriers *voluntarily* using EOBRs. This ICR promotes safety in CMV operations by assisting motor carriers and enforcement officials in monitoring compliance with the HOS rules.

DATES: Comments must be submitted on or before August 5, 2011.

ADDRESSES: You may submit comments identified by Federal Docket Management System (FDMS) Docket Number FMCSA–2011–0065 using any of the following methods:

Web site: Federal eRulemaking Portal: *http://www.regulations.gov.* Follow the online instructions for submitting comments.

Fax: 1–202–493–2251.

Mail: Docket Management Facility; U.S. Department of Transportation, 1200

New Jersey Avenue, SE., West Building, Ground Floor, Room W12–140, 20590–0001.

Hand Delivery or Courier: West Building, Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., Washington, DC, between 9 a.m. and 5 p.m. E.T., Monday through Friday, except Federal holidays.

Instructions: All submissions must include the Agency name and docket number. For detailed instructions on submitting comments and additional information on the exemption process, see the Public Participation heading below. Note that all comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. Please see the Privacy Act heading below.

Docket: For access to the docket to read background documents or comments received, go to *http://www.regulations.gov,* and follow the online instructions for accessing the dockets, or go to the street address listed above.

Privacy Act: Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, *etc.*). You may review DOT's complete Privacy Act Statement for the Federal Docket Management System published in the **Federal Register** on January 17, 2008 (73 FR 3316), or you may visit *http://edocket.access.gpo.gov/2008/pdfE8-794.pdf.*

Public Participation: The Federal eRulemaking Portal is available 24 hours each day, 365 days each year. You can obtain electronic submission and retrieval help and guidelines under the "help" section of the Federal eRulemaking Portal Web site. If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard, or print the acknowledgement page that appears after submitting comments online. Comments received after the comment closing date will be included in the docket and will be considered to the extent practicable.

FOR FURTHER INFORMATION CONTACT: Mr. Thomas Yager, Chief, FMCSA Driver and Carrier Operations Division. *Telephone:* 202–366–4325. *E-mail: MCPSD@dot.gov.*

SUPPLEMENTARY INFORMATION:

Background: The FMCSA regulates the amount of time a CMV driver may drive or otherwise be on duty, in order to ensure that an adequate period of time is available to the driver to rest. A driver must accurately record his or her duty status (driving, on duty not driving, off duty, sleeper berth) at all points during the 24-hour period designated by the motor carrier (49 CFR 395.8(a)(1)). This record of duty status (RODS) must be made on a grid specified by subsection 395.8(g). The term "logbook" is often used in the industry to denote the collection of the most recent RODS of the driver. A driver must have the RODS for the previous 7 consecutive days in the CMV at all times (395.8(k)(2)). The RODS must be submitted to the motor carrier along with any supporting documents, such as fuel receipts and toll tickets that could assist in verifying the accuracy of entries on the RODS, and the motor carrier must retain these records for a minimum of 6 months from the date of receipt (49 CFR 395.8(k)(1)).

Statutory authority for regulating the hours of service (HOS) of drivers operating CMVs in interstate commerce is derived from 49 U.S.C. 31136 and 31502. The penalty provisions are located at 49 U.S.C. 521, 522 and 526, as amended. On November 28, 1982, the Federal Highway Administration (FHWA), the agency responsible for administration of the Federal Motor Carrier Safety Regulations (49 CFR 350 *et seq.*)(FMCSRs) at that time, promulgated a final rule requiring motor carriers to ensure that their drivers record their duty status in a specified format and verify the accuracy of the HOS of each driver (47 FR 53383). The rule is codified at 49 CFR 395.8. The FMCSRs also state:

> "No driver shall operate a commercial motor vehicle, and a commercial motor carrier shall not require or permit a driver to operate a commercial motor vehicle, while the driver's ability or alertness is so impaired, or so likely to become impaired, through fatigue, illness, or any other cause, as to make it unsafe for him/her to begin or continue to operate the commercial motor vehicle" (49 CFR 392.3).

The HOS rules provide four methods of recording driver duty status:

(1) *Paper RODS:* This grid form requires the driver to graph time and location on a paper record over a 24-hour period (Section 395.8(g)). It must be present on the CMV in the absence of a regulatory exception.

(2) *Time Record:* The HOS regulations allow certain "short haul" CMV drivers to avoid the onboard-the-CMV RODS requirement if their motor carrier records their HOS by means of a time record or time card maintained at the place of business (Section 395.1(e)). To qualify for this exception, short-haul drivers generally must return at the end of the duty day to the same location at which they began the day, and must remain within a certain distance of that location at all times during the duty day. The time record must show the time the driver began work, was released from work, and the total hours worked.

(3) *Automatic On-Board Recording Device (AOBRD):* An electronic record is permitted if it is created and maintained by an AOBRD as defined by 49 CFR 395.2. The record must include all the information that would appear on a paper log, and the driver or carrier must be capable of producing this information upon demand.

(4) *EOBR:* Motor carriers subject to an FMCSA remedial directive must use an electronic record created and maintained by an EOBR as defined in 49 CFR 395.2. Other motor carriers may voluntarily employ EOBRs.

The RODS is important because it provides motor carriers and enforcement personnel a significant tool for determining driver compliance with the HOS rules. Compliance helps FMCSA protect the public by reducing the number of tired CMV drivers on the highways.

Most States receive grants from FMCSA under the Motor Carrier Safety Assistance Program. As a condition of receiving these grants, States agree to adopt and enforce the FMCSRs, including the HOS rules, as State law. As a result, State enforcement inspectors use the RODS and supporting documents to determine whether CMV drivers are complying with the HOS rules. In addition, FMCSA uses the RODS during on-site compliance reviews (CRs) and targeted reviews of motor carriers. The CR is a public record. An unfavorable review can be damaging to a motor carrier's business because customers may access the CRs before selecting a motor carrier to hire. Finally, Federal and State judicial systems generally accept RODS as evidence in actions alleging driver of motor carrier violation of the HOS regulations. This information collection supports the DOT's Strategic Goal of Safety because the information helps the Agency ensure the safe operation of CMVs in interstate commerce on our Nation's highways.

The currently-approved PRA burden estimate is 181.28 million hours, as approved by OMB on August 20, 2010. The expiration date of this IC is August 31, 2011. In this ICR, FMCSA proposes to reduce the PRA burden by approximately 9.20 million burden hours, or by slightly over 5 per cent. FMCSA seeks OMB approval of its revised estimated PRA burden of 172.08 million burden hours. In today's

submission, FMCSA for the first time estimates the extent of *voluntary* EOBR use by motor carriers, and subtracts that same number from its estimate of the extent of the use of written RODS. The Agency maintains its OMB-approved estimates of the total number of CMV drivers subject to the HOS rules, and the total number of CMV drivers subject to an Agency remedial HOS directive.

By this notice, the Agency seeks public comment on its revised estimate of the paperwork burden of the HOS rules.

Title: Hours of Service (HOS) of Drivers Regulations.

OMB Control Number: 2126–0001.

Type of Request: Revision and extension of a currently-approved information collection.

Respondents: Motor Carriers, Drivers of CMVs.

Estimated Annual Respondents: 4.93 million [4.60 million drivers + 0.33 million active motor carriers = 4.93 million respondents].

Estimated Time per Response: A driver employing a paper RODS takes an average of 6.5 minutes to complete it; a driver employing an EOBR takes an average of 2 minutes to complete it. A driver takes an average of 5 minutes to forward a paper RODS to the motor carrier; a driver employing an EOBR is relieved of this task by automation. Whether using a paper or EOBR RODS, a motor carrier takes 2 minutes to review a RODS and its corresponding supporting documents, and 1 additional minute to maintain those supporting documents. For those motor carriers using an EOBR, the ICR burden of maintaining the RODS is eliminated by automation; for those motor carriers using paper RODS, 1 minute is required to maintain the RODS.

Expiration Date: 8/31/2011.

Estimated Frequency of Response:

Drivers: 240 days per year, on average.

Motor Carriers: 240 days per year, on average.

Estimated Annual Responses: 3,843.59 million—the sum of the following:

A. Driver Tasks

(1) Filling out the RODS: 1,104 million, and

(2) Forwarding the RODS to the motor carrier: 102.23 million.

B. Motor Carrier Tasks

(1) Reviewing the RODS: 552 million,

(2) Maintaining the RODS: 981.36 million, and

(3) Maintaining the supporting documents: 1,104 million.

Estimated Total Annual Burden: 172.08 million burden hours [118.92 million driver hours + 53.16 million carrier hours = 172.08].

Public Comments Invited: You are asked to comment on any aspect of this information collection, including: (1) Whether the proposed collection is necessary for the performance of FMCSA's functions; (2) the accuracy of the estimated burden; (3) ways for the FMCSA to enhance the quality, usefulness, and clarity of the collected information; and (4) ways that the burden could be minimized without reducing the quality of the information collected. The Agency will summarize or include your comments in the request for OMB's clearance of this ICR.

Issued on: May 27, 2011.

Kelly Leone,

Associate Administrator for Research and Information Technology.

[FR Doc. 2011–13900 Filed 6–3–11; 8:45 am]

BILLING CODE 4910–EX–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

[Docket No. FMCSA–2006–26367]

Motor Carrier Safety Advisory Committee Public Meeting

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice of Motor Carrier Safety Advisory Committee (MCSAC) Meeting.

SUMMARY: FMCSA announces that MCSAC will hold a committee meeting from Monday, June 20 through Wednesday, June 22, 2011. The meeting will be open to the public for its duration. The MCSAC will complete action on Task 11–01, regarding Patterns of Safety Violations by Motor Carrier Management and will begin work on Tasks 11–02, regarding Roadside violation severity weightings in the Carrier Safety Measurement System (CSMS) in FMCSA's Compliance, Safety, Accountability (CSA) program, and 11–03, regarding Oversight of the Agency's Long-Haul Cross Border Trucking Pilot Program.

TIME AND DATES: The meeting will be held on Monday and Tuesday, June 20–21, 2011, from 8:30 a.m. to 4 p.m., Eastern Time (E.T.), and on Wednesday, June 22, from 8:30 a.m. to 1 p.m., E.T. The last hour of each day will be reserved for public comment.

FOR FURTHER INFORMATION CONTACT: Ms. Shannon L. Watson, Senior Adviser to the Associate Administrator for Policy, Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE., Washington, DC 20590, (202) 385–2395, *mcsac@dot.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

MCSAC

Section 4144 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA–LU) (Pub. L. 109–59, 119 Stat. 1144, August 10, 2005) required the Secretary of Transportation to establish a Motor Carrier Safety Advisory Committee. The committee provides advice and recommendations to the FMCSA Administrator on motor carrier safety programs and regulations, and operates in accordance with the Federal Advisory Committee Act (5 U.S.C. App 2).

Patterns of Safety Violations Task

SAFETEA–LU Section 4133 allows the Secretary to suspend, amend, or revoke any part of a motor carrier's registration if the Secretary finds that an officer of a motor carrier engages, or has engaged, in a pattern or practice of avoiding compliance, or masking or otherwise concealing noncompliance, with the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations, while serving as an officer of any motor carrier. The section defines an officer as "an owner, director, chief executive officer, chief financial officer, safety director, vehicle maintenance supervisor, and driver supervisor of a motor carrier, regardless of title attached to these functions, and any person, however designated, exercising controlling influence over the operations of a motor carrier." Following deliberations of the Committee, the MCSAC will submit written recommendations in the form of a report to the FMCSA Administrator on this topic following its June 2011 meeting.

Roadside Violation Severity Weightings Task

FMCSA's new compliance and enforcement program, Compliance, Safety, Accountability (CSA), includes a new measurement system to assess carriers' safety performance. One of the core purposes of the CSMS is to identify poor motor carrier safety behavior. Building upon FMCSA's previous Safety Status Measurement System (SafeStat), CSMS quantifies the on-road safety performance of carriers to identify candidates for interventions, determine the specific safety problems exhibited by a carrier and its drivers, and monitor whether safety problems are improving or worsening. FMCSA requests that

MCSAC provide the CSA team with its observations and recommendations regarding the violation groups and their associated crash risk by reviewing the tables of violation groups. The Committee will designate a subcommittee to address this task and subsequently report back to the full MCSAC.

Long-Haul Cross Border Trucking Pilot Program Task

During the MCSAC's March 2011 meeting, FMCSA tasked the Committee with designating a subcommittee to provide independent monitoring for the program. The subcommittee would then report back to the full committee.

II. Meeting Participation

Oral comments from the public will be heard during the last hour of each day of this meeting. Members of the public may submit written comments on this topic by Wednesday, June 15, 2011, to Federal Docket Management System (FDMS) Docket Number FMCSA–2006–26367 using any of the following methods:

- *Federal eRulemaking Portal:* Go to *http://www.regulations.gov.* Follow the online instructions for submitting comments.
- *Fax:* 202–493–2251.
- *Mail:* Docket Management Facility; U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building, Room WI2–140, Washington, DC 20590.
- *Hand Delivery:* U.S. Department of Transportation, 1200 New Jersey Avenue, SE., Room WI2–140, Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Issued on: June 1, 2011.

Larry W. Minor,

Associate Administrator for Policy.

[FR Doc. 2011–13899 Filed 6–3–11; 8:45 am]

BILLING CODE 4910–EX–P

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

[Docket No. FRA–2011–0027; Notice No. 1]

Northeast Corridor Safety Committee; Notice of Meeting

AGENCY: Federal Railroad Administration (FRA), Department of Transportation (DOT).

ACTION: Announcement of the Northeast Corridor Safety Committee Meeting.

SUMMARY: FRA announces the first meeting of the Northeast Corridor Safety Committee, a Federal advisory committee that is mandated by Section 212 of the Passenger Rail Investment and Improvement Act of 2008 (PRIIA). The Committee is made up of stakeholders operating on the Northeast Corridor, and the purpose of the Committee is to provide annual recommendations to the Secretary of Transportation.

DATES: The meeting of the Northeast Corridor Safety Committee is scheduled to commence on Tuesday, June 14, 2011, at 9 a.m. and will adjourn by 3 p.m.

ADDRESSES: The Northeast Corridor Safety Committee meeting will be held at the Crowne Plaza Washington National Airport, located at 1480 Crystal Drive in Arlington, VA. The meeting is open to the public on a first-come, first-served basis, and is accessible to individuals with disabilities. Sign and oral interpretation can be made available if requested 10 calendar days before the meeting.

FOR FURTHER INFORMATION CONTACT: Larry Woolverton, Northeast Corridor Committee Administrative Officer/Coordinator, FRA, 1200 New Jersey Avenue, SE., Mailstop 25, Washington, DC 20590, (202) 493–6212; or Mark McKeon, Special Assistant to the Associate Administrator for Railroad Safety/Chief Safety Officer, FRA, 1200 New Jersey Avenue, SE., Mailstop 25, Washington, DC 20590, (202) 493–6350.

SUPPLEMENTARY INFORMATION: The Northeast Corridor Safety Committee is mandated by a statutory provision in Section 212 of the PRIIA (codified at 49 U.S.C. 24905(f)). This Committee is chartered by the Secretary and is an official Federal Advisory Committee established in accordance with the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. Title 5–Appendix.

Issued in Washington, DC, on June 1, 2011.

Jo Strang,

Associate Administrator for Railroad Safety/Chief Safety Officer.

[FR Doc. 2011–13924 Filed 6–1–11; 4:15 pm]

BILLING CODE 4910–06–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. DOT–NHTSA–2011–0061, Notice 1]

Notice of Receipt of Petition for Decision That Nonconforming 2007 Dodge Durango Multipurpose Passenger Vehicles Manufactured for the Mexican Market Are Eligible for Importation

AGENCY: National Highway Traffic Safety Administration, DOT.

ACTION: Notice of receipt of petition.

SUMMARY: This document announces receipt by the National Highway Traffic Safety Administration (NHTSA) of a petition for a decision that 2007 Dodge Durango multipurpose passenger vehicles (MPV) manufactured for the Mexican market (Mexican market 2007 Dodge Durango MPV), that were not originally manufactured to comply with all applicable Federal Motor Vehicle Safety Standards (FMVSS), are eligible for importation into the United States because they are substantially similar to vehicles that were originally manufactured for sale in the United States and that were certified by their manufacturer as complying with the safety standards (the U.S.-certified version of the 2007 Dodge Durango MPV,) and they are capable of being readily altered to conform to the standards.

DATES: The closing date for comments on the petition is July 6, 2011.

ADDRESSES: Comments should refer to the docket and notice numbers above and be submitted by any of the following methods:

- *Federal eRulemaking Portal:* Go to *http://www.regulations.gov.* Follow the online instructions for submitting comments.
- *Mail:* Docket Management Facility: U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building Ground Floor, Room W12–140, Washington, DC 20590–0001
- *Hand Delivery or Courier:* West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue, SE., between 9 a.m. and 5 p.m. E.T., Monday through Friday, except Federal holidays.
- *Fax:* 202–493–2251

Instructions: Comments must be written in the English language, and be no greater than 15 pages in length, although there is no limit to the length of necessary attachments to the comments. If comments are submitted in hard copy form, please ensure that

two copies are provided. If you wish to receive confirmation that your comments were received, please enclose a stamped, self-addressed postcard with the comments. Note that all comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. Please see the Privacy Act heading below.

Privacy Act: Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, *etc.*). You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477–78).

How to Read Comments submitted to the Docket: You may read the comments received by Docket Management at the address and times given above. You may also view the documents from the Internet at *http://www.regulations.gov.*

Follow the online instructions for accessing the dockets. The docket ID number and title of this notice are shown at the heading of this document notice. Please note that even after the comment closing date, we will continue to file relevant information in the Docket as it becomes available. Further, some people may submit late comments. Accordingly, we recommend that you periodically search the Docket for new material.

FOR FURTHER INFORMATION CONTACT: Coleman Sachs, Office of Vehicle Safety Compliance, NHTSA (202–366–3151).

SUPPLEMENTARY INFORMATION:

Background

Under 49 U.S.C. 30141(a)(1)(A), a motor vehicle that was not originally manufactured to conform to all applicable FMVSS shall be refused admission into the United States unless NHTSA has decided that the motor vehicle is substantially similar to a motor vehicle originally manufactured for importation into and sale in the United States, certified under 49 U.S.C. 30115, and of the same model year as the model of the motor vehicle to be compared, and is capable of being readily altered to conform to all applicable FMVSS.

Petitions for eligibility decisions may be submitted by either manufacturers or importers who have registered with NHTSA pursuant to 49 CFR part 592. As specified in 49 CFR 593.7, NHTSA publishes notice in the **Federal Register** of each petition that it receives, and affords interested persons an opportunity to comment on the petition. At the close of the comment period, NHTSA decides, on the basis of the petition and any comments that it has received, whether the vehicle is eligible for importation. The agency then publishes this decision in the **Federal Register**.

Wallace Environmental Testing Laboratories, Inc. of Houston, Texas (WETL) (Registered Importer 90–005) has petitioned NHTSA to decide whether nonconforming Mexican market 2007 Dodge Durango MPV's are eligible for importation into the United States. The vehicles which WETL believes are substantially similar are 2007 Dodge Durango MPV's that were manufactured for sale in the United States and certified by their manufacturer as conforming to all applicable FMVSS.

The petitioner claims that it carefully compared non-U.S. certified Mexican market 2007 Dodge Durango MPV's to their U.S.-certified counterparts, and found the vehicles to be substantially similar with respect to compliance with most FMVSS.

WETL submitted information with its petition intended to demonstrate that non-U.S. certified Mexican market 2007 Dodge Durango MPV's, as originally manufactured, conform to many FMVSS in the same manner as their U.S. certified counterparts, or are capable of being readily altered to conform to those standards.

Specifically, the petitioner claims that non-U.S. certified Mexican market 2007 Dodge Durango MPV's are identical to their U.S.-certified counterparts with respect to compliance with Standard Nos. 102 *Transmission Shift Lever Sequence, Starter Interlock, and Transmission Braking Effect,* 103 *Windshield Defrosting and Defogging Systems,* 104 *Windshield Wiping and Washing Systems,* 106 *Brake Hoses,* 108 *Lamps, Reflective Devices and Associated Equipment,* 111 *Rearview Mirrors,* 113 *Hood Latch System,* 114 *Theft Protection,* 116 *Motor Vehicle Brake Fluids,* 118 *Power-Operated Window, Partition, and Roof Panel Systems,* 120 *Tire Selection and Rims for Motor Vehicles Other than Passenger Cars,* 124 *Accelerator Control Systems,* 135 *Light Vehicle Brake Systems,* 138 *Tire Pressure Monitoring Systems,* 201 *Occupant Protection in Interior Impact,* 202 *Head Restraints,* 204 *Steering Control Rearward Displacement,* 205 *Glazing Materials,* 206 *Door Locks and Door Retention Components,* 207 *Seating Systems,* 208 *Occupant Crash Protection* 209 *Seat Belt Assemblies,* 210 *Seat Belt Assembly Anchorages,* 212 *Windshield Mounting,* 214 *Side Impact Protection,* 216 *Roof Crush Resistance,* 219 *Windshield Zone Intrusion,* 301 *Fuel System Integrity,* and 302 *Flammability of Interior Materials.*

Petitioner also contends that the vehicle is capable of being readily altered to meet the following standards, in the manner indicated:

Standard No. 101 *Controls and Displays:* inscription of the word "brake" on the instrument cluster in place of the international ECE warning symbol.

Standard No. 225 *Child Restraint Anchorage Systems:* inspection of all vehicles and installation of U.S.-model child restraint anchorage system components on vehicles not already so equipped to ensure that the child restraint anchorage system meets the requirements of this standard.

The petitioner additionally states that a vehicle identification plate must be affixed to the vehicles near the left windshield post to meet the requirements of 49 CFR Part 565.

All comments received before the close of business on the closing date indicated above will be considered, and will be available for examination in the docket at the above addresses both before and after that date. To the extent possible, comments filed after the closing date will also be considered. Notice of final action on the petition will be published in the **Federal Register** pursuant to the authority indicated below.

Authority: 49 U.S.C. 30141(a)(1)(A) and (b)(1); 49 CFR 593.8; delegations of authority at 49 CFR 1.50 and 501.8.

Issued on: May 31, 2011.

Claude H. Harris,

Director, Office of Vehicle Safety Compliance.

[FR Doc. 2011–13888 Filed 6–3–11; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF THE TREASURY

Community Development Financial Institutions Fund

Notice of Allocation Availability (NOAA) Inviting Applications for the CY 2011 Allocation Round of the New Markets Tax Credit Program

Announcement Type: Initial announcement of tax credit allocation availability.

DATES: Electronic applications must be received by 5 p.m. ET on July 27, 2011. Applications sent by mail, facsimile or other form will not be accepted. Please note the Community Development Financial Institutions Fund (the CDFI Fund) will only accept applications and attachments (*i.e.,* the CDE's authorized

representative signature page, the Controlling Entity's representative signature page, investor letters and organizational charts) in electronic form (see Section IV.D. of this NOAA for more details). Applications must meet all eligibility and other requirements and deadlines, as applicable, set forth in this NOAA. Allocation applicants that are not yet certified as Community Development Entities (CDEs) must submit an application for certification as a CDE that is postmarked on or before June 22, 2011 (see Section III of this NOAA for more details).

Executive Summary: This NOAA is issued in connection with the calendar year 2011 tax credit allocation round of the New Markets Tax Credit (NMTC) Program, as initially authorized by Title I, subtitle C, section 121 of the Community Renewal Tax Relief Act of 2000 (Pub. L. 106–554) and amended by section 221 of the American Jobs Creation Act of 2004 (Pub. L. 108–357), section 101 of the Gulf Opportunity Zone Act of 2005 (Pub. L. 108–357), Division A, section 102 of the Tax Relief and Health Care Act of 2006 (Pub. L. 109–432), and section 733 of the Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010 (the Act). Through the NMTC Program, the CDFI Fund provides authority to CDEs to offer an incentive to investors in the form of tax credits over seven years, which is expected to stimulate the provision of private investment capital that, in turn, will facilitate economic and community development in Low-Income Communities. Through this NOAA, the CDFI Fund announces the availability of up to $3.5 billion of NMTC authority authorized by the Act.

In this NOAA, the CDFI Fund specifically addresses how an entity may apply to receive an allocation of NMTCs, the competitive procedure through which NMTC Allocations will be made, and the actions that will be taken to ensure that proper allocations are made to appropriate entities.

I. Allocation Availability Description

A. Programmatic changes:

1. *Allocation Amounts:* As described in Section IIA, the CDFI Fund anticipates that it will provide allocation awards of not more than $125 million per applicant.

2. *Prior QEI Issuance Requirements:* In order to be eligible to apply for NMTC allocations in the CY2011 round, as described in Section III.A.2(a), applicants that have received NMTC allocation awards in previous rounds are required to meet minimum Qualified Equity Investment (QEI) issuance thresholds with respect to their prior-year allocations. These thresholds have been revised in comparison to the 2010 NOAA.

3. *Healthy Food Financing Initiative:* The United States Department of Agriculture (USDA), Health and Human Services (HHS), and the United States Department of Treasury are working together to support projects that increase access to healthy, affordable food in "food deserts"—low-income neighborhoods that lack access to healthy food options. As part of a coordinated effort called the Healthy Food Financing Initiative (HFFI), these three departments will aim to expand the availability of nutritious food through the establishment of healthy food retail outlets, including developing and equipping grocery stores, small retailers, corner stores, and farmers markets to help revitalize neighborhoods that currently lack these options.

The NMTC Program is one of several programs that have been identified as part of the HFFI. To this end, under the 2011 NMTC application round, the CDFI Fund will collect information from applicants regarding the extent to which they intend to use NMTCs in support of healthy food financing in food deserts. However, the extent to which an applicant intends to provide healthy food financing will not be a factor in the scoring or selection process. This information will be gathered for informational purposes only, as a means to identify NMTC awardees that may finance these types of activities going forward and to track the outcomes of these investments.

B. *Program guidance and regulations:* This NOAA provides guidance for the application and allocation of NMTCs for the ninth round of the NMTC Program and should be read in conjunction with: (i) Guidance published by the CDFI Fund on how an entity may apply to become certified as a CDE (66 *FR* 65806, December 20, 2001); (ii) the final regulations issued by the Internal Revenue Service (26 CFR 1.45D–1, published on December 28, 2004) and related guidance, notices and other publications; and (iii) the application and related materials for this ninth NMTC Program allocation round. All such materials may be found on the CDFI Fund's Web site at *http://www.cdfifund.gov.* The CDFI Fund encourages applicants to review these documents. Capitalized terms used, but not defined, in this NOAA shall have the respective meanings assigned to them in the allocation application, IRC § 45D or the IRS regulations.

II. Allocation Information

A. *Allocation amounts:* Pursuant to the Act, the CDFI Fund expects that it may allocate to CDEs the authority to issue to their investors up to the aggregate amount of $3.5 billion in equity as to which NMTCs may be claimed, as permitted under IRC § 45D(f)(1)(D). Pursuant to this NOAA, the CDFI Fund anticipates that it will not issue more than $125 million in tax credit allocation authority per applicant. The CDFI Fund, in its sole discretion, reserves the right to allocate amounts in excess of or less than the anticipated maximum allocation amount should the CDFI Fund deem it appropriate. In order to receive an allocation in excess of the $125 million cap, an applicant, at a minimum, will need to demonstrate that: (i) No part of its strategy can be successfully implemented without an allocation in excess of the applicable cap; and/or (ii) its strategy will produce extraordinary community impact. The CDFI Fund reserves the right to allocate tax credit authority to any, all, or none of the entities that submit an application in response to this NOAA, and in any amount it deems appropriate.

B. *Types of awards:* NMTC Program awards are made in the form of tax credit authority.

C. *Allocation Agreement:* Each Allocatee under this NOAA must sign an Allocation Agreement, which must be countersigned by the CDFI Fund, before the NMTC Allocation is effective. The Allocation Agreement contains the terms and conditions of the allocation. For further information, see Section VI of this NOAA.

III. Eligibility

A. *Eligible applicants:* IRC § 45D specifies certain eligibility requirements that each applicant must meet to be eligible to apply for an allocation of NMTCs. The following sets forth additional detail and certain additional dates that relate to the submission of applications under this NOAA for the $3.5 billion in general NMTC allocation authority.

1. *CDE certification:* For purposes of this NOAA, the CDFI Fund will not consider an application for an allocation of NMTCs unless: (a) The applicant is certified as a CDE at the time the CDFI Fund receives its NMTC Program allocation application; or (b) the applicant submits an application for certification as a CDE that is postmarked on or before June 22, 2011. Applicants for certification may obtain a CDE certification application through the CDFI Fund's Web site at *http://www.cdfifund.gov.* Applications for CDE

certification must be submitted as instructed in the application form. An applicant that is a community development financial institution (CDFI) or a specialized small business investment company (SSBIC) does not need to submit a CDE certification application; however, it must register as a CDE on the CDFI Fund's Web site on or before 5 p.m. ET on June 22, 2011.

The CDFI Fund will not provide allocations of NMTCs to applicants that are not certified as CDEs. See Section IV.D.1.(c) of this NOAA for further requirements relating to postmarks.

If an applicant that has already been certified as a CDE wishes to change its designated CDE service area, it must submit its request for such a change to the CDFI Fund; and the request must be received by the CDFI Fund by 5 p.m. ET on June 22, 2011. The CDE service area change request must be sent from the applicant's authorized representative and include the applicable CDE control number, the revised service area designation, and an updated accountability chart that reflects representation from Low-Income Communities in the revised service area. The service area change request must be sent by e-mail to *ccme@cdfi.treas.gov* or by facsimile to (202) 622–7754.

2. *Prior awardees or Allocatees:* Applicants must be aware that success in a prior round of any of the CDFI Fund's programs is not indicative of success under this NOAA. For purposes of this section, the CDFI Fund will consider an Affiliate to be any entity that meets the definition of Affiliate as defined in the NMTC allocation application materials, or any entity otherwise identified as an Affiliate by the applicant in its NMTC allocation application materials. Prior awardees of any CDFI Fund Program are eligible to apply under this NOAA, except as follows:

(a) *Prior Allocatees and Qualified Equity Investment (QEI) issuance requirements:* The following describes the QEI issuance requirements applicable to prior Allocatees.

A prior Allocatee in the CY 2005 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has issued and received funds in-hand (the term "funds in-hand" does not include committed funding) from its investors for 95 percent of its QEIs relating to its CY 2005 NMTC Allocation.

A prior Allocatee in the CY 2006 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 80 percent of its QEIs relating to its CY 2006 NMTC Allocation; or (ii) issued and received funds in-hand from its investors for at least 60 percent of its QEIs and that 100 percent of its total CY 2006 NMTC Allocation has been exchanged for funds in-hand from investors, or has been committed by its investors.

A prior Allocatee in the CY 2007 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 60 percent of its QEIs relating to its CY 2007 NMTC Allocation; or (ii) issued and received funds in-hand from its investors for at least 50 percent of its QEIs and that at least 80 percent of its total CY 2007 NMTC Allocation has been exchanged for funds in-hand from investors, or has been committed by its investors.

A prior Allocatee in the CY 2008 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 50 percent of its QEIs relating to its CY 2008 NMTC Allocation; or (ii) issued and received funds in-hand from its investors for at least 40 percent of its QEIs and that at least 80 percent of its total CY 2008 NMTC Allocation has been exchanged for funds in-hand from investors, or has been committed by its investors.

A prior Allocatee (with the exception of a Rural CDE Allocatee) in the CY 2009 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 30 percent of its QEIs relating to its CY 2009 NMTC Allocation; or (ii) issued and received funds in-hand from its investors for at least 20 percent of its QEIs and that at least 60 percent of its total CY 2008 NMTC Allocation has been exchanged for funds in-hand from investors, or has been committed by its investors. A prior Rural CDE Allocatee in the CY 2009 is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee can demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 20 percent of its QEIs relating to its CY 2008 NMTC Allocation.

A prior Allocatee (with the exception of a Rural CDE Allocatee) in the CY 2010 round of the NMTC Program is not eligible to receive a NMTC Allocation pursuant to this NOAA unless the Allocatee is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has: (i) Issued and received funds in-hand from its investors for at least 20 percent of its QEIs relating to its CY 2010 NMTC Allocation; or (ii) issued and received funds in-hand from its investors for at least 10 percent of its QEIs and that at least 30 percent of its total CY 2010 NMTC Allocation has been exchanged for funds in-hand from investors, or has been committed by its investors. A Rural CDE is not required to meet the above QEI issuance and commitment thresholds with regard to its CY 2010 NMTC allocation award.

In addition to the requirements described above, an entity is not eligible to receive a NMTC Allocation pursuant to this NOAA if an Affiliate of the applicant is a prior Allocatee and has not met the requirements for the issuance and/or commitment of QEIs as set forth above for the Allocatees in the prior allocation rounds of the NMTC Program.

Notwithstanding the above, if an applicant has received multiple NMTC allocation awards between the CY 2005 and the CY 2010, the applicant shall be deemed to be eligible to apply for a NMTC Allocation pursuant to this NOAA if the applicant is able to affirmatively demonstrate that, as of 11:59 p.m. ET on October 14, 2011, it has issued and received funds in-hand from its investors for at least 70 percent of its QEIs relating to its cumulative allocation amounts from these prior NMTC Program rounds. Rural CDEs that received allocations under the CY 2009 round may choose to exclude such allocations from this cumulative calculation, provided that the Allocatee has issued and received funds in-hand from its investors for at least 20 percent of its QEIs relating to its CY 2009 allocation. Rural CDEs that received allocations under the CY2010 round may choose to exclude such allocation from this cumulative calculation.

For purposes of this section of the NOAA, the CDFI Fund will only recognize as "issued" those QEIs that have been finalized in the CDFI Fund's Allocation Tracking System (ATS) by the deadlines specified above.

Allocatees and their Subsidiary transferees, if any, are advised to access ATS to record each QEI that they issue to an investor in exchange for funds in-hand. For purposes of this section of the NOAA, "committed" QEIs are only those Equity Investments that are evidenced by a written, signed document in which an investor: (i) Commits to make an investment in the Allocatee in a specified amount and on specified terms; (ii) has made an initial disbursement of the investment proceeds to the Allocatee, and such initial disbursement has been recorded in ATS as a QEI; (iii) commits to disburse the remaining investment proceeds to the Allocatee based on specified amounts and payment dates; and (iv) commits to make the final disbursement to the Allocatee no later than October 14, 2013.

The applicant will be required, upon notification from the CDFI Fund, to submit adequate documentation to substantiate the required issuances of and commitments for QEIs.

Applicants should be aware that these QEI issuance requirements represent the minimum threshold requirements that must be met in order to submit an application for assistance under this NOAA. As stated in Section V.B.2 of this NOAA, the CDFI Fund reserves the right to reject an application and/or adjust award amounts as appropriate based on information obtained during the review process—including an applicant's track record of raising QEIs and/or deploying its QLICIs.

Prior Allocatees that require any action by the CDFI Fund (i.e., certifying a subsidiary entity as a CDE; adding a subsidiary CDE to an Allocation Agreement; etc.) in order to meet the QEI issuance requirements above must submit their Certification Application for subsidiary CDEs by no later than July 8, 2011 and Allocation Agreement Amendment requests by no later than September 13, 2011 in order to guarantee that the CDFI Fund completes all necessary approvals prior to October 14, 2011. Applicants for certification may obtain a CDE certification application through the CDFI Fund's Web site at *http://www.cdfifund.gov.* Applications for CDE certification must be submitted as instructed in the application form.

(b) *Failure to meet reporting requirements:* The CDFI Fund will not consider an application submitted by an applicant if the applicant or any of its Affiliates is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program and is not current on the reporting requirements set forth in a previously executed assistance, allocation or award agreement(s), as of the application deadline of this NOAA. Please note that the CDFI Fund only acknowledges the receipt of reports that are complete. As such, incomplete reports or reports that are deficient of required elements will not be recognized as having been received.

(c) *Pending resolution of noncompliance:* If an applicant is a prior awardee or Allocatee under any CDFI Fund program and if: (i) It has submitted complete and timely reports to the CDFI Fund that demonstrate noncompliance with a previous assistance, award or Allocation Agreement; and (ii) the CDFI Fund has yet to make a final determination as to whether the entity is in default of its previous assistance, award or Allocation Agreement, the CDFI Fund will consider the applicant's application under this NOAA pending full resolution of the noncompliance, in the sole determination of the CDFI Fund. Further, if an Affiliate of the applicant is a prior CDFI Fund awardee or Allocatee and if such entity: (i) Has submitted complete and timely reports to the CDFI Fund that demonstrate noncompliance with a previous assistance, award or Allocation Agreement; and (ii) the CDFI Fund has yet to make a final determination as to whether the entity is in default of its previous assistance, award or Allocation Agreement, the CDFI Fund will consider the applicant's application under this NOAA pending full resolution of the noncompliance, in the sole determination of the CDFI Fund.

(d) *Default status:* The CDFI Fund will not consider an application submitted by an applicant that is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program if, as of the application deadline of this NOAA, the CDFI Fund has made a final determination that such applicant is in default of a previously executed assistance, allocation or award agreement(s) and the CDFI Fund has provided written notification of such determination to such applicant.

Further, an entity is not eligible to apply for an allocation pursuant to this NOAA if, as of the application deadline of this NOAA, the CDFI Fund has made a final determination that an Affiliate of the applicant is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program and has been determined by the CDFI Fund to be in default of a previously executed assistance, allocation or award agreement(s) and the CDFI Fund has provided written notification of such determination. Such entities will be ineligible to apply for an award pursuant to this NOAA so long as the Applicant's, or its Affiliate's, prior award or allocation remains in default status or such other time period as specified by the CDFI Fund in writing.

(e) *Termination in default:* The CDFI Fund will not consider an application submitted by an applicant that is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program if: (i) Within the 12-month period prior to the application deadline of this NOAA, the CDFI Fund has made a final determination that such applicant's prior award or allocation terminated in default of a previously executed assistance, allocation or award agreement(s); (ii) the CDFI Fund has provided written notification of such determination to such applicant; and (iii) the final reporting period end date for the applicable terminated assistance, allocation or award agreement(s) falls within the 12-month period prior to the application deadline of this NOFA.

Further, an entity is not eligible to apply for an allocation pursuant to this NOAA if: (i) Within the 12-month period prior to the application deadline of this NOAA, the CDFI Fund has made a final determination that an Affiliate of the applicant is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program whose award or allocation terminated in default of a previously executed assistance, allocation or award agreement(s); (ii) the CDFI Fund has provided written notification of such determination to the defaulting entity; and (iii) the final reporting period end date for the applicable terminated assistance, allocation or award agreement(s) falls within the 12-month period prior to the application deadline of this NOAA.

(f) *Undisbursed award funds:* The CDFI Fund will not consider an application submitted by an Applicant that is a prior CDFI Fund Awardee under any CDFI Fund program if the Applicant has a balance of undisbursed award funds (defined below) under said prior award(s), as of the applicable application deadline of this NOAA. Furthermore, an entity is not eligible to apply for an award pursuant to this NOAA if an Affiliate of the applicant is a prior CDFI Fund Awardee under any CDFI Fund program, and has a balance of undisbursed award funds under said prior award(s), as of the applicable application deadline of this NOAA. In a case where an Affiliate of the applicant is a prior CDFI Fund Awardee under any CDFI Fund program and has a balance of undisbursed award funds under said prior award(s) as of the applicable application deadline of this NOAA, the CDFI Fund will include the combined awards of the Applicant and

such Affiliated entities when calculating the amount of undisbursed award funds.

For purposes of the calculation of undisbursed award funds for the BEA Program, only awards made to the Applicant (and any Affiliates) three to five calendar years prior to the end of the calendar year of the application deadline of this NOAA are included ("includable BEA awards"). Thus, for purposes of this NOAA, undisbursed BEA Program award funds are the amount of FYs 2006, 2007 and 2008 awards that remain undisbursed as of the application deadline of this NOAA.

For purposes of the calculation of undisbursed award funds for the CDFI Program and the Native Initiatives Funding Programs, only awards made to the Applicant (and any entity that Controls the Applicant, is Controlled by the Applicant or shares common management officials with the Applicant, as determined by the CDFI Fund) two to five calendar years prior to the end of the calendar year of the application deadline of this NOAA are included ("includable CDFI/NI awards"). Thus, for purposes of this NOAA, undisbursed CDFI Program and Native Initiative (NI) awards are the amount of FYs 2006, 2007, 2008 and 2009 awards that remain undisbursed as of the application deadline of this NOAA.

To calculate total includable BEA/CDFI/NI awards: Amounts that are undisbursed as of the application deadline of this NOAA cannot exceed five percent (5%) of the total includable awards. Please refer to an example of this calculation in the 2011 Allocation Application Q&A document, available on the CDFI Fund's Web site.

The "undisbursed award funds" calculation does not include: (i) Tax credit allocation authority made available through the New Market Tax Credit (NMTC) Program; (ii) any award funds for which the CDFI Fund received a full and complete disbursement request from the Awardee by the applicable application deadline of this NOAA; (iii) any award funds for an award that has been terminated, in writing, by the CDFI Fund or deobligated by the CDFI Fund; or (iv) any award funds for an award that does not have a fully executed assistance or award agreement. The CDFI Fund strongly encourages Applicants requesting disbursements of "undisbursed funds" from prior awards to provide the CDFI Fund with a complete disbursement request at least 30 business days prior to the application deadline of this NOAA.

(g) *Contact the CDFI Fund:* Accordingly, Applicants that are prior awardees and/or Allocatees under any other CDFI Fund program are advised to: (i) Comply with the requirements specified in assistance, allocation and/or award agreement(s), and (ii) contact the CDFI Fund to ensure that all necessary actions are underway for the disbursement of any outstanding balance of a prior award(s). All outstanding reports and compliance questions should be directed to the Compliance Manager by e-mail at *cme@cdfi.treas.gov,* by telephone at (202) 622–6330, or by facsimile at (202) 622–7754. All disbursement questions should be directed to the CDFI Fund's Senior Resource Manager by telephone at (202) 622–7165 or by facsimile at (202) 622–7754. Requests submitted less than thirty calendar days prior to the application deadline may not receive a response before the application deadline.

Both the Compliance Manager and the Senior Resource Manager may be reached by mail at CDFI Fund, 601 13th Street, NW., Suite 200 South, Washington, DC 20005.

The CDFI Fund will respond to Applicants' reporting, compliance or disbursement questions between the hours of 9 a.m. and 5 p.m. ET, starting on the date of publication of this NOAA through July 25, 2011 (two days before the application deadline). The CDFI Fund will not respond to Applicants' reporting, compliance or disbursement phone calls or e-mail inquiries that are received after 5 p.m. ET on July 25, 2011 until after the funding application deadline of July 27, 2011.

3. *Entities that propose to transfer NMTCs to Subsidiaries:* Both for-profit and non-profit CDEs may apply to the CDFI Fund for allocations of NMTCs, but only a for-profit CDE is permitted to provide NMTCs to its investors. A non-profit applicant wishing to apply for a NMTC Allocation must demonstrate, prior to entering into an Allocation Agreement with the CDFI Fund, that: (i) It controls one or more Subsidiaries that are for-profit entities; and (ii) it intends to transfer the full amount of any NMTC Allocation it receives to said Subsidiary.

An applicant wishing to transfer all or a portion of its NMTC Allocation to a Subsidiary is not required to create the Subsidiary prior to submitting a NMTC allocation application to the CDFI Fund. However, the Subsidiary entities must be certified as CDEs by the CDFI Fund, and enjoined as parties to the Allocation Agreement at closing or by amendment to the Allocation Agreement after closing. Before the NMTC Allocation transfer may occur it must be pre-approved by the CDFI Fund, in its sole discretion.

The CDFI Fund strongly encourages a non-profit applicant to submit a CDE certification application to the CDFI Fund on behalf of the Subsidiary within 60 days after the non-profit applicant receives the draft Allocation Agreement from the CDFI Fund; as such Subsidiary must be certified as a CDE prior to entering into an Allocation Agreement with the CDFI Fund. A non-profit applicant that fails to certify one or more for-profit subsidiaries within 60 days of receiving the draft Allocation Agreement from the CDFI Fund is subject to the CDFI Fund rescinding the award.

4. *Entities that submit applications together with Affiliates; applications from common enterprises:* (a) As part of the allocation application review process, the CDFI Fund considers whether applicants are Affiliates, as such term is defined in the allocation application. If an applicant and its Affiliates wish to submit allocation applications, they must do so collectively, in one application; an applicant and its Affiliates may not submit separate allocation applications. If Affiliated entities submit multiple applications, the CDFI Fund reserves the right either to reject all such applications received or to select a single application as the only application considered for an allocation. In the case of governmental entities, the CDFI Fund may accept applications submitted by Affiliated entities, but only to the extent the CDFI Fund determines that the business strategies and/or activities described in such applications, submitted by separate entities, are distinctly dissimilar and are operated and/or managed by distinctly dissimilar boards and staff, including identified consultants. In such cases, the CDFI Fund reserves the right to limit award amounts to such entities to ensure that the entities do not collectively receive more than the $125 million cap.

For purposes of this NOAA, in addition to assessing whether applicants meet the definition of the term "Affiliate" found in the allocation application, the CDFI Fund will consider: (i) Whether the activities described in applications submitted by separate entities are, or will be, operated and/or managed as a common enterprise that, in fact or effect, may be viewed as a single entity; (ii) whether the applications submitted by separate entities contain significant narrative, textual or other similarities, and (iii) whether the business strategies and/or activities described in applications submitted by separate entities are so closely related, in fact or effect, they

may be viewed as substantially identical applications. In such cases, the CDFI Fund reserves the right either to reject all applications received from all such entities; to select a single application as the only one that will be considered for an allocation; and, in the event that an Application is selected to receive an allocation award, to deem certain activities ineligible. These requirements shall apply to all applicants, including those that are Affiliated with governmental entities.

(b) Furthermore, an applicant that receives an allocation in this allocation round (or its Subsidiary transferee) may not become an Affiliate of or member of a common enterprise (as defined above) with another applicant that receives an allocation in this allocation round (or its Subsidiary transferee) at any time after the submission of an allocation application under this NOAA. This prohibition, however, generally does not apply to entities that are commonly Controlled solely because of common ownership by QEI investors. This requirement will also be a term and condition of the Allocation Agreement (see Section VI.B. of this NOAA and additional application guidance materials on the CDFI Fund's Web site at *http://www.cdfifund.gov* for more details).

5. *Entities created as a series of funds:* An applicant whose business structure consists of an entity with a series of funds may apply for CDE certification as a single entity, or as multiple entities. If such an applicant represents that it is properly classified for Federal tax purposes as a single partnership or corporation, it may apply for CDE certification as a single entity. If an applicant represents that it is properly classified for Federal tax purposes as multiple partnerships or corporations, then it may submit a single CDE certification application on behalf of the entire series of funds, and each fund must be separately certified as a CDE. Applicants should note, however, that receipt of CDE certification as a single entity or as multiple entities is not a determination that an applicant and its related funds are properly classified as a single entity or as multiple entities for Federal tax purposes. Regardless of whether the series of funds is classified as a single partnership or corporation or as multiple partnerships or corporations, an applicant may not transfer any NMTC Allocations it receives to one or more of its funds unless the transfer is pre-approved by the CDFI Fund, in its sole discretion, which will be a condition of the Allocation Agreement.

6. *Entities that are BEA Program awardees:* An insured depository institution investor (and its Affiliates and Subsidiaries) may not receive a NMTC Allocation in addition to a BEA Program award for the same investment in a CDE. Likewise, an insured depository institution investor (and its Affiliates and Subsidiaries) may not receive a BEA Program award in addition to a NMTC Allocation for the same investment in a CDE.

IV. Application and Submission Information

A. *Address to request application package:* Applicants must submit applications electronically under this NOAA, through the CDFI Fund Web site. Following the publication of this NOAA, the CDFI Fund will make the electronic allocation application available on its Web site at *http://www.cdfifund.gov.* Applications sent by mail, facsimile or other form will not be accepted. Please note the CDFI Fund will only accept the application and attachments (*i.e.* the Applicant's authorized representative signature page, the Controlling Entity's representative signature page, investor letters and organizational charts) in electronic form.

B. *Application content requirements:* Detailed application content requirements are found in the application related to this NOAA. Applicants must submit all materials described in and required by the application by the applicable deadlines. Applicants will not be afforded an opportunity to provide any missing materials or documentation. Electronic applications must be submitted solely by using the format made available at the CDFI Fund's Web site. Additional information, including instructions relating to the submission of supporting information (*i.e.,* the Applicant's authorized representative signature page, the Controlling Entity's representative signature page, investor letters and organizational charts), is set forth in further detail in the electronic application. An application must include a valid and current Employer Identification Number (EIN) issued by the Internal Revenue Service and assigned to the applicant and, if applicable, it's Controlling Entity. Electronic applications without a valid EIN are incomplete and cannot be transmitted to the CDFI Fund. For more information on obtaining an EIN, please contact the Internal Revenue Service at (800) 829–4933 or *http://www.irs.gov.*

An applicant may not submit more than one application in response to this NOAA. In addition, as stated in Section III.A.4 of this NOAA, an applicant and its Affiliates must collectively submit only one allocation application; an applicant and its Affiliates may not submit separate allocation applications except as outlined above. Once an application is submitted, an applicant will not be allowed to change any element of its application.

C. *Form of application submission:* Applicants may only submit applications under this NOAA electronically. Applications sent by facsimile or by e-mail will not be accepted. Submission of an electronic application will facilitate the processing and review of applications and the selection of Allocatees; further, it will assist the CDFI Fund in the implementation of electronic reporting requirements.

1. *Electronic applications:* Electronic applications must be submitted solely by using the CDFI Fund's Web site and must be sent in accordance with the submission instructions provided in the electronic application form. The CDFI Fund recommends use of Internet Explorer version 8 on Windows XP, and optimally at least a 56Kbps Internet connection in order to meet the electronic application submission requirements. Use of other browsers (*i.e.,* Firefox), other versions of Internet Explorer, or other systems (*i.e.,* Mac) might result in problems during submission of the application. The CDFI Fund's electronic application system will only permit the submission of applications in which all required questions and tables are fully completed. Additional information, including instructions relating to the submission of supporting information (*i.e.,* the applicant's authorized representative signature page, the Controlling Entity's representative signature page, investor letters and organizational charts) is set forth in further detail in the electronic application.

D. *Application submission dates and times:*

1. *Application deadlines:*

(a) *Electronic applications:* must be received by 5 p.m. ET on July 27, 2011. Electronic applications cannot be transmitted or received after 5 p.m. ET on July 27, 2011. In addition, applicants that submit electronic applications must separately submit supporting information (*i.e.,* the applicant's authorized representative signature page, the Controlling Entity's representative signature page, investor letters and organizational charts) via their myCDFIFund account. The applicant's authorized representative signature page, the Controlling Entity's

representative signature page, investor letters and organizational charts must be submitted on or before 11:59 p.m. ET on July 29, 2011. The CDFI Fund recommends that attachments have a size limit of 5 megabytes (MB). See application instructions, provided in the electronic application and the 2011 Allocation Application Q&A, for further detail. Applications and other required documents received after this date and time will be rejected. If the applicant's authorized representative signature page is not received by the deadline specified above, the CDFI Fund reserves the right to reject the application. Please note that the document submission deadlines in this NOAA and/or the allocation application are strictly enforced.

(b) *Postmark:* For purposes of this NOAA, the term "postmark" is defined by 26 CFR 301.7502–1. In general, the CDFI Fund will require that the postmarked document bears a postmark date that is on or before the applicable deadline. The document must be in an envelope or other appropriate wrapper, properly addressed as set forth in this NOAA and delivered by the United States Postal Service or any other private delivery service designated by the Secretary of the Treasury. For more information on designated delivery services, please see IRS Notice 2002–62, 2002–2 C.B. 574.

E. *Intergovernmental Review:* Not applicable.

F. *Funding Restrictions:* For allowable uses of investment proceeds related to a NMTC Allocation, please see 26 U.S.C. 45D and the final regulations issued by the Internal Revenue Service (26 CFR 1.45D–1, published December 28, 2004) and related guidance. Please see Section I, above, for the Programmatic Changes of this NOAA.

G. *Paperwork Reduction:* Under the Paperwork Reduction Act (44 U.S.C. chapter 35), an agency may not conduct or sponsor a collection of information, and an individual is not required to respond to a collection of information, unless it displays a valid OMB control number. Pursuant to the Paperwork Reduction Act, the application has been assigned the following control number: 1559–0016.

V. Application Review Information

There are two parts to the substantive review process for each allocation application: Phase 1 and Phase 2. In Phase 1, the CDFI Fund will evaluate each application, assigning points and numeric scores according to the criteria described below. In Phase 2, the CDFI Fund will rank applicants in accordance with the procedures set forth below.

A. *Criteria:*

1. *Business Strategy* (25-point maximum): (a) When assessing an applicant's business strategy, reviewers will consider, among other things: the applicant's products, services and investment criteria; the prior performance of the applicant or its Controlling Entity, particularly as it relates to making similar kinds of investments as those it proposes to make with the proceeds of QEIs; the applicant's prior performance in providing capital or technical assistance to disadvantaged businesses or communities; the projected level of the applicant's pipeline of potential investments; the extent to which the applicant intends to make Qualified Low-Income Community Investments (QLICIs) in one or more businesses in which persons unrelated to the entity hold a majority equity interest; and the extent to which applicants that otherwise have notable relationships with the QALICBs financed will create benefits (beyond those created in the normal course of a NMTC transaction) to Low-Income Communities.

Under the Business Strategy criterion, an applicant will generally score well to the extent that it will deploy debt or investment capital in products or services which: (i) Are designed to meet the needs of underserved markets; (ii) are flexible or non-traditional in form and on better terms than available in the marketplace; and (iii) focus on customers or partners that typically lack access to conventional sources of capital. An applicant will also score well to the extent that, among other things, it: (i) Has a track record of successfully providing products and services similar to those it intends to use with the proceeds of QEIs; (ii) has identified, or has a process for identifying, potential transactions; (iii) demonstrates a likelihood of issuing QEIs and making the related QLICIs in a time period that is significantly shorter than the 5-year period permitted under IRC § 45D(b)(1); (iv) articulates a meaningful strategy for distributing any tax credit equity remaining at the end of the seven-year credit period and (v) in the case of an applicant proposing to purchase loans from CDEs, the applicant will require the CDE selling such loans to re-invest the proceeds of the loan sale to provide additional products and services to Low-Income Communities.

(b) *Priority Points:* In addition, as provided by IRC § 45D(f)(2), the CDFI Fund will ascribe additional points to entities that meet one or both of the statutory priorities. First, the CDFI Fund will give up to five (5) additional points to any applicant that has a record of having successfully provided capital or technical assistance to disadvantaged businesses or communities. Second, the CDFI Fund will give five (5) additional points to any applicant that intends to satisfy the requirement of IRC § 45D(b)(1)(B) by making QLICIs in one or more businesses in which persons unrelated (within the meaning of IRC § 267(b) or IRC § 707(b)(1)) to an applicant (or the applicant's subsidiary CDEs) hold the majority equity interest. Applicants may earn points for one or both statutory priorities. Thus, applicants that meet the requirements of both priority categories can receive up to a total of ten (10) additional points. A record of having successfully provided capital or technical assistance to disadvantaged businesses or communities may be demonstrated either by the past actions of an applicant itself or by its Controlling Entity (*i.e.,* where a new CDE is established by a nonprofit corporation with a history of providing assistance to disadvantaged communities). An applicant that receives additional points for intending to make investments in unrelated businesses and is awarded a NMTC Allocation must meet the requirements of IRC § 45D(b)(1)(B) by investing substantially all of the proceeds from its QEIs in unrelated businesses. The CDFI Fund will factor in an applicant's priority points when ranking applicants during Phase 2 of the review process, as described below.

2. *Community Impact* (25-point maximum): In assessing the potential benefits to Low-Income Communities that may result from the applicant's proposed investments, reviewers will consider, among other things, the degree to which the applicant is likely to achieve significant and measurable community development outcomes in its Low-Income Communities, and whether the applicant is working in particularly economically distressed markets and/or in concert with Federal, state or local government or community economic development initiatives *(i.e.,* Empowerment Zones, Enterprise Communities, and Renewal Communities). An applicant will generally score well under this section to the extent that: (a) It articulates how its strategy is likely to produce significant and measurable community development outcomes that would not be achieved without NMTCs; (b) it is working in particularly economically distressed or otherwise underserved communities and/or in concert with other Federal, State or local government or community economic development initiatives; and (c) it ensures that an investment into a project or business is

supported by and beneficial to the surrounding community.

3. *Management Capacity* (25-point maximum). In assessing an applicant's management capacity, reviewers will consider, among other things, the qualifications of the applicant's principals, its board members, its management team, and other essential staff or contractors, with specific focus on: experience in deploying capital or technical assistance, including activities similar to those described in the applicant's business strategy; asset management and risk management experience; experience with fulfilling compliance requirements of other governmental programs, including other tax programs; and the applicant's (or its Controlling Entity's) financial health. Reviewers will also consider the extent to which an applicant has protocols in place to ensure ongoing compliance with NMTC Program requirements and the level of involvement of community representatives in the Governing Board and/or Advisory Board in approving investment criteria or decisions.

An applicant will generally score well under this section to the extent that its management team or other essential personnel have experience in: (a) Deploying capital or technical assistance in Low-Income Communities, particularly those likely to be served by the applicant with the proceeds of QEIs; (b) asset and risk management; and (c) fulfilling government compliance requirements, particularly tax credit program compliance. An applicant will also score well to the extent it demonstrates strong financial health and a high likelihood of remaining a going-concern; it has policies and systems in place to ensure ongoing compliance with NMTC Program requirements, and Low-Income Community representatives in the Governing Board and/or Advisory Board play an active role in designing or implementing its investment criteria and/or decisions.

4. *Capitalization Strategy* (25-point maximum): When assessing an applicant's capitalization strategy, reviewers will consider, among other things: the key personnel of the applicant's (or Controlling Entity's) and their track record of raising capital, particularly from for-profit investors; the extent to which the applicant has secured investments, commitments to invest in NMTC, or indications of investor interest commensurate with its requested amount of tax credit allocations; the applicant's strategy for identifying additional investors, if necessary, including the applicant's (or its Controlling Entity's) prior performance with raising equity from investors, particularly for-profit investors; the distribution of the economic benefits of the tax credit; the extent to which the applicant intends to invest the proceeds from the aggregate amount of its QEIs at a level that exceeds the requirements of IRC § 45D(b)(1)(B) and the IRS regulations; the likelihood the applicant will raise sufficient capital to finance its cost of operations while charging reasonable fees; and the applicant's timeline for utilizing an NMTC Allocation.

An applicant will generally score well under this section to the extent that: (a) It has secured investor commitments, or has a reasonable strategy for obtaining such commitments; (b) its request for allocations is commensurate with both the level of QEIs it is likely to raise and its expected investment strategy to deploy funds raised with NMTCs; (c) it generally demonstrates that the economic benefits of the tax credit will be passed through to a QALICB; (d) it is likely to secure capital to finance its cost of operations and charge fees appropriate to the operational needs of the applicant; and (e) it intends to invest the proceeds from the aggregate amount of its QEIs at a level that exceeds the requirements of IRC § 45D(b)(1)(B) and the IRS regulations. In the case of an applicant proposing to raise investor funds from organizations that also will identify or originate transactions for the applicant or from affiliated entities, said applicant will score well to the extent that it will offer products with more favorable rates or terms than those currently offered by its investor(s) or Affiliated entities and/or will target its activities to areas of greater economic distress than those currently targeted by the investor or Affiliated entities.

B. *Review and selection process:* All allocation applications will be reviewed for eligibility and completeness. The CDFI Fund may consult with the IRS on the eligibility requirements under IRC § 45D. To be complete, the application must contain, at a minimum, all information described as required in the application form. An incomplete application will be rejected. Once the application has been determined to be eligible and complete, the CDFI Fund will conduct the substantive review of each application in two parts (Phase 1 and Phase 2) in accordance with the criteria and procedures generally described in this NOAA and the allocation application.

1. *Phase 1:* Reviewers will evaluate and score each application in the first part of the review process. An applicant must exceed a minimum overall aggregate base score threshold *and* exceed a minimum aggregate section score threshold in each of the four application sections (Business Strategy, Community Impact, Management Capacity, and Capitalization Strategy) in order to advance from the first part of the substantive review process. If, in the case of a particular application, a reviewer's total base score or section score(s) (in one or more of the four application scored sections), varies significantly from other reviewers' total base scores or section scores for such application, the CDFI Fund may, in its sole discretion, obtain the comments and recommendations of an additional reviewer to determine whether the anomalous score should be replaced with the score of the additional reviewer.

2. *Phase 2:* Once the CDFI Fund has determined which applicants have met the required minimum overall aggregate base score and aggregate section score thresholds, the CDFI Fund will rank applicants on the basis of their combined scores in the Business Strategy and Community Impact sections of the application and will make adjustments to each applicant's priority points so that these points maintain the same relative weight in the ranking of applicant scores in Phase 2 as in Phase 1. The CDFI Fund will award allocations in the order of this "Final Rank Score," subject to applicants' meeting all other eligibility requirements; provided, however, that the CDFI Fund, in its sole discretion, reserves the right to reject an application and/or adjust award amounts as appropriate based on information obtained during the review process. Most notably, in the cases of applicants (or their Affiliates) that are prior year allocatees, the CDFI Fund will review the activities of the prior year allocatee to determine whether the entity has: (a) effectively utilized its prior-year allocations; and (b) substantiated a need for additional allocation authority.

3. *Outstanding Reports:* In the case of an applicant, or Affiliates, that has previously received an award or allocation from the CDFI Fund through any CDFI Fund program, the CDFI Fund will deduct points for the applicant's (or its Affiliate's) failure to meet the reporting deadlines set forth in any assistance, award or Allocation Agreement(s) with the CDFI Fund during the entity's two complete fiscal years prior to the application deadline of this NOAA (generally FY 2009 and 2010).

C. *Allocations serving Non-Metropolitan counties:* As provided for under Section 102(b) of the Tax Relief

and Health Care Act of 2006 (Pub. L. 109–432), the CDFI Fund shall ensure that non-metropolitan counties receive a proportional allocation of Qualified Equity Investments (QEIs) under the NMTC Program. To this end, the CDFI Fund will ensure that the proportion of allocatees that are Rural CDEs is, at a minimum, equal to the proportion of applicants in the Phase 2 review pool that are Rural CDEs. The CDFI Fund will also endeavor to ensure that 20 percent of the QLICIs to be made using QEI proceeds are invested in Non-Metropolitan counties. A Rural CDE is one that has over the past five years dedicated at least 50 percent of its activities to Non-Metropolitan counties and has committed that at least 50 percent of its NMTC activities will be conducted in such areas. Non-Metropolitan counties are counties not contained within a Metropolitan Statistical Area, as such term is defined in OMB Bulletin No. 99–04 (Revised Statistical Definitions of Metropolitan Areas (MAs) and Guidance on Uses of MA Definitions) and applied using 2000 census data.

Applicants that meet the minimum scoring thresholds will be advanced to Phase 2 review and will be provided with "preliminary" awards, in descending order of Final Rank Score, until the $3.5 billion in allocation authority is expended. Once these "preliminary" award amounts are determined, the CDFI Fund will then analyze the allocatee pool to determine whether the two Non-Metropolitan proportionality objectives have been met.

The CDFI Fund will first examine the "preliminary" awards and allocatees to determine whether the percentage of allocatees that are Rural CDEs is, at a minimum, equal to the percentage of applicants in the Phase 2 review pool that are Rural CDEs. If this objective is not achieved, the CDFI Fund will provide awards to additional Rural CDEs from the Phase 2 pool, in descending order of their Final Rank Score, until the appropriate percentage balance is achieved. In order to accommodate the additional allocatees within the $3.5 billion allocation limitations, a formula reduction will be applied uniformly to the allocation amount for all allocatees in the pool.

The CDFI Fund will then determine whether the pool of allocatees will, in the aggregate, invest at least 20 percent of their QLICIs (as measured by dollar amount) in Non-Metropolitan counties. The CDFI Fund will first apply the "minimum" percentage of QLICIs that allocatees indicated in their applications would be targeted to Non-Metropolitan areas to the total allocation award amount of each allocatee (less whatever percentage the allocatee indicated would be retained for non-QLICI activities), and total these figures for all allocatees. If this aggregate total is greater than or equal to 20 percent of the QLICIs to be made by the allocatees, then the pool is considered balanced and the CDFI Fund will proceed with the allocation process. However, if the aggregate total is less than 20 percent of the QLICIs to be made by the allocatees, the CDFI Fund will consider requiring any or all of the Allocatees to direct up to the "maximum" percentage of QLICIs that they indicated would be targeted to Non-Metropolitan counties; taking into consideration their track record and ability to deploy dollars in Non-Metropolitan counties. If the CDFI Fund cannot meet the goal of 20 percent of QLICIs in Non-Metropolitan counties, the CDFI Fund may add additional Rural CDEs (in descending order of final rank score) to the allocatee pool. In order to accommodate any additional allocatees within the $3.5 billion allocation limitations, a reduction would be applied, in as uniform a manner as possible, to the allocation amount for all allocatees in the pool that have not committed to investing at least 20 percent of their QLICIs in Non-Metropolitan counties.

D. *Questions:* All outstanding reports or compliance questions should be directed to the Certifications and Compliance Manager by e-mail at *cme@cdfi.treas.gov;* by telephone at (202) 622–6330; by facsimile at (202) 622–7754; or by mail to CDFI Fund, 601 13th Street, NW., Suite 200 South, Washington, DC 20005. The CDFI Fund will respond to reporting or compliance questions between the hours of 9 a.m. and 5 p.m. ET, starting the date of the publication of this NOAA through July 25, 2011. The CDFI Fund will not respond to reporting or compliance phone calls or e-mail inquiries that are received after 5 p.m. ET on July 25, 2011 until after the funding application deadline of July 27, 2011.

E. *Right of rejection:* The CDFI Fund reserves the right to reject any NMTC allocation application in the case of a prior CDFI Fund awardee, if such applicant has failed to comply with the terms, conditions, and other requirements of the prior or existing assistance or award agreement(s) with the CDFI Fund. The CDFI Fund reserves the right to reject any NMTC allocation application in the case of a prior CDFI Fund Allocatee, if such applicant has failed to comply with the terms, conditions, and other requirements of its prior or existing Allocation Agreement(s) with the CDFI Fund. The CDFI Fund reserves the right to reject any NMTC allocation application in the case of any applicant, if an Affiliate of the applicant has failed to meet the terms, conditions and other requirements of any prior or existing assistance agreement, award agreement or Allocation Agreement with the CDFI Fund.

The CDFI Fund reserves the right to reject any NMTC allocation application in the case of a prior CDFI Fund Allocatee, if such applicant has failed to use its prior NMTC allocation(s) in a manner that is generally consistent with the business strategy (including, but not limited to, the proposed product offerings and markets served) set forth in the allocation application(s) related to such prior allocation(s). The CDFI Fund also reserves the right to reject any NMTC allocation application in the case of an Affiliate of the applicant that is a prior CDFI Fund Allocatee and has failed to use its prior NMTC allocation(s) in a manner that is generally consistent with the business strategy set forth in the allocation application(s) related to such prior allocation(s).

The CDFI Fund reserves the right to reject a NMTC allocation application if information (including administrative errors) comes to the attention of the CDFI Fund that adversely affects an applicant's eligibility for an award, adversely affects the CDFI Fund's evaluation or scoring of an application, adversely affects the CDFI Fund's prior determinations of CDE certification, or indicates fraud or mismanagement on the part of an applicant or the Controlling Entity, if such fraud or mismanagement by the Controlling Entity would hinder the applicant's ability to perform under the allocation agreement. If the CDFI Fund determines that any portion of the application is incorrect in any material respect, the CDFI Fund reserves the right, in its sole discretion, to reject the application.

As a part of the substantive review process, the CDFI Fund may permit the Allocation Recommendation Panel member(s) to make telephone calls to applicants for the sole purpose of obtaining, clarifying or confirming application information. In no event shall such contact be construed to permit an applicant to change any element of its application. Reviewers will not contact applicants without the prior approval of the CDFI Fund. At this point in the process, an applicant may be required to submit additional information about its application in order to assist the CDFI Fund with its final evaluation process. Such requests

must be responded to within the time parameters set by the CDFI Fund. The selecting official(s) will make a final allocation determination based on an applicant's file, including, without limitation, eligibility under IRC § 45D, the reviewers' scores and the amount of allocation authority available. In the case of applicants (or Affiliates of applicants) that are regulated by the Federal government or a State agency (or comparable entity), the CDFI Fund's selecting official(s) reserve(s) the right to consult with and take into consideration the views of the appropriate Federal or State banking and other regulatory agencies. In the case of applicants (or Affiliates of applicants) that are also Small Business Investment Companies, Specialized Small Business Investment Companies or New Markets Venture Capital Companies, the CDFI Fund reserves the right to consult with and take into consideration the views of the Small Business Administration.

The CDFI Fund reserves the right to conduct additional due diligence, as determined reasonable and appropriate by the CDFI Fund, in its sole discretion, related to the applicant, the applicant's Controlling Entity and the officers, directors, owners, partners and key employees of each.

Each applicant will be informed of the CDFI Fund's award decision through an electronic notification whether selected for an allocation (see Section VI.A. of this NOAA) or not selected for an allocation, which may be for reasons of application incompleteness, ineligibility or substantive issues. All applicants that are not selected for an allocation based on substantive issues will likely be given the opportunity to obtain feedback on their applications. This feedback will be provided in a format and within a timeframe to be determined by the CDFI Fund, based on available resources.

The CDFI Fund further reserves the right to change its eligibility and evaluation criteria and procedures, if the CDFI Fund deems it appropriate. If said changes materially affect the CDFI Fund's award decisions, the CDFI Fund will provide information regarding the changes through the CDFI Fund's website.

There is no right to appeal the CDFI Fund's allocation decisions. The CDFI Fund's allocation decisions are final.

VI. Award Administration Information

1. *Failure to meet reporting requirements:* If an Allocatee, or an Affiliate of an Allocatee, is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program and is not current on the reporting requirements set forth in the previously executed assistance, allocation or award agreement(s), as of the date of the award notification or thereafter, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on an Allocatee's ability to issue QEIs to investors until said prior awardee or Allocatee is current on the reporting requirements in the previously executed assistance, allocation or award agreement(s). Please note that the CDFI Fund only acknowledges the receipt of reports that are complete. As such, incomplete reports or reports that are deficient of required elements will not be recognized as having been received. If said prior awardee or Allocatee is unable to meet this requirement within the timeframe set by the CDFI Fund, the CDFI Fund reserves the right, in its sole discretion, to terminate and rescind the allocation made under this NOAA.

2. *Pending resolution of noncompliance:* If an Allocatee is a prior awardee or Allocatee under any CDFI Fund program and if: (i) It has submitted complete and timely reports to the CDFI Fund that demonstrate noncompliance with a previous assistance, award or Allocation Agreement; and (ii) the CDFI Fund has yet to make a final determination as to whether the entity is in default of its previous assistance, award or Allocation Agreement, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue Qualified Equity Investments to investors, pending full resolution, in the sole determination of the CDFI Fund, of the noncompliance. Further, if an Affiliate of an Allocatee is a prior CDFI Fund awardee or Allocatee and if such entity: (i) Has submitted complete and timely reports to the CDFI Fund that demonstrate noncompliance with a previous assistance, award or Allocation Agreement; and (ii) the CDFI Fund has yet to make a final determination as to whether the entity is in default of its previous assistance, award or Allocation Agreement, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue QEIs to investors, pending full resolution, in the sole determination of the CDFI Fund, of the noncompliance. If the prior awardee or Allocatee in question is unable to satisfactorily resolve the issues of noncompliance, in the sole determination of the CDFI Fund, the CDFI Fund reserves the right, in its sole discretion, to terminate and rescind the award notification made under this NOAA.

3. *Default status:* If, at any time prior to entering into an Allocation Agreement through this NOAA, the CDFI Fund has made a final determination that an Allocatee that is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program is in default of a previously executed assistance, allocation or award agreement(s) and has provided written notification of such determination to the Allocatee, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue QEIs to investors, until said prior awardee or Allocatee has submitted a complete and timely report demonstrating full compliance with said agreement within a timeframe set by the CDFI Fund. Further, if at any time prior to entering into an Allocation Agreement through this NOAA, the CDFI Fund has made a final determination that an Affiliate of the Allocatee is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program, and is in default of a previously executed assistance, allocation or award agreement(s) and has provided written notification of such determination to the defaulting entity, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue QEIs to investors, until said prior awardee or Allocatee has submitted a complete and timely report demonstrating full compliance with said agreement within a timeframe set by the CDFI Fund. If said prior awardee or Allocatee is unable to meet this requirement, the CDFI Fund reserves the right, in its sole discretion, to terminate and rescind the Notice of Allocation and the allocation made under this NOAA.

4. *Termination in default:* If (i) within the 12-month period prior to entering into an Allocation Agreement through this NOAA, the CDFI Fund has made a final determination that an Allocatee that is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program whose award or allocation was terminated in default of such prior agreement; (ii) the CDFI Fund has provided written notification of such determination to such organization; and (iii) the final reporting period end date for the applicable terminated agreement falls in such organization's 2009 or 2010 fiscal year, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue QEIs to

investors. Furthermore, if (i) within the 12-month period prior to entering into an Allocation Agreement through this NOAA, the CDFI Fund has made a final determination that an Affiliate of the Allocatee is a prior CDFI Fund awardee or Allocatee under any CDFI Fund program whose award or allocation was terminated in default of such prior agreement; (ii) the CDFI Fund has provided written notification of such determination to the defaulting entity; and (iii) the final reporting period end date for the applicable terminated agreement falls in such defaulting entity's 2009 or 2010 fiscal year, the CDFI Fund reserves the right, in its sole discretion, to delay entering into an Allocation Agreement and/or to impose limitations on the Allocatee's ability to issue QEIs to investors.

5. *Allocation Agreement:* Each applicant that is selected to receive a NMTC Allocation (including the applicant's Subsidiary transferees) must enter into an Allocation Agreement with the CDFI Fund. The Allocation Agreement will set forth certain required terms and conditions of the NMTC Allocation which may include, but are not limited to, the following: (i) The amount of the awarded NMTC Allocation; (ii) the approved uses of the awarded NMTC Allocation (*i.e.,* loans to or equity investments in Qualified Active Low-Income Businesses or loans to or equity investments in other CDEs); (iii) the approved service area(s) in which the proceeds of QEIs may be used, including the dollar amount of QLICIs that must be invested in Non-Metropolitan counties; (iv) the time period by which the applicant may obtain QEIs from investors; (v) reporting requirements for all applicants receiving NMTC Allocations; and (vi) a requirement to maintain certification as a CDE throughout the term of the Allocation Agreement. If an applicant has represented in its NMTC allocation application that it intends to invest substantially all of the proceeds from its investors in businesses in which persons unrelated to the applicant hold a majority equity interest, the Allocation Agreement will contain a covenant whereby said applicant agrees that it will invest substantially all of said proceeds in businesses in which persons unrelated to the applicant hold a majority equity interest.

In addition to entering into an Allocation Agreement, each applicant selected to receive a NMTC Allocation must furnish to the CDFI Fund an opinion from its legal counsel or a similar certification, the content of which will be further specified in the Allocation Agreement, to include, among other matters, an opinion that an applicant (and its Subsidiary transferees, if any): (i) Is duly formed and in good standing in the jurisdiction in which it was formed and the jurisdiction(s) in which it operates; (ii) has the authority to enter into the Allocation Agreement and undertake the activities that are specified therein; (iii) has no pending or threatened litigation that would materially affect its ability to enter into and carry out the activities specified in the Allocation Agreement; and (iv) is not in default of its articles of incorporation, bylaws or other organizational documents, or any agreements with the Federal government.

If an Allocatee identifies Subsidiary transferees, the CDFI Fund reserves the right to require an Allocatee to provide supporting documentation evidencing that it Controls such entities prior to entering into an Allocation Agreement with the Allocatee and its Subsidiary transferees. The CDFI Fund reserves the right, in its sole discretion, to rescind its allocation award if the Allocatee fails to return the Allocation Agreement, signed by the authorized representative of the Allocatee, and/or provide the CDFI Fund with any other requested documentation, within the deadlines set by the CDFI Fund.

6. *Fees:* The CDFI Fund reserves the right, in accordance with applicable Federal law and if authorized, to charge allocation reservation and/or compliance monitoring fees to all entities receiving NMTC Allocations. Prior to imposing any such fee, the CDFI Fund will publish additional information concerning the nature and amount of the fee.

7. *Reporting:* The CDFI Fund will collect information, on at least an annual basis from all applicants that are awarded NMTC Allocations and/or are recipients of QLICIs, including such audited financial statements and opinions of counsel as the CDFI Fund deems necessary or desirable, in its sole discretion. The CDFI Fund will use such information to monitor each Allocatee's compliance with the provisions of its Allocation Agreement and to assess the impact of the NMTC Program in Low-Income Communities. The CDFI Fund may also provide such information to the IRS in a manner consistent with IRC § 6103 so that the IRS may determine, among other things, whether the Allocatee has used substantially all of the proceeds of each QEI raised through its NMTC Allocation to make QLICIs. The Allocation Agreement shall further describe the Allocatee's reporting requirements.

The CDFI Fund reserves the right, in its sole discretion, to modify these reporting requirements if it determines it to be appropriate and necessary; however, such reporting requirements will be modified only after due notice to Allocatees.

VII. Agency Contacts

The CDFI Fund will provide programmatic and information technology support related to the allocation application between the hours of 9 a.m. and 5:00 p.m. ET through July 25, 2011. The CDFI Fund will not respond to phone calls or e-mails concerning the application that are received after 5 p.m. ET on July 25, 2011 until after the allocation application deadline of July 27, 2011. Applications and other information regarding the CDFI Fund and its programs may be obtained from the CDFI Fund's Web site at *http://www.cdfifund.gov.* The CDFI Fund will post on its Web site responses to questions of general applicability regarding the NMTC Program.

A. *Information technology support:* Technical support can be obtained by calling (202) 622–2455 or by e-mail at *ithelpdesk@cdfi.treas.gov.* People who have visual or mobility impairments that prevent them from accessing the Low-Income Community maps using the CDFI Fund's Web site should call (202) 622–2455 for assistance. These are not toll free numbers.

B. *Programmatic support:* If you have any questions about the programmatic requirements of this NOAA, contact the CDFI Fund's NMTC Program Manager by e-mail at *cdfihelp@cdfi.treas.gov,* by telephone at (202) 622–6355, by facsimile at (202) 622–7754, or by mail at CDFI Fund, 601 13th Street, NW., Suite 200 South, Washington, DC 20005. These are not toll-free numbers.

C. *Administrative support:* If you have any questions regarding the administrative requirements of this NOAA, contact the CDFI Fund's NMTC Program Manager by e-mail at *cdfihelp@cdfi.treas.gov,* by telephone at (202) 622–6355, by facsimile at (202) 622–7754, or by mail at CDFI Fund, 601 13th Street, NW., Suite 200 South, Washington, DC 20005. These are not toll free numbers.

D. *IRS support:* For questions regarding the tax aspects of the NMTC Program, contact Branch Five, Office of the Associate Chief Counsel (Passthroughs and Special Industries), IRS, by telephone at (202) 622–3040, by facsimile at (202) 622–4753, or by mail at 1111 Constitution Avenue, NW., Attn: CC:PSI:5, Washington, DC 20224. These are not toll free numbers.

E. *Legal counsel support:* If you have any questions or matters that you believe require response by the CDFI Fund's Office of Legal Counsel, please refer to the document titled "How to Request a Legal Review," found on the CDFI Fund's Web site at *http://www.cdfifund.gov.*

VIII. Information Sessions

In connection with this NOAA, the CDFI Fund may conduct multiple information sessions around the country at locations to be announced, as well as an information session that will be produced in Washington, DC and broadcast over the Internet via webcasting. For further information on these upcoming information sessions, please visit the CDFI Fund's Web site at *http://www.cdfifund.gov* or call the CDFI Fund at (202) 927–6224.

Authority: 26 U.S.C. 45D; 31 U.S.C. 321; 26 CFR 1.45D–1.

Dated: May 27, 2011.

Donna J. Gambrell,

Director, Community Development Financial Institutions Fund.

[FR Doc. 2011–13864 Filed 6–3–11; 8:45 am]

BILLING CODE 4810–70–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 2678

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 2678, Employer/Payer Appointment of Agent.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala at Internal Revenue Service, room 6129, 1111 Constitution Avenue NW., Washington, DC 20224, or at (202) 622–3634, or through the Internet at *RJoseph.Durbala@irs.gov*.

SUPPLEMENTARY INFORMATION:

Title: Employer/Payer Appointment of Agent.

OMB Number: 1545–0748.

Form Number: 2678.

Abstract: Internal Revenue Code section 3504 authorizes a fiduciary, agent or other person to perform acts of an employer for purposes of employment taxes. Form 2678 is used to empower an agent with the responsibility and liability of collecting and paying the employment taxes including backup withholding and filing the appropriate tax return.

Current Actions: There are no changes being made to the burden previously approved by OMB at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Businesses or other for-profit organizations, not-for-profit institutions, farms and the Federal Government.

Estimated Number of Respondents: 6,130,000.

Estimated Time per Respondent: 2.24 hours.

Estimated Total Annual Burden Hours: 13,731,000.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 25, 2011.

Yvette Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13859 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Agency Information Collection Activities: Submissions and Approvals

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13(44 U.S.C. 3506(c)(2)(A)). The IRS is soliciting comments concerning information collection requirements related to Domestic Reinvestment Plans and Other Guidance under Section 965.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette B. Lawrence, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the regulations should be directed to Joel Goldberger at Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 927–9368, or through the Internet at *Joel.P.Goldberger@irs.gov).*

SUPPLEMENTARY INFORMATION:

Title: Domestic Reinvestment and Other Guidance under Section 965.

OMB Number: 1545–1926.

Regulation Project Number: Notice 2005–10, as modified by Notice 2005–38.

Abstract: Notice 2005–10 provides guidance concerning new section 965 of the Internal Revenue Code (Code). It sets forth general principles and specific

guidance on domestic reinvestment plans and on investments in the United States described in section 965(b)(4)(B). The Treasury Department and the Internal Revenue Service (IRS) intend to issue additional notices providing guidance concerning section 965, including rules relating to the foreign tax credit and expense allocation, rules for adjusting the calculation of the base period amounts to take into account mergers, acquisitions and spin-offs, and rules regarding controlled groups. The Treasury Department and the IRS expect to issue regulations that incorporate the guidance provided in this and the subsequent notices. Notice 2005–38 primarily addresses the limitations, described in section 965(b)(1), (2), and (3), on the amount of dividends that a corporation that is a U.S. shareholder of a controlled foreign corporation may treat as eligible for the dividends received deduction under section 965(a) (DRD or section 965(a) DRD), including the effects of certain transactions on such limitations.

Current Actions: There is no change to this existing regulation.

Type of Review: Extension of currently approved collection.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 25,000.

Estimated Time per Respondent: 150 hours.

Estimated Total Annual Burden Hours: 3,750,000.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 18, 2011.

Yvette B. Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13891 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 8864

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 8864, Biodiesel Fuels Credit.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to, Yvette B. Lawrence, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form(s) and instructions should be directed to Joel Goldberger (202) 927–9368, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or through the Internet at *Joel.P.Goldberger@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Biodiesel Fuels Credit.

OMB Number: 1545–1924.

Form Number: 8864.

Abstract: The American Jobs Creation Act of 2004, section 302, added new code section 40A, credit for biodiesel used as a fuel. Form 8864 has been developed to allow taxpayers to compute the biodiesel fuels credit. Section 38(b)(17) allows the biodiesel credit to be taken as a credit against income tax for businesses that sell or use biodiesel mixed with other fuels or sold as straight biodiesel.

Current Actions: There are no changes being made to Form 8864 at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit.

Estimated Number of Respondents: 40.

Estimated Total Annual Burden Hours: 310.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 20, 2011.

Yvette B. Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13890 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Revenue Procedure 2003–84

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Revenue Procedure 2003–84, Optional election to make monthly 706(a) computations.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the regulations should be directed to R. Joseph Durbala at Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3634, or through the Internet at *RJoseph.Durbala@irs.gov*.

SUPPLEMENTARY INFORMATION:

Title: Optional election to make monthly 706(a) computations.

OMB Number: 1545–1768.

Revenue Procedure Number: Revenue Procedure 2003–84.

Abstract: This procedure allows certain partnerships that invest in tax-exempt obligations to make an election that enables the partners to take into account monthly the inclusions required under sections 702 and 707(c) of the Code and provides rules for partnership income tax reporting under section 6031 for such partnerships. Rev. Proc. 2002–68 modified and superseded.

Current Actions: There are no changes being made to the revenue procedure at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents/Recordkeepers: 1,000.

Estimated Time per Respondent/Recordkeeper: ½ hour.

Estimated Total Annual Reporting/Recordkeeping Hours. 500.

The following paragraph applies to all the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 24, 2011.

Yvette Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13863 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 12114

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 12114, Continuation Sheet for Item #15 (Additional Information) OF–306, Declaration for Federal Employment.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette Lawrence Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, at Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622–3634, or through the Internet at *RJoseph.Durbala@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Continuation Sheet for Item #15 (Additional Information) OF–306, Declaration for Federal Employment.

OMB Number: 1545–1921.

Form Number: 12114.

Abstract: This form is used by recruitment personnel of the Covington Host Site. This form is provided to applicants when completing OF 306, Declaration for Federal Employment. It is used as a continuation sheet to clearly define additional information that is requested in item 15 of the OF 306. Due to lack of space on the OF 306 this form can be used in lieu of an additional sheet of paper.

Type of Review: Extension of a currently approved collection.

Affected Public: Individuals or households.

Estimated Number of Respondents: 24,813.

Estimated Time per Respondent: 15 minutes.

Estimated Total Annual Burden Hours: 6,203.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 24, 2011.

Yvette Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13865 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 8878–A

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 8878–A, IRS e-file Electronic Funds Withdrawal Authorization for Form 7004.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form and instructions should be directed to Allan Hopkins, at (202) 622–6665, or at Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or through the Internet, at *Allan.M.Hopkins@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: IRS e-file Electronic funds Withdrawal Authorization for Form 7004.

OMB Number: 1545–1927.

Form Number: 8878–A.

Abstract: Form 8878–A is used by a corporate officer or agent and an electronic return originator (ERO) to use a personal identification number (PIN) to authorize an electronic funds withdrawal for a tax payment made with a request to extend the filing due date for a corporate income tax return.

Current Actions: There are no changes being made to the form at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 140,000.

Estimated Time per Respondent: 3 hours, 37 minutes.

Estimated Total Annual Burden Hours: 505,400.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number.

Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 18, 2011.

Yvette Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13866 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 4684

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 4684, Casualties and Thefts.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, (202) 622–3634, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224 or through the Internet at *RJoseph.Durbala@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Casualties and Thefts.

OMB Number: 1545–0177.

Form Number: 4684.

Abstract: Form 4684 is used by taxpayers to compute their gain or loss from casualties or thefts, and to summarize such gains and losses. The data is used to verify that the correct gain or loss has been computed.

Current Actions: There are no changes being made to the form at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Individuals or households and business or other for-profit organizations.

*Estimated Number of Respo*ndents: 268,350.

Estimated Time per Respondent: 5 hrs., 32 min.

Estimated Total Annual Burden Hours: 1,486,659.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 25, 2011.

Yvette Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13867 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 12311

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 12311, Notice Regarding Repayment of a Buyout Prior to Re-employment with the Federal Government.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to, Yvette B. Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form(s) and instructions should be directed to Joel Goldberger, (202) 927–9368, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or through the Internet at *Joel.P.Goldberger@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Notice Regarding Repayment of a Buyout Prior to Re-employment with the Federal Government.

OMB Number: 1545–1920.

Form Number: Form 12311.

Abstract: This form requests applicants to certify if they ever worked for the Federal Government and if they received a Buyout within the last 5 years. This is to ensure that applicants who meet the criteria are counseled that they are required to pay back the entire Buyout prior to entering on duty with the IRS.

Current Actions: There are no changes being made to these forms at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Individuals or households and Federal Government.

Estimated Number of Responses: 33,085.

Estimated Time Per Response: 5 minutes.

Estimated Total Annual Burden Hours: 2,757.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 17, 2011.

Yvette B. Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13868 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Regulation Project

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). The IRS is soliciting comments concerning information collection requirements related to Purchase Price Allocations in Deemed and Actual Asset Acquisitions.

DATES: Written comments should be received on or before August 5, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette B. Lawrence, Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or

copies of the regulations should be directed to Joel Goldberger, at Internal Revenue Service, room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 927–9368, or through the Internet at *Joel.P.Goldberger@irs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Purchase Price Allocation in Deemed and Actual Asset Acquisition.

OMB Number: 1545–1658.

Regulation Project Number: REG–107069–97 (T.D. 8940).

Abstract: Section 338 of the Internal Revenue Code provides rules under which a qualifying stock acquisition is treated as an asset acquisition (a "deemed asset acquisition") when an appropriate election is made. Section 1060 provides rules for the allocation of consideration when a trade or business is transferred. The collection of information is necessary to make the election, to calculate and collect the appropriate amount of tax liability when a qualifying stock acquisition is made, to determine the persons liable for such tax, and to determine the bases of assets acquired in the deemed asset acquisition.

Current Actions: There are no changes to the paperwork burden previously approved by OMB. This document is being submitted for renewal purposes only.

Type of Review: Extension of OMB approval.

Affected Public: Business or other for-profit organizations, and farms.

The regulation provides that a section 338 election is made by filing Form 8023. The burden for this requirement is reflected in the burden of Form 8023. The regulation also provides that both a seller and a purchaser must each file an asset acquisition statement on Form 8594. The burden for this requirement is reflected in the burden of Form 8594.

The burden for the collection of information in § 1.338–2T(e)(4) is as follows:

Estimated Number of Respondents/Recordkeeper: 45.

Estimated Average Annual Burden per Respondent/Recordkeeper: 34 minutes.

Estimated Total Annual Reporting/Recordkeeping Hours: 25.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: May 18, 2011.

Yvette B. Lawrence,

IRS Reports Clearance Officer.

[FR Doc. 2011–13869 Filed 6–3–11; 8:45 am]

BILLING CODE 4830–01–P

FEDERAL REGISTER

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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Part 414

Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 414

[CMS–1582–PN]

RIN 0938–AQ87

Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice sets forth proposed revisions to work relative value units (RVUs) and corresponding changes to the practice expense and malpractice RVUs affecting payment for physicians' services. The statute requires that we review RVUs no less often than every 5 years. This is our Fourth Five-Year Review of Work RVUs since we implemented the physician fee schedule (PFS) on January 1, 1992. These revisions to work RVUs are proposed to be effective for services furnished beginning January 1, 2012. These revisions reflect changes in medical practice and coding that affect the relative amount of physician work required to perform each service as required by the statute. The Fourth Five-Year Review of Work includes services that were submitted through public comment and by the Medicare contractor medical directors (CMDs), as well as a number of potentially misvalued codes identified by CMS (that is, Harvard valued codes and codes with Site-of-Service anomalies).

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on July 25, 2011.

ADDRESSES: In commenting, please refer to file code CMS–1582–PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the "Submit a comment" instructions.

2. *By regular mail.* You may mail written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1582–PN, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1582–PN, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Erin Smith, (410) 786–4497, for issues related to physician payment and for all other issues not identified below.

Elizabeth Truong, (410) 786–6005, or Sara Vitolo, (410) 786–5714, for issues related to work RVUs.

Ryan Howe, (410) 786–3355, for issues related to PE RVUs.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: *http://regulations.gov.* Follow the search instructions on that Web site to view public comments.

Comments received timely will be also available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

Table of Contents

I. Background
A. History
B. Physician Fee Schedule Rulemaking
C. The Five-Year Review Process
1. Identification of CPT Codes for Review
2. Background on American Medical Association/Specialty Society Relative Value Update Committee (AMA RUC) Recommendations AMA RUC
3. Five-Year Review of Work Process
II. CMS Review of Five-Year Review Codes
A. CMS Analytical Approach
B. Summary of Proposed Work RVUs for Five-Year Review Codes
C. Code-Specific Discussions of Proposed Alternative Work RVUs
1. Drainage of Hematoma
2. Wound Repair
3. Skin Grafts
4. Destruction of Skin Lesions
5. Partial Mastectomy
6. Percutaneous Vertebroplasty/Kyphoplasty
7. Closed Treatment of Distal Radial Fracture
8. Orthopaedic Surgery—Thigh/Knee
9. Treatment of Ankle Fracture
10. Orthopaedic Surgery/Podiatry
11. Application of Cast and Strapping
12. Cardiothoracic Surgery
13. Vascular Surgery
14. Excise Parotid Gland/Lesion
15. Endoscopic Cholangiopancreatography
16. Sigmoidoscopy
17. Laparoscopic Cholecystectomy
18. Hernia Repair
19. Laparoscopic Hernia Repair
20. Urologic Procedures
21. Removal of Thyroid/Parathyroid
22. Implant Neuroelectrodes
23. Injection of Anesthetic Agent
24. Gastric Emptying Study
25. Nasopharyngoscopy
26. Cardiopulmonary Resuscitation
27. Osteopathic Manipulative Treatment
28. Observation Care
D. HCPAC-Recommended Work RVUs—Excision of Nail
E. CPT Codes Identified Through the Five-Year Review Process, But Not Reviewed by CMS
1. CPT Codes Referred to CPT Editorial Board
2. CPT Codes Withdrawn From the Five-Year Review

3. CPT Codes That Are Interim Final for CY 2011
4. CPT Codes for Preventive Medicine Services
F. Resource-Based Practice Expense RVUs
1. Overview
2. Practice Expense Methodology
a. Direct Practice Expense
b. Indirect Practice Expense per Hour Data
c. Allocation of Practice Expense to Services
d. Facility and Nonfacility Costs
e. Services With Technical Components and Professional Components
f. Practice Expense RVU Methodology
3. Practice Expense RVUs for Codes Included in the Five-Year Review
a. Changes to Direct Practice Expense Inputs
(1) Changes in Intra-Service Physician Time in the Nonfacility Setting
(2) Changes in Hospital Discharge Management Services in the Facility Setting
(3) Changes in the Number or Level of Postoperative Office Visits in the Global Period
b. Changes in Components of the Indirect Practice Expense Methodology
(1) Work RVUs, Direct PE RVUs, and Clinical Labor PE RVUs
(2) Physician Time
G. Malpractice RVUs
III. Budget Neutrality
IV. Collection of Information Requirements
V. Regulatory Impact Analysis
A. Overall Impact
B. Anticipated Effects: Impact on Beneficiaries
C. Alternatives Considered
D. Accounting Statement and Table
E. Conclusion
Addendum A: Explanation and Use of Addendum B
Addendum B: Relative Value Units and Related Information
Addendum C: Codes With Work RVUs Subject to Comment

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

AAD American Academy of Dermatology
AAN American Academy of Neurology
AANEM American Association of Neuromuscular and Electrodiagnostic Medicine
AAFP American Academy of Family Physicians
AAGP American Association for Geriatric Psychiatry
AAHCP American Academy of Home Care Physicians
AANS American Association of Neurological Surgeons
AAO American Academy of Ophthalmology
AAO–HNS American Academy of Otolaryngology—Head and Neck Surgery
AAOA American Academy of Otolaryngic Allergy
AAOS American Academy of Orthopaedic Surgeons
AAP American Academy of Pediatrics
AAPM American Academy of Pain Medicine
AAPMR American Academy of Physical Medicine and Rehabilitation
AATS American Association for Thoracic Surgery
ACC American College of Cardiology
ACG American College of Gastroenterology
ACNS American Clinical Neurophysiology Society
ACOG American College of Obstetricians and Gynecologists
ACR American College of Radiology
ACS American College of Surgeons
AFROC Association of Freestanding Radiation Oncology Centers
AGA American Gastroenterological Association
AGS American Geriatric Society
AK Actinic keratoses
AMA American Medical Association
AMDA American Medical Directors Association
AOA American Optometric Association
ASA American Society of Anesthesiologists
ASC Ambulatory surgical center
ASCRS American Society of Colon and Rectal Surgeons
ASGE American Society of Gastrointestinal Endoscopy
ASHA American Speech-Language-Hearing Association
ASPS American Society of Plastic Surgeons
ASSH American Society for Surgery of the Hand
ASTRO American Society for Therapeutic Radiology and Oncology
AUA American Urological Association
BBA 97 Balanced Budget Act of 1997 (Pub. L. 105–33)
BBRA [Medicare, Medicaid and State Child Health Insurance Program] Balanced Budget Refinement Act of 1999 (Pub. L. 106–113)
BNF Budget neutrality factor
CAPU Coalition for the Advancement of Prosthetic Urology
CF Conversion factor
CNS Congress of Neurological Surgeons
CPEP Clinical Practice Expert Panels
CPT Current Procedural Terminology
CY Calendar year
DRG Diagnosis-Related Group
E/M Evaluation and management
FR **Federal Register**
HCPAC Health Care Professionals Advisory Committee
HCPCS Healthcare Common Procedure Coding System
HHS Health and Human Services
ICU Intensive care unit
IDTF Independent diagnostic testing facility
IWPUT Intra-service work per unit of time
JCAAI Joint Council of Allergy, Asthma, and Immunology
MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173)
MMSV Minimum multi-specialty visit
MPC [the RUC's] Multi-Specialty Points of Comparison
NCQDIS National Coalition of Quality Diagnostic Imaging Services
NPWP Non-physician work pool
NSQIP National Surgical Quality Improvement Program
PC Professional component
PE Practice Expense
PE/HR Practice expense per hour
PEAC Practice Expense Advisory Committee
PERC Practice Expense Review Committee
PFS Physician fee schedule
RFA Regulatory Flexibility Act
RIA Regulatory impact analysis
RN Registered nurse
RUC [AMA's Specialty Society] Relative [Value] Update Committee
RVU Relative value unit
SMS [AMA's] Socioeconomic Monitoring System
SNF Skilled nursing facility
STS Society of Thoracic Surgeons
SVS Society for Vascular Surgery
TC Technical component
VA [Department of] Veteran Affairs

CPT (Current Procedural Terminology) Copyright Notice

Throughout this proposed rule, we use CPT codes and descriptions to refer to a variety of services. We note that CPT codes and descriptions are copyright 2010 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association (AMA). Applicable FARS/DFARS apply.

I. Background

A. History

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), "Payment for Physicians' Services." Section 1848 of the Act 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 (PE), and malpractice expense. In order to establish physician work, PE, and malpractice expense RVUs, section 1848(c)(2)(K)(iii) of the Act (as added by section 3134 of the Patient Protection and Affordable Care Act (Pub. L. 111–148) (hereinafter the "Affordable Care Act") also specifies that the Secretary may use existing processes to receive recommendations on the review and appropriate adjustment of potentially misvalued services. Section 1848(c)(2)(B)(i) of the Act requires that we review RVUs no less often than every 5 years.

The statute also specifies a budget neutrality requirement. Specifically,

section 1848(c)(2)(B)(ii)(II) of the Act requires that increases or decreases in RVUs may not cause the amount of expenditures under Part B for the year to differ more than $20 million from what it would have been in the absence of these changes. If this threshold is exceeded, we are required to make adjustments to preserve budget neutrality.

B. Physician Fee Schedule Rulemaking

On an annual basis, we publish regulations relating to updates to the RVUs and revisions to the payment policies under the PFS. Most recently, in the calendar year (CY) 2011 PFS final rule with comment period that was published in the **Federal Register** on November 29, 2010 (75 FR 73170) (hereinafter referred to as the CY 2011 PFS final rule with comment period), we finalized most of the CY 2010 interim physician work, PE, and malpractice RVUs; issued new interim work, PE, and malpractice RVUs for new and revised codes for CY 2011; and finalized several other payment policies related to the PFS. In the January 11, 2011 **Federal Register** (76 FR 1670), we published a correction notice that identified and corrected a number of technical and typographical errors in the CY 2011 PFS final rule with comment period. The provisions of the correction notice were effective January 1, 2010.

As noted previously, section 1848(c)(2)(B)(i) of the Act requires that we review RVUs no less often than every 5 years. We implemented the PFS effective for services furnished beginning January 1, 1992. The First Five-Year Review of Work was initiated in December 1994, and was effective for services furnished beginning January 1, 1997. The Second Five-Year Review of Work was initiated in November 1999, and was effective for services furnished beginning January 1, 2002. The Third Five-Year Review of Work was initiated in November 2004, and was effective for services furnished beginning January 1, 2007. The Fourth Five-Year Review of Work, the subject of this proposed notice, was initiated in November 2009 and will be effective for services furnished beginning January 1, 2012.

This proposed notice describes the Fourth Five-Year Review of Work and sets forth proposed revisions to work RVUs resulting from the latest Review. This proposed notice also sets forth corresponding proposed changes to PE and malpractice RVUs affecting payment for physicians' services. Proposed revisions of physician work RVUs in this proposed notice and corresponding proposed changes to the PE and malpractice RVUs are subject to a 60-day public comment period. We will review public comments, make adjustments to our proposals in response to comments, as appropriate, and include final values in the CY 2012 PFS final rule with comment period, effective for services furnished beginning January 1, 2012.

We note that with each PFS rule, we provide a summary table ("Addendum B") of physician work, PE, and malpractice RVUs by HCPCS code for all services under the PFS. For this proposed notice, to create Addendum B, we retained the current CY 2011 RVUs for most codes and displayed new RVUs for only those codes involved in the Fourth Five-Year Review of Work. PE RVUs for these Five-Year Review codes were calculated using CY 2009 Medicare PFS utilization data in order to maintain consistency with the current CY 2011 RVUs displayed for all other services.

We note that the Addendum B that will appear in the upcoming CY 2012 PFS proposed rule, where the annual updates to the RVUs and revisions to the payment policies under the PFS are customarily proposed, will include PE RVUs recalculated using the most recently available Medicare PFS utilization data and reflect other changes that would result from proposed revisions to PFS payment policies for CY 2012 that also would be effective beginning January 1, 2012.

C. The Five-Year Review Process

1. Identification of CPT Codes for Review

We initiated the Fourth Five-Year Review of Work by soliciting public comments in the CY 2010 PFS final rule with comment period that was published in the **Federal Register** on November 25, 2009 (74 FR 61738 and 61941) on potentially misvalued codes for all services. In response to our solicitation of potentially misvalued codes, we received comments from approximately 16 specialty groups, organizations, and individuals involving 113 Current Procedural Terminology (CPT) codes. Ten additional codes were submitted by the Medicare contractor medical directors (CMDs). Furthermore, CMS identified 96 services that we believed should be reviewed as part of the Fourth Five-Year Review of Work. These services fall within the two categories described in the CY 2010 PFS final rule with comment period: (1) Codes that were not previously reviewed by the AMA RUC, specifically, Harvard-valued codes with an annual utilization of > 30,000 services, and (2) codes that are valued as being performed in the inpatient setting, but that are now performed predominantly on an outpatient basis (codes with Site-of-Service anomalies). For Site-of-Service anomaly codes, we also applied additional selection criteria. Specifically, the codes we selected for the Fourth Five-Year Review of Work contained at least one inpatient hospital visit in their value and the most recently available Medicare PFS claims data at that time showed annual allowed charges of greater than $1 million.

The following tables list the codes identified for the Fourth Five-Year Review of Work.

BILLING CODE P

TABLE 1: HARVARD-VALUED CODES WITH ANNUAL UTILIZATION > 30,000 SERVICES

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
10140		A	Drainage of hematoma/fluid	1.58
10160		A	Puncture drainage of lesion	1.25
11732		A	Remove nail plate, add-on	0.57
11765		A	Excision of nail fold, toe	0.74
11901		A	Added skin lesions injection	0.80
12011		A	Repair superficial wound(s)	1.81
12013		A	Repair superficial wound(s)	2.04
12031		A	Intmd wnd repair s/tr/ext	2.20
12051		A	Intmd wnd repair face/mm	2.52
13101		A	Repair of wound or lesion	3.96
15260		A	Skin full graft een & lips	11.64
17250		A	Chemical cautery, tissue	0.50
17271		A	Destruction of skin lesions	1.54
17272		A	Destruction of skin lesions	1.82
17280		A	Destruction of skin lesions	1.22
25600		A	Treat fracture radius/ulna	2.78
28285		A	Repair of hammertoe	4.76
29125		A	Apply forearm splint	0.59
29405		A	Apply short leg cast	0.86
29515		A	Application lower leg splint	0.73
29550		A	Strapping of toes	0.47
29826		A	Shoulder arthroscopy/surgery	9.16
29880		A	Knee arthroscopy/surgery	9.45
29881		A	Knee arthroscopy/surgery	8.71

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
32405		A	Biopsy, lung or mediastinum	1.93
36010		A	Place catheter in vein	2.43
36200		A	Place catheter in aorta	3.02
36215		A	Place catheter in artery	4.67
36216		A	Place catheter in artery	5.27
36246		A	Place catheter in artery	5.27
36247		A	Place catheter in artery	6.29
36471		A	Injection therapy of veins	1.65
36600		A	Withdrawal of arterial blood	0.32
37620		A	Revision of major vein	11.57
43262		A	Endo cholangiopancreatograph	7.38
45331		A	Sigmoidoscopy and biopsy	1.15
47000		A	Needle biopsy of liver	1.90
47563*		A	Laparo cholecystectomy/graph	12.11
51705		A	Change of bladder tube	1.05
52005		A	Cystoscopy & ureter catheter	2.37
52310		A	Cystoscopy and treatment	2.81
62284		A	Injection for myelogram	1.54
64405		A	N block inj, occipital	1.32
67810		A	Biopsy of eyelid	1.48
69220		A	Clean out mastoid cavity	0.83
78264	26	A	Gastric emptying study	0.78
92070		A	Fitting of contact lens	0.70
92120		A	Tonography & eye evaluation	0.81
92511		A	Nasopharyngoscopy	0.84
92950		A	Heart/lung resuscitation cpr	3.79
93321	26	A	Doppler echo exam, heart	0.15
98925		A	Osteopathic manipulation	0.45
98928		A	Osteopathic manipulation	1.03
98929		A	Osteopathic manipulation	1.19
99218		A	Observation care	1.28
99219		A	Observation care	2.14
99220		A	Observation care	2.99

*CPT code 47563 is also identified on the Site-of-Service anomaly list.

TABLE 2: CODES SUBMITTED BY CONTRACTOR MEDICAL DIRECTORS

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
11040		A	Debride skin, partial	0.50
11041		A	Debride skin, full	0.60

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
11042		A	Debride skin/tissue	0.80
11043		A	Debride tissue/muscle	3.14
11044		A	Debride tissue/muscle/bone	4.26
88305	26	A	Tissue exam by pathologist	0.75
88307	26	A	Tissue exam by pathologist	1.59
88309	26	A	Tissue exam by pathologist	2.8
95920	26	A	Intraop nerve test add-on	2.11
94660		A	Pos airway pressure, CPAP	0.76

TABLE 3: CODES SUBMITTED BY COMMENTERS ON CY 2010 PFS FINAL RULE

CPT Code	Status Indicator	Short Descriptor	CY 2010 Work RVU
21365	A	Treat cheek bone fracture	16.77
21470	A	Treat lower jaw fracture	17.54
32851	A	Lung transplant, single	41.61
32852	A	Lung transplant with bypass	45.48
32853	A	Lung transplant, double	50.78
32854	A	Lung transplant with bypass	54.74
33030	A	Partial removal of heart sac	22.39
33031	A	Partial removal of heart sac	25.38
33315	A	Exploratory heart surgery	26.17
33412	A	Replacement of aortic valve	43.94
33468	A	Revision of tricuspid valve	32.94
33645	A	Revision of heart veins	28.10
33647	A	Repair heart septum defects	29.53
33692	A	Repair of heart defects	31.54
33710	A	Repair of heart defects	30.41
33875	A	Thoracic aortic graft	35.78
33910	A	Remove lung artery emboli	29.71
33916	A	Surgery of great vessel	28.42
33935	R	Transplantation, heart/lung	62.01
33975	A	Implant ventricular device	20.97
33976	A	Implant ventricular device	22.97
33977	A	Remove ventricular device	20.28
33978	A	Remove ventricular device	22.72
33979	A	Insert intracorporeal device	45.93
33980	A	Remove intracorporeal device	65.20
33981	C	Replace vad pump ext	0.00

CPT Code	Status Indicator	Short Descriptor	CY 2010 Work RVU
33982	C	Replace vad intra w/o bp	0.00
33983	C	Replace vad intra w/bp	0.00
35188	A	Repair blood vessel lesion	15.16
35612	A	Artery bypass graft	16.82
35800	A	Explore neck vessels	8.07
35840	A	Explore abdominal vessels	10.96
35860	A	Explore limb vessels	6.80
36470	A	Injection therapy of vein	1.10
36471*	A	Injection therapy of veins	1.65
37140	A	Revision of circulation	25.23
37145	A	Revision of circulation	26.24
37160	A	Revision of circulation	23.24
37180	A	Revision of circulation	26.24
37181	A	Splice spleen/kidney veins	28.37
42426	A	Excise parotid gland/lesion	22.66
43425	A	Repair esophagus opening	25.04
90801	A	Psy dx interview	2.80
90802	A	Intac psy dx interview	3.01
90804	A	Psytx, office, 20-30 min	1.21
90805	A	Psytx, off, 20-30 min w/e&m	1.37
90806	A	Psytx, off, 45-50 min	1.86
90807	A	Psytx, off, 45-50 min w/e&m	2.02
90808	A	Psytx, office, 75-80 min	2.79
90809	A	Psytx, off, 75-80, w/e&m	2.95
90810	A	Intac psytx, off, 20-30 min	1.32
90811	A	Intac psytx, 20-30, w/e&m	1.48
90812	A	Intac psytx, off, 45-50 min	1.97
90813	A	Intac psytx, 45-50 min w/e&m	2.13
90814	A	Intac psytx, off, 75-80 min	2.90
90815	A	Intac psytx, 75-80 w/e&m	3.06
90816	A	Psytx, hosp, 20-30 min	1.25
90817	A	Psytx, hosp, 20-30 min w/e&m	1.41
90818	A	Psytx, hosp, 45-50 min	1.89
90819	A	Psytx, hosp, 45-50 min	2.05
90821	A	Psytx, hosp, 75-80 min	2.83
90822	A	Psytx, hosp, 75-80 min w/e&m	2.99
90823	A	Intac psytx, hosp, 20-30 min	1.36
90824	A	Intac psytx, hsp 20-30 w/e&m	1.52
90826	A	Intac psytx, hosp, 45-50 min	2.01
90827	A	Intac psytx, hsp 45-50 w/e&m	2.16

CPT Code	Status Indicator	Short Descriptor	CY 2010 Work RVU
90828	A	Intac psytx, hosp, 75-80 min	2.94
90829	A	Intac psytx, hsp 75-80 w/e&m	3.10
90845	A	Psychoanalysis	1.79
90846	R	Family psytx w/o patient	1.83
90847	R	Family psytx w/patient	2.21
90849	R	Multiple family group psytx	0.59
90853	A	Group psychotherapy	0.59
90857	A	Intac group psytx	0.63
90862	A	Medication management	0.95
90870	A	Electroconvulsive therapy	1.88
90875	N	Psychophysiological therapy	1.20
90876	N	Psychophysiological therapy	1.90
90880	A	Hypnotherapy	2.19
99026	N	In-hospital on call service	0.00
99027	N	Out-of-hosp on call service	0.00
99218*	A	Observation care	1.28
99219*	A	Observation care	2.14
99220*	A	Observation care	2.99
99288	B	Direct advanced life support	0.00
99315	A	Nursing fac discharge day	1.13
99316	A	Nursing fac discharge day	1.50
99341	A	Home visit, new patient	1.01
99342	A	Home visit, new patient	1.52
99343	A	Home visit, new patient	2.53
99344	A	Home visit, new patient	3.38
99345	A	Home visit, new patient	4.09
99347	A	Home visit, est patient	1.00
99348	A	Home visit, est patient	1.56
99349	A	Home visit, est patient	2.33
99350	A	Home visit, est patient	3.28
99381	N	Init pm e/m, new pat, inf	1.19
99382	N	Init pm e/m, new pat 1-4 yrs	1.36
99383	N	Prev visit, new, age 5-11	1.36
99384	N	Prev visit, new, age 12-17	1.53
99385	N	Prev visit, new, age 18-39	1.53
99386	N	Prev visit, new, age 40-64	1.88
99387	N	Init pm e/m, new pat 65+ yrs	2.06
99391	N	Per pm reeval, est pat, inf	1.02
99392	N	Prev visit, est, age 1-4	1.19
99393	N	Prev visit, est, age 5-11	1.19

CPT Code	Status Indicator	Short Descriptor	CY 2010 Work RVU
99394	N	Prev visit, est, age 12-17	1.36
99395	N	Prev visit, est, age 18-39	1.36
99396	N	Prev visit, est, age 40-64	1.53
99397	N	Per pm reeval est pat 65+ yr	1.71
99460	A	Init nb em per day, hosp	1.17
99462	A	Sbsq nb em per day, hosp	0.62
99463	A	Same day nb discharge	1.50

*CPT code 36471, 99218, 99219, and 99220 are also identified on the Harvard-valued codes with annual utilization > 30,000 services list.

TABLE 4: CODES WITH SITE-OF-SERVICE ANOMALIES

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
15120		A	Skn splt a-grft fac/nck/hf/g	11.16
15240		A	Skin full grft face/genit/hf	10.41
15365		A	Apply cult derm sub f/n/hf/g	4.30
15732		A	Muscle-skin graft, head/neck	19.90
15740		A	Island pedicle flap graft	11.80
19302		A	P-mastectomy w/ln removal	13.99
22521		A	Percut vertebroplasty lumb	8.65
22523		A	Percut kyphoplasty, thor	9.26
27385		A	Repair of thigh muscle	8.11
27530		A	Treat knee fracture	4.09
27792		A	Treatment of ankle fracture	9.71
28002		A	Treatment of foot infection	5.93
28122		A	Partial removal of foot bone	7.72
28715		A	Fusion of foot bones	14.60
28820		A	Amputation of toe	5.00
28825		A	Partial amputation of toe	6.01
33411		A	Replacement of aortic valve	62.07
36819		A	Av fuse, uppr arm, basilic	14.47
36821		A	Av fusion direct any site	12.11
42415		A	Excise parotid gland/lesion	18.12
47563*		A	Laparo cholecystectomy/graph	12.11
49421		A	Insert abdom drain, perm	5.90
49507		A	Prp i/hern init block >5 yr	10.05
49587		A	Rpr umbil hern, block > 5 yr	8.04

CPT Code	Mod	Status Indicator	Short Descriptor	CY 2010 Work RVU
49652		A	Lap vent/abd hernia repair	12.88
49653		A	Lap vent/abd hern proc comp	16.21
49654		A	Lap inc hernia repair	15.03
49655		A	Lap inc hern repair comp	18.11
52630		A	Remove prostate regrowth	7.73
52649		A	Prostate laser enucleation	17.29
53440		A	Male sling procedure	15.54
57288		A	Repair bladder defect	12.13
60220		A	Partial removal of thyroid	12.37
60240		A	Removal of thyroid	16.22
60500		A	Explore parathyroid glands	16.78
61885		A	Insrt/redo neurostim 1 array	7.57
63655		A	Implant neuroelectrodes	11.56
64626		A	Destr paravertebrl nerve c/t	3.92
77427		A	Radiation tx management, x5	3.70

*CPT code 47563 is also identified on the Harvard-valued codes with annual utilization > 30,000 services list.

BILLING CODE P

2. Background on American Medical Association Specialty Society Relative Value Update Committee (AMA RUC) Recommendations

Section 1848(c)(2)(K)(iii) of the Act (as added by section 3134 of the Affordable Care Act) specifies that the Secretary may use existing processes to receive recommendations on the review and appropriate adjustment of potentially misvalued services. In accordance with section 1848(c)(2)(K)(iii) of the Act, we develop and propose appropriate adjustments to the RVUs, taking into account the recommendations provided by the AMA RUC, the Medicare Payment Advisory Commission (MedPAC), and others. To respond to concerns expressed by MedPAC, the Congress, and other stakeholders regarding the accuracy of values for services under the PFS, the AMA RUC has used an annual process to systematically identify, review, and provide CMS with recommendations for revised work values for many existing potentially misvalued services. In addition to providing recommendations to CMS for work RVUs, the AMA RUC also reviews direct PE (clinical labor, medical supplies, and medical equipment) for individual services and examines the many broad methodological issues relating to the development of PE RVUs.

For many years, the AMA RUC has provided CMS with recommendations on the appropriate relative values for PFS services. The AMA RUC's recommendations on physician work RVUs have resulted in significant refinements in physician work RVUs over the years. In recent years CMS and the AMA RUC have taken increasingly significant steps to address potentially misvalued codes. As MedPAC noted in its March 2009 Report to Congress, in the intervening years since MedPAC made the initial recommendations, "CMS and the AMA RUC have taken several steps to improve the review process." In addition to the Five-Year Reviews of Work, over the past several years CMS and the AMA RUC have identified and reviewed a number of potentially misvalued codes on an annual basis based on various identification screens for codes at risk for being misvalued, such as codes with high growth rates, codes that are frequently billed together in one encounter, and codes that are valued as inpatient services but that are now predominantly performed as outpatient services. This annual review of work RVUs and direct PE inputs for potentially misvalued codes was further bolstered by the Affordable Care Act mandate to examine potentially misvalued codes, with an emphasis on the following categories specified in section 1848(c)(2)(K)(ii) (as added by section 3134 of the Affordable Care Act):

- Codes and families of codes for which there has been the fastest growth.
- Codes or families of codes that have experienced substantial changes in practice expenses.
- Codes that are recently established for new technologies or services.
- Multiple codes that are frequently billed in conjunction with furnishing a single service.
- Codes with low relative values, particularly those that are often billed multiple times for a single treatment.
- Codes which have not been subject to review since the implementation of the RBRVS (the 'Harvard valued codes').
- Other codes determined to be appropriate by the Secretary. (For example, codes for which there have been shifts in the Site-of-Service (Site-of-Service anomalies), as well as codes that qualify as "23-hour stay" outpatient services.)

As a result of the annual potentially misvalued code review, CMS has reviewed over 700 codes for work and PE RVU changes outside of the comprehensive Five-Year Review process over the past several years and adopted appropriate work RVUs and direct PE inputs for these services in the context of contemporary medical practice.

This Fourth Five-Year Review of Work advances the progress of our initiative to examine potentially misvalued codes by identifying and reviewing additional codes for CY 2012 in several of the categories specified in the Affordable Care Act, including a number of Harvard-valued codes. As

noted previously, we typically discuss the potentially misvalued codes initiative in the annual PFS proposed and final rules (for CY 2011, at 75 FR 40065 through 40082 and 75 FR 73215 through 73216, respectively). For example, we provided a detailed discussion of the prior reviews of potentially misvalued codes in the CY 2011 PFS final rule with comment period (75 FR 73215 through 73216). Furthermore, in addition to the proposals in this Five-Year Review of Work proposed notice, we plan to continue our work examining potentially misvalued codes for CY 2012 in the areas specified by the Affordable Care Act and others identified by the Secretary, consistent with the new legislative mandate on this issue. We will provide a comprehensive update regarding our progress to date in evaluating and revising the values for potentially misvalued codes, and discuss our priorities and future plans to ensure the accuracy of the relative values for all services paid under the PFS in the forthcoming CY 2012 PFS proposed rule.

We greatly appreciate the considerable sustained efforts made by all members and staff of the AMA RUC to date, and we look forward to continuing our collaborative work with the AMA RUC toward our mutual goal of ensuring that CPT codes are appropriately valued under the PFS.

For codes used primarily by nonphysician practitioners, the Health Care Professionals Advisory Committee (HCPAC), a deliberative body of nonphysician practitioners that also convenes during the AMA RUC meeting, submits recommendations directly to CMS. The HCPAC represents physician assistants, chiropractors, nurses, occupational therapists, optometrists, physical therapists, podiatrists, psychologists, audiologists, speech pathologists, social workers, and registered dieticians. We greatly appreciate the efforts of the HCPAC as well.

3. AMA RUC Five-Year Review of Work Process

After compiling the list of potentially misvalued codes to be reviewed in the Fourth Five-Year Review of Work (Tables 1 through 4), we submitted the list to the AMA RUC.

According to the AMA RUC's Five-Year Review timetable, upon receipt of the list of codes from CMS, the AMA RUC sent Level of Interest (LOI) forms to all specialty societies and the HCPAC so that the Five-Year Review codes could be reviewed initially by the appropriate specialty societies. To prepare for presentations of the codes to the AMA RUC, most specialty societies compiled data using a standard survey instrument whereby respondents compared the surveyed service with similar "reference" services for which there generally are well-established work values. Respondents were asked to estimate: the work RVU for the survey code; the time to perform the "pre-", "intra-", and "post-" service activities; and the technical skill, risk, and judgment involved with performing the service. Post-service activities were broken down into hospital and office visits and were assigned an appropriate evaluation and management (E/M) code by the respondents for the typical service. Each specialty society was responsible for selecting the physician sample size to be surveyed. In general, a minimum of 30 responses was required by the AMA RUC for the survey to be considered adequate. It is our understanding that the AMA RUC is currently reviewing its survey methodologies in order to improve the survey instrument's ability to provide valid and reliable data.

As part of the AMA RUC's process, the specialty societies also provided the AMA RUC with a work RVU recommendation for each code under review. The AMA RUC met to hear the presentations from the specialty societies for each code, deliberate as a group, and vote on the work RVU, physician times, PE direct inputs (if applicable), and other aspects pertaining to the valuation of a code. The AMA RUC then sent its recommendations to CMS. As we have stated previously in conducting Five-Year Reviews, we retain the responsibility for analyzing any comments and recommendations received from the AMA RUC, developing the proposed notice, evaluating the comments on the proposed notice, and deciding whether and how to revise the work RVUs for any given service.

II. CMS Review of Five-Year Review Codes

A. CMS Analytical Approach

We conducted a clinical review of each code and reviewed the AMA RUC recommendations for work RVU, time to perform the "pre-", "intra-", and "post-" service activities, as well as other components of the service which contribute to the value. Our clinical review generally includes, but is not limited to, a review of information provided by the AMA RUC, medical literature, public comments, and comparative databases, as well as a comparison with other codes within the Medicare PFS, consultation with other physicians and healthcare care professionals within CMS and the Federal Government, and the clinical experience of the physicians on the clinical team. We also assessed the methodology and data used to develop the recommendations and the rationale for the recommendations. As we noted in the CY 2011 PFS final rule with comment period (75 FR 73328 through 73329), the AMA RUC uses a variety of methodologies and approaches to assign work RVUs, including building block, survey data, crosswalk to key reference or similar codes, and magnitude estimation. The resource-based relative value system (RBRVS) has incorporated into it cross-specialty and cross-organ system relativity. This RBRVS requires assessment of relative value and takes into account the clinical intensity and time required to perform a service. In selecting which methodological approach will best determine the appropriate value for a service we consider the current physician work and time values, AMA RUC recommended physician work and time values, and specialty society physician work and time values, as well as the intensity of the service, all relative to other services. In general, if we had concerns regarding the AMA RUC's application of a particular methodology for a code, we assessed whether the recommended work RVUs were appropriate by using alternative methodologies. For a full discussion of our views and concerns regarding the various methodologies, we refer readers to the CY 2011 PFS final rule with comment period (75 FR 73328 through 73329). During our clinical review to assess the appropriate values for the codes included in the Fourth Five-Year Review, several recurring scenarios emerged. We developed systematic approaches to address two particular areas of concern.

The first area of concern pertains to codes with Site-of-Service anomalies. These are codes that were originally valued as inpatient services but current Medicare PFS claims data show they are furnished predominantly as outpatient services. We noted that for nearly all of the codes with Site-of-Service anomalies, the accompanying survey data suggest they are "23 hour stay" outpatient services. We discussed in the CY 2011 PFS final rule with comment period (75 FR 73226 through 73227) the "23 hour stay service," which is a term of art describing services that typically have lengthy hospital outpatient recovery periods. For these 23 hour stay services, the typical patient is commonly at the hospital for less than

24 hours, but often stays overnight at the hospital. For example, if the patient arrives at the hospital at 6 a.m. for a scheduled surgical procedure that typically has a lengthy hospital outpatient recovery period, the patient may recover during the day and be ready to be discharged late in the evening without having to stay overnight at the hospital. More commonly, however, if the patient arrives at the hospital at noon for a surgical procedure that typically has a lengthy hospital outpatient recovery period, the patient may stay at the hospital overnight to recover and be discharged the following morning. On occasion, the patient may recover at the hospital for longer than a single night, either because the patient requires an even longer recovery period or the surgery was performed outside of usual business hours. For example, if the patient arrives at the hospital at 11 p.m. and requires an unscheduled surgical procedure that typically has a lengthy hospital outpatient recovery period, the patient may stay at the hospital overnight in preparation for surgery, have the surgical procedure performed, and then stay through another night recovering at the hospital before being discharged. In all these cases, unless a treating physician has written an order to admit the patient as an inpatient, the patient is considered for Medicare purposes to be a hospital outpatient, not an inpatient, and our claims data support that the typical 23 hour stay service is billed as an outpatient service.

We believe that the values of the codes that fall into the 23 hour stay category, that is, services that typically have lengthy hospital outpatient recovery periods, should not reflect work that is typically associated with an inpatient service. For example, inpatient E/M visit codes such as CPT codes 99231 (Level 1 subsequent hospital care, per day); 99232 (Level 2 subsequent hospital care, per day); and 99233 (Level 3 subsequent hospital care, per day), should not be included at their full RVU value in the valuation of these services that typically have lengthy hospital outpatient recovery periods. However, as we stated in the CY 2011 PFS final rule with comment period (75 FR 73226 through 73227), we find it is plausible that while the patient receiving the outpatient 23 hour stay service remains a hospital outpatient, the patient would typically be cared for by a physician during that lengthy recovery period at the hospital. While we do not believe that post-procedure hospital visits would be at the inpatient level since the typical case is an outpatient who would be ready to be discharged from the hospital in 23 hours or less, we believe it is generally appropriate to include the intra-service time of the inpatient hospital visit in the immediate post-service time of the 23 hour stay code under review. In addition, we indicated that we believe it is appropriate to include a half day, rather than a full day, of a discharge day management service. While some commenters advocated for a deferral on the issue of valuing 23 hour stay services, we note that a number of commenters supported CMS' approach. Consequently, we finalized this policy in the CY 2011 PFS final rule with comment period (75 FR 73226 through 73227) and encouraged the AMA RUC to apply this methodology in developing the recommendations it provides to us for valuing 23 hour stay codes, in order to ensure the consistent and appropriate valuation of the physician work for these services.

The AMA RUC reviewed a number of Site-of-Service anomaly codes during its February 2011 meeting, many of which are Site-of-Service anomaly codes that have been valued on an interim basis since CY 2009. These Site-of-Service anomaly codes typically have a lengthy hospital outpatient recovery period and thus would be subject to the policy previously described for valuing the post-procedure physician care. CMS had requested that the AMA RUC re-review them due to concerns over the methodology the AMA RUC used originally in valuing these codes (74 FR 61777 and 75 FR 73221). Contrary to the 23 hour stay policy we finalized in the CY 2011 PFS final rule with comment period (75 FR 73226 through 73227), as described above, in the AMA RUC's review of Site-of-Service anomaly codes for CY 2012 as part of this Five-Year Review, the AMA RUC often recommended replacing the hospital inpatient post-operative visit blocks in the current work values with blocks for subsequent observation care services, specifically CPT codes 99224 (Level 1 subsequent observation care, per day) and 99225 (Level 2 subsequent observation care, per day), which recently became effective under the PFS beginning in CY 2011. The AMA RUC stated in its summary recommendations to CMS, "Adjustments to the allocation of post-operative visits are used as proxies and do not constitute changes to the physician work relative value of the service which was determined by magnitude estimation and physician specialty survey data during the last RUC review." However, we note that the AMA RUC generally recommended maintaining the current interim value of the CY 2009 Site-of-Service anomaly codes while replacing the inpatient hospital visit code blocks with subsequent observation care code blocks.

We continue to be concerned over the AMA RUC's approach to valuing the physician work for these Site-of-Service anomaly codes. We believe the appropriate methodology entails accounting for the removal of the inpatient visit blocks in the work value for the Site-of-Service anomaly code since these services are no longer typically furnished in the inpatient setting. We do not believe it is appropriate to simply exchange the inpatient post-operative visits in the original value with subsequent observation care visits (which are appropriately reported in cases of nonsurgical hospital outpatient stays spanning 3 calendar days or longer), and maintain the current work RVUs. Furthermore, instead of the half discharge day management service included in past recommendations (CPT code 99238 (Hospital discharge day management; 30 minutes or less)), the AMA RUC generally recommended including a full observation care discharge day management service (CPT code 99217 (Observation care discharge day management (this code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status."))) However, the AMA RUC indicated it is currently assessing this code to revise the physician times. We do not believe it is appropriate to substitute a full day of CPT code 99217 for the half day of CPT code 99238 that would be included in the work value for a Site-of-Service anomaly code according to CMS' established policy, especially given the AMA RUC's ongoing review of CPT code 99217.

Accordingly, where the data suggested a Site-of-Service anomaly code (more than 50 percent of the most recent Medicare utilization is outpatient—based on PFS data from the fourth quarter of CY 2009 and the first three quarters of CY 2010 to represent the most recent full 12 months of claims data available) resembles a 23 hour stay outpatient service and the AMA RUC's recommended value from the Five-Year Review continued to include inpatient visits (or subsequent observation care codes) in the post-operative period, we applied the policy described above. That is, we consistently removed any post-procedure inpatient visits or subsequent observation care services

included in the AMA RUC-recommended values for these codes and adjusted physician times accordingly. We also consistently included the value of a half day of a discharge management service.

An additional concern that arose in our clinical review of the codes relates to codes that are typically billed with an E/M service on the same day. The AMA RUC noted for a number of codes that the service was typically billed with an additional E/M service on the same day; however, it appears the AMA RUC did not consistently account for this overlap in formulating its time recommendations, an issue discussed on a CPT code-specific basis below. In cases where a service is typically furnished with an E/M service on the same day, we believe it is understood that there may be overlap between the two services in some of the activities conducted during the pre- and post-service times of the procedure code, and that these overlapping activities should not be counted twice. Accordingly, in cases where the most recently available Medicare PFS claims data show the code is typically (greater than 50 percent of the time—based on PFS data from CY 2009) billed with an E/M visit on the same day, and where we believe that the AMA RUC did not adequately account for overlapping activities in the recommended value for the code, we systematically adjusted the physician times for the code to account for the overlap. After clinical review of the pre- and post-service work, we believe that at least ⅓ of the physician time in both the pre-service evaluation and post-service period is duplicative of the E/M visit in this circumstance. Therefore, we adjusted the pre-service evaluation portion of the pre-service time to ⅔ of the AMA RUC-recommended time. Similarly, we also adjusted the post-service time to ⅔ of the AMA RUC-recommended time.

As noted in the CY 2011 proposed rule (75 FR 73328), in reviewing the AMA RUC recommendations for valuing the work of new, revised, and potentially misvalued services, we expend significant effort in evaluating whether the recommended values reflect the work elements, such as time, mental effort, and professional judgment, technical skill and physical effort, and stress due to risk, involved with furnishing the service. Subjecting each of the codes to a clinical review, we examined the pre-, post-, and intra-service components of the work. In cases where we disagreed with the AMA RUC's recommended work RVU, we proposed alternative values based on comparisons with other established reference codes with clinical similarity or analogous physician times, or the 25th percentile or low value as indicated in the physician survey, or, where applicable, employed the building block approach.

Over the last several years our rate of acceptance of the AMA RUC recommendations has been higher. However, in response to concerns expressed by MedPAC, and other stakeholders regarding the accurate valuation of services under the PFS, we have intensified our scrutiny of the work valuations of new, revised, and potentially misvalued codes. We note that most recently, section 3134 of the Affordable Care Act added a new requirement, which specifies that the Secretary shall establish a formal process to validate RVUs under the PFS. The validation process may include validation of work elements (such as time, mental effort and professional judgment, technical skill and physical effort, and stress due to risk) involved with furnishing a service and may include validation of the pre-, post-, and intra-service components of work. Furthermore, the Secretary is directed to validate a sampling of the work RVUs of codes identified through any of the seven categories of potentially misvalued codes specified by section 1848(c)(2)(K)(ii) of the Act (as added by section 3134 of the Affordable Care Act). While we are currently in the planning stage of developing a formal validation process, we have incorporated, where appropriate, the validation principles specified in the law in this Five-Year Review process.

B. Summary of Proposed Work RVUs for Five-Year Review Codes

As stated previously, we sent the AMA RUC an initial list of 219 codes for review. We have encouraged the AMA RUC to review codes on a "family" basis rather than in isolation in order to ensure that appropriate relativity in the system is retained. Consequently, the AMA RUC included additional codes for review, resulting in a total of 290 codes for the Fourth Five-Year Review of Work. Of those 290 codes, 53 were subsequently sent to the CPT Editorial Panel to consider coding changes, 14 were not reviewed by the AMA RUC (and subsequently not reviewed by CMS) because the specialty society that had originally requested the review in its public comments on the CY 2010 PFS final rule with comment period elected to withdraw the codes, 36 were not reviewed by the AMA RUC because their values were set as interim final in the CY 2011 PFS final rule with comment period, and 14 were not reviewed by CMS because they were noncovered services under Medicare. Therefore, the AMA RUC reviewed 173 of the 290 codes initially identified for this Fourth Five-Year Review of Work, and provided the recommendations to CMS that are addressed below in this proposed notice. A list of the remaining codes that were identified for possible review through the Five-Year Review process but not reviewed can be found in section II.E. of this proposed notice. Upon clinical review, we are proposing to accept 89 out of 173 (51 percent) of the AMA RUC recommendations for work RVUs. In some cases, we also refined physician times for codes as deemed appropriate to correspond with the proposed work RVUs. CMS' decisions are summarized in Table 6.

In addition, the HCPAC submitted for CMS review its recommendations to modify work RVUs for five CPT codes under the Fourth Five-Year Review of Work. Of those five CPT codes, three were not reviewed by CMS because the codes were withdrawn by the relevant specialty society due to a low survey response rate. We did not accept the HCPAC recommendations for the two remaining CPT codes, as detailed in section II.D.1 of this proposed notice.

BILLING CODE P

TABLE 5: AMA RUC AND HCPAC RECOMMENDATIONS, AND PROPOSED WORK RVUS FOR THE FOURTH FIVE-YEAR REVIEW OF THE RBRVS

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC/HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
10140	Drainage of hematoma/fluid	1.58	1.58	1.58	Agree	x
10160	Puncture drainage of lesion	1.25	1.25	1.25	Agree	
11732	Remove nail plate, add-on	0.57	0.48	0.44	Disagree	x
11765	Excision of nail fold, toe	0.74	1.48	1.22	Disagree	x
12031	Intmd wnd repair s/tr/ext	2.20	2.00	2.00	Agree	
12032	Intmd wnd repair s/tr/ext	2.52	2.52	2.52	Agree	
12034	Intmd wnd repair s/tr/ext	2.97	2.97	2.97	Agree	
12035	Intmd wnd repair s/tr/ext	3.47	3.60	3.50	Disagree	
12036	Intmd wnd repair s/tr/ext	4.09	4.50	4.23	Disagree	x
12037	Intmd wnd repair s/tr/ext	4.71	5.25	5.00	Disagree	
12041	Intmd wnd repair n-hf/genit	2.42	2.10	2.10	Agree	

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC/HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
12042	Intmd wnd repair n-hg/genit	2.79	2.79	2.79	Agree	
12044	Intmd wnd repair n-hg/genit	3.19	3.19	3.19	Agree	
12045	Intmd wnd repair n-hg/genit	3.68	3.90	3.75	Disagree	
12046	Intmd wnd repair n-hg/genit	4.29	4.60	4.30	Disagree	x
12047	Intmd wnd repair n-hg/genit	4.69	5.50	4.95	Disagree	x
12051	Intmd wnd repair face/mm	2.52	2.33	2.33	Agree	
12052	Intmd wnd repair face/mm	2.87	2.87	2.87	Agree	
12053	Intmd wnd repair face/mm	3.17	3.17	3.17	Agree	
12054	Intmd wnd repair, face/mm	3.50	3.50	3.50	Agree	
12055	Intmd wnd repair face/mm	4.47	4.65	4.50	Disagree	x
12056	Intmd wnd repair face/mm	5.28	5.50	5.30	Disagree	x
12057	Intmd wnd repair face/mm	6.00	6.28	6.00	Disagree	x
13100	Repair of wound or lesion	3.17	3.17	3.17	Agree	x
13101	Repair of wound or lesion	3.96	3.96	3.96	Agree	x
15120	Skn splt a-grft fac/nck/hf/g	11.16	10.15	10.15	Agree	
15121	Skn splt a-grft f/n/hf/g add	2.67	2.00	2.00	Agree	
15260	Skin full graft een & lips	11.64	11.64	11.64	Agree	
15732	Muscle-skin graft, head/neck	19.90	19.83	16.38	Disagree	x
17250	Chemical cautery, tissue	0.50	0.50	0.50	Agree	
17260	Destruction of skin lesions	0.96	0.96	0.96	Agree	
17261	Destruction of skin lesions	1.22	1.22	1.22	Agree	
17262	Destruction of skin lesions	1.63	1.63	1.63	Agree	
17263	Destruction of skin lesions	1.84	1.84	1.84	Agree	
17264	Destruction of skin lesions	1.99	1.99	1.99	Agree	
17266	Destruction of skin lesions	2.39	2.39	2.39	Agree	
17270	Destruction of skin lesions	1.37	1.37	1.37	Agree	x
17271	Destruction of skin lesions	1.54	1.54	1.54	Agree	x
17272	Destruction of skin lesions	1.82	1.82	1.82	Agree	
17273	Destruction of skin lesions	2.10	2.10	2.10	Agree	
17274	Destruction of skin lesions	2.64	2.64	2.64	Agree	x
17276	Destruction of skin lesions	3.25	3.25	3.25	Agree	
17280	Destruction of skin lesions	1.22	1.22	1.22	Agree	
17281	Destruction of skin lesions	1.77	1.77	1.77	Agree	
17282	Destruction of skin lesions	2.09	2.09	2.09	Agree	
17283	Destruction of skin lesions	2.69	2.69	2.69	Agree	
17284	Destruction of skin lesions	3.26	3.20	3.20	Agree	
17286	Destruction of skin lesions	4.48	4.48	4.48	Agree	
19302	P-mastectomy w/ln removal	13.99	13.99	13.87	Disagree	
22520	Percut vertebroplasty thor	9.22	9.22	9.22	Agree	
22521	Percut vertebroplasty lumb	8.65	8.65	8.01	Disagree	
22522	Percut vertebroplasty addl	4.30	4.30	4.30	Agree	

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC/HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
22523	Percut kyphoplasty, thor	9.26	9.26	8.62	Disagree	
22524	Percut kyphoplasty, lumbar	8.86	8.86	8.22	Disagree	
22525	Percut kyphoplasty, add-on	4.47	4.47	4.47	Agree	
25600	Treat fracture radius/ulna	2.78	2.78	2.64	Disagree	x
25605	Treat fracture radius/ulna	7.25	6.50	6.00	Disagree	x
27385	Repair of thigh muscle	8.11	8.11	6.93	Disagree	x
27530	Treat knee fracture	4.09	2.81	2.65	Disagree	x
27792	Treatment of ankle fracture	9.71	9.71	8.75	Disagree	x
28002	Treatment of foot infection	5.93	5.34	4.00	Disagree	
28003	Treatment of foot infection	9.06	9.06	9.06	Agree	
28120	Part removal of ankle/heel	8.27	8.27	7.31	Disagree	x
28122	Partial removal of foot bone	7.72	7.72	6.76	Disagree	x
28285	Repair of hammertoe	4.76	5.62	4.76	Disagree	
28715	Fusion of foot bones	14.60	14.60	13.42	Disagree	x
28820	Amputation of toe	5.00	7.00	5.82	Disagree	x
28825	Partial amputation of toe	6.01	6.01	5.37	Disagree	x
29125	Apply forearm splint	0.59	0.59	0.50	Disagree	x
29126	Apply forearm splint	0.77	0.77	0.68	Disagree	x
29405	Apply short leg cast	0.86	0.80	0.80	Agree	
29425	Apply short leg cast	1.01	0.80	0.80	Agree	
29515	Application lower leg splint	0.73	0.73	0.73	Agree	x
32405	Biopsy, lung or mediastinum	1.93	1.93	1.93	Agree	
32851	Lung transplant, single	41.61	63.00	59.64	Disagree	
32852	Lung transplant with bypass	45.48	74.37	65.50	Disagree	
32853	Lung transplant, double	50.78	90.00	84.48	Disagree	
32854	Lung transplant with bypass	54.74	95.00	90.00	Disagree	
33030	Partial removal of heart sac	22.39	39.50	36.00	Disagree	
33031	Partial removal of heart sac	25.38	45.00	45.00	Agree	
33120	Removal of heart lesion	27.45	42.88	38.45	Disagree	
33315	Exploratory heart surgery	26.17	35.00	35.00	Agree	
33411	Replacement of aortic valve	62.07	62.07	62.07	Agree	
33412	Replacement of aortic valve	43.94	60.00	59.00	Disagree	
33468	Revision of tricuspid valve	32.94	50.00	45.13	Disagree	
33645	Revision of heart veins	28.10	33.00	31.30	Disagree	
33647	Repair heart septum defects	29.53	35.00	33.00	Disagree	
33692	Repair of heart defects	31.54	38.75	36.15	Disagree	
33710	Repair of heart defects	30.41	43.00	37.50	Disagree	
33875	Thoracic aortic graft	35.78	56.83	50.72	Disagree	
33910	Remove lung artery emboli	29.71	52.33	48.21	Disagree	
33916	Surgery of great vessel	28.42	78.00	78.00	Agree	
33935	Transplantation, heart/lung	62.01	100.00	91.78	Disagree	

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC/HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
33975	Implant ventricular device	20.97	25.00	25.00	Agree	
33976	Implant ventricular device	22.97	30.75	30.75	Agree	
33977	Remove ventricular device	20.28	20.86	20.86	Agree	
33978	Remove ventricular device	22.72	25.00	25.00	Agree	
33979	Insert intracorporeal device	45.93	37.50	37.50	Agree	
33980	Remove intracorporeal device	65.20	40.00	33.50	Disagree	
33981	Replace vad pump ext	0.00	16.11	16.11	Agree	
33982	Replace vad intra w/o bp	0.00	37.86	37.86	Agree	
33983	Replace vad intra w/bp	0.00	44.54	44.54	Agree	
35188	Repair blood vessel lesion	15.16	18.50	18.00	Disagree	
35612	Artery bypass graft	16.82	22.00	20.35	Disagree	
35800	Explore neck vessels	8.07	13.89	12.00	Disagree	
35840	Explore abdominal vessels	10.96	21.19	20.75	Disagree	
35860	Explore limb vessels	6.80	16.89	15.25	Disagree	
36200	Place catheter in aorta	3.02	3.02	3.02	Agree	
36246	Place catheter in artery	5.27	5.27	5.27	Agree	
36247	Place catheter in artery	6.29	7.00	6.29	Disagree	
36470	Injection therapy of vein	1.10	1.10	1.10	Agree	
36471	Injection therapy of veins	1.65	1.65	1.65	Agree	
36600	Withdrawal of arterial blood	0.32	0.32	0.32	Agree	x
36819	Av fuse, uppr arm, basilic	14.47	14.47	13.29	Disagree	x
36821	Av fusion direct any site	12.11	12.11	12.11	Agree	
36825	Artery-vein autograft	15.13	15.13	14.17	Disagree	x
37140	Revision of circulation	25.23	40.00	40.00	Agree	
37145	Revision of circulation	26.24	37.00	37.00	Agree	
37160	Revision of circulation	23.24	38.00	38.00	Agree	
37180	Revision of circulation	26.24	36.50	36.50	Agree	
37181	Splice spleen/kidney veins	28.37	40.00	40.00	Agree	
42415	Excise parotid gland/lesion	18.12	18.12	17.16	Disagree	x
42420	Excise parotid gland/lesion	21.00	21.00	19.53	Disagree	x
43262	Endo cholangiopancreatograph	7.38	7.38	7.38	Agree	x
43415	Repair esophagus wound	28.91	44.88	44.88	Agree	
45331	Sigmoidoscopy and biopsy	1.15	1.15	1.15	Agree	x
47563	Laparo cholecystectomy/graph	12.11	12.11	11.47	Disagree	x
47564	Laparo cholecystectomy/explr	14.24	20.00	18.00	Disagree	
49507	Prp i/hern init block >5 yr	10.05	10.05	9.09	Disagree	x
49521	Rerepair ing hernia, blocked	12.44	12.44	11.48	Disagree	x
49587	Rpr umbil hern, block > 5 yr	8.04	8.04	7.08	Disagree	x
49652	Lap vent/abd hernia repair	12.88	12.88	11.92	Disagree	x
49653	Lap vent/abd hern proc comp	16.21	16.21	14.94	Disagree	x
49654	Lap inc hernia repair	15.03	15.03	13.76	Disagree	x

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC/HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
49655	Lap inc hern repair comp	18.11	18.11	16.84	Disagree	x
51705	Change of bladder tube	1.05	0.90	0.90	Agree	
51710	Change of bladder tube	1.52	1.35	1.35	Agree	x
52005	Cystoscopy & ureter catheter	2.37	2.37	2.37	Agree	
52007	Cystoscopy and biopsy	3.02	3.02	3.02	Agree	
52310	Cystoscopy and treatment	2.81	2.81	2.81	Agree	
52315	Cystoscopy and treatment	5.20	5.20	5.20	Agree	
52630	Remove prostate regrowth	7.73	7.73	6.55	Disagree	x
52640	Relieve bladder contracture	4.79	4.79	4.79	Agree	
52649	Prostate laser enucleation	17.29	15.20	14.56	Disagree	x
53440	Male sling procedure	15.54	14.00	13.36	Disagree	x
57287	Revise/remove sling repair	11.15	11.15	11.15	Agree	
57288	Repair bladder defect	12.13	12.13	12.13	Agree	
60220	Partial removal of thyroid	12.37	12.37	11.19	Disagree	x
60240	Removal of thyroid	16.22	16.22	15.04	Disagree	x
60500	Explore parathyroid glands	16.78	16.78	15.60	Disagree	x
62284	Injection for myelogram	1.54	1.54	1.54	Agree	
63655	Implant neuroelectrodes	11.56	11.56	10.92	Disagree	x
64405	N block inj, occipital	1.32	1.00	0.94	Disagree	
69220	Clean out mastoid cavity	0.83	0.83	0.83	Agree	
78264	Gastric emptying study	0.78	0.95	0.80	Disagree	x
92511	Nasopharyngoscopy	0.84	0.61	0.61	Agree	x
92950	Heart/lung resuscitation cpr	3.79	4.50	4.00	Disagree	x
93321	Doppler echo exam, heart	0.15	0.15	0.15	Agree	
94660	Pos airway pressure, cpap	0.76	0.76	0.76	Agree	
98925	Osteopathic manipulation	0.45	0.50	0.46	Disagree	x
98926	Osteopathic manipulation	0.65	0.75	0.71	Disagree	x
98927	Osteopathic manipulation	0.87	1.00	0.96	Disagree	x
98928	Osteopathic manipulation	1.03	1.25	1.21	Disagree	x
98929	Osteopathic manipulation	1.19	1.50	1.46	Disagree	x
99218	Observation care	1.28	1.92	1.28	Disagree	x
99219	Observation care	2.14	2.60	2.14	Disagree	x
99220	Observation care	2.99	3.56	2.99	Disagree	x
99234	Observ/hosp same date	2.56	2.56	1.92	Disagree	x
99235	Observ/hosp same date	3.41	3.24	2.78	Disagree	x
99236	Observ/hosp same date	4.26	4.20	3.63	Disagree	x
99315	Nursing fac discharge day	1.13	1.28	1.28	Agree	
99316	Nursing fac discharge day	1.50	1.90	1.90	Agree	
99460	Init nb em per day, hosp	1.17	1.92	1.92	Agree	
99462	Sbsq nb em per day, hosp	0.62	0.84	0.84	Agree	
99463	Same day nb discharge	1.50	2.13	2.13	Agree	

TABLE 6: FIVE-YEAR REVIEW CODES WITH CMS PROPOSED REFINEMENTS TO THE AMA RUC RECOMMENDED TIME

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
10140	Drainage of hematoma/fluid	Current	1.58	7.0	0.0	0.0	16.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
10140	Drainage of hematoma/fluid	RUC Rec	1.58	17.0	3.0	5.0	15.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
10140	**Drainage of hematoma/fluid**	**CMS Rec**	**1.58**	**7.0**	**3.0**	**5.0**	**15.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
11732	Remove nail plate add-on	Current	0.57	0.0	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11732	Remove nail plate add-on	RUC Rec	0.48	0.0	1.0	1.0	10.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11732	**Remove nail plate add-on**	**CMS Rec**	**0.44**	**0.0**	**1.0**	**1.0**	**10.0**	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11765	Excision of nail fold toe	Current	0.74	7.0	0.0	0.0	24.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
11765	Excision of nail fold toe	RUC Rec	1.48	17.0	1.0	5.0	15.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
11765	**Excision of nail fold toe**	**CMS Rec**	**1.22**	**11.0**	**1.0**	**5.0**	**15.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
12036	Intmd wnd repair s/tr/ext	Current	4.09	12.0	0.0	0.0	84.0	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12036	Intmd wnd repair s/tr/ext	RUC Rec	4.50	13.0	3.0	5.0	75.0	12.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12036	**Intmd wnd repair s/tr/ext**	**CMS Rec**	**4.23**	**13.0**	**3.0**	**5.0**	**70.0**	**12.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
12046	Intmd wnd repair n-hg/genit	Current	4.29	12.0	0.0	0.0	90.0	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12046	Intmd wnd repair n-hg/genit	RUC Rec	4.60	13.0	3.0	5.0	80.0	13.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
12046	**Intmd wnd repair n-hg/genit**	**CMS Rec**	**4.30**	**9.0**	**3.0**	**5.0**	**80.0**	**9.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
12047	Intmd wnd repair n-hg/genit	Current	4.69	13.0	0.0	0.0	111.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12047	Intmd wnd repair n-hg/genit	RUC Rec	5.50	13.0	3.0	5.0	100.0	15.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
12047	**Intmd wnd repair n-hg/genit**	**CMS Rec**	**4.95**	**9.0**	**3.0**	**5.0**	**100.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
12055	Intmd wnd repair face/mm	Current	4.47	13.0	0.0	0.0	89.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12055	Intmd wnd repair face/mm	RUC Rec	4.65	13.0	3.0	5.0	70.0	13.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
12055	**Intmd wnd repair face/mm**	**CMS Rec**	**4.50**	**13.0**	**3.0**	**5.0**	**60.0**	**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
12056	Intmd wnd repair face/mm	Current	5.28	14.0	0.0	0.0	106.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12056	Intmd wnd repair face/mm	RUC Rec	5.50	13.0	3.0	5.0	85.0	13.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
12056	**Intmd wnd repair face/mm**	**CMS Rec**	**5.30**	**13.0**	**3.0**	**5.0**	**70.0**	**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
12057	Intmd wnd repair face/mm	Current	6.00	15.0	0.0	0.0	131.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
12057	Intmd wnd repair face/mm	RUC Rec	6.28	13.0	3.0	5.0	100.0	15.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
12057	**Intmd wnd repair face/mm**	**CMS Rec**	**6.00**	**13.0**	**3.0**	**5.0**	**90.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
13100	Repair of wound or lesion	Current	3.17	21.0	0.0	0.0	33.0	21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
13100	Repair of wound or lesion	RUC Rec	3.17	17.0	1.0	5.0	35.0	16.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
13100	**Repair of wound or lesion**	**CMS Rec**	**3.17**	**21.0**	**0.0**	**0.0**	**33.0**	**21.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
13101	Repair of wound or lesion	Current	3.96	21.0	0.0	0.0	53.0	21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
13101	Repair of wound or lesion	RUC Rec	3.96	17.0	1.0	5.0	56.0	18.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
13101	**Repair of wound or lesion**	**CMS Rec**	**3.96**	**21.0**	**0.0**	**0.0**	**53.0**	**21.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
15732	Muscle-skin graft, head/neck	Current	19.90	60.0	0.0	0.0	150.0	30.0	0.0	0.0	4.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0
15732	Muscle-skin graft, head/neck	RUC Rec	19.83	40.0	12.0	20.0	150.0	30.0	0.0	0.0	1.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	1.0	0.0
15732	**Muscle-skin graft, head/neck**	**CMS Rec**	**16.38**	**40.0**	**12.0**	**20.0**	**150.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**1.0**	**0.0**
17270	Destruction of skin lesions	Current	1.37	4.0	0.0	0.0	15.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17270	Destruction of skin lesions	RUC Rec	1.37	7.0	0.0	2.0	15.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17270	**Destruction of skin lesions**	**CMS Rec**	**1.37**	**7.0**	**0.0**	**2.0**	**16.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
17271	Destruction of skin lesions	Current	1.54	6.0	0.0	0.0	18.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17271	Destruction of skin lesions	RUC Rec	1.54	7.0	0.0	2.0	19.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17271	**Destruction of skin lesions**	**CMS Rec**	**1.54**	**7.0**	**0.0**	**2.0**	**18.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
17274	Destruction of skin lesions	Current	2.64	8.0	0.0	0.0	32.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17274	Destruction of skin lesions	RUC Rec	2.64	7.0	0.0	2.0	32.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
17274	**Destruction of skin lesions**	**CMS Rec**	**2.64**	**7.0**	**0.0**	**2.0**	**33.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
25600	Treat fracture radius/ulna	Current	2.78	13.0	0.0	0.0	25.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
25600	Treat fracture radius/ulna	RUC Rec	2.78	7.0	0.0	0.0	15.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
25600	**Treat fracture radius/ulna**	**CMS Rec**	**2.64**	**5.0**	**0.0**	**0.0**	**15.0**	**7.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
25605	Treat fracture radius/ulna	Current	7.25	22.0	0.0	15.0	35.0	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	0.0
25605	Treat fracture radius/ulna	RUC Rec	6.50	14.0	1.0	5.0	30.0	20.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	4.0	1.0	0.0	0.0
25605	**Treat fracture radius/ulna**	**CMS Rec**	**6.00**	**14.0**	**1.0**	**5.0**	**30.0**	**13.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**1.0**	**0.0**	**0.0**
27385	Repair of thigh muscle	Current	8.11	22.0	0.0	25.0	66.0	19.0	0.0	0.0	1.5	0.0	0.0	1.0	0.0	0.0	0.0	0.0	3.5	0.0	0.0	0.0
27385	Repair of thigh muscle	RUC Rec	8.11	33.0	9.0	15.0	60.0	20.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	3.0	1.0	0.0	0.0
27385	**Repair of thigh muscle**	**CMS Rec**	**6.93**	**33.0**	**9.0**	**15.0**	**60.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**1.0**	**0.0**	**0.0**

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
27530	Treat knee fracture	Current	4.09	17.0	0.0	15.0	33.0	8.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0
27530	Treat knee fracture	RUC Rec	2.81	7.0	2.0	0.0	15.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0
27530	**Treat knee fracture**	**CMS Rec**	**2.65**	**5.0**	**0.0**	**0.0**	**15.0**	**7.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
27792	Treatment of ankle fracture	Current	9.71	40.0	10.0	15.0	60.0	20.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0
27792	Treatment of ankle fracture	RUC Rec	9.71	33.0	10.0	15.0	60.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0	0.0
27792	**Treatment of ankle fracture**	**CMS Rec**	**8.75**	**33.0**	**10.0**	**15.0**	**60.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**2.0**	**0.0**	**0.0**
28120	Part removal of ankle/heel	Current	8.27	33.0	10.0	15.0	50.0	20.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	3.0	2.0	0.0	0.0
28120	Part removal of ankle/heel	RUC Rec	8.27	33.0	10.0	15.0	50.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	3.0	2.0	0.0	0.0
28120	**Part removal of ankle/heel**	**CMS Rec**	**7.31**	**33.0**	**10.0**	**15.0**	**50.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**2.0**	**0.0**	**0.0**
28122	Partial removal of foot bone	Current	7.72	33.0	10.0	15.0	50.0	20.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0
28122	Partial removal of foot bone	RUC Rec	7.72	33.0	10.0	15.0	45.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0	0.0
28122	**Partial removal of foot bone**	**CMS Rec**	**6.76**	**33.0**	**10.0**	**15.0**	**45.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**2.0**	**0.0**	**0.0**
28715	Fusion of foot bones	Current	14.60	60.0	0.0	0.0	130.0	30.0	0.0	0.0	2.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0
28715	Fusion of foot bones	RUC Rec	14.60	40.0	3.0	15.0	125.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	4.0	0.0	0.0
28715	**Fusion of foot bones**	**CMS Rec**	**13.42**	**40.0**	**3.0**	**15.0**	**125.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**4.0**	**0.0**	**0.0**
28820	Amputation of toe	Current	5.00	22.0	0.0	25.0	42.0	16.0	0.0	0.0	3.5	0.0	0.0	1.0	0.0	0.0	0.0	0.0	3.5	0.0	0.0	0.0
28820	Amputation of toe	RUC Rec	7.00	33.0	10.0	15.0	30.0	20.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0
28820	**Amputation of toe**	**CMS Rec**	**5.82**	**33.0**	**10.0**	**15.0**	**30.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**2.0**	**0.0**	**0.0**
28825	Partial amputation of toe	Current	6.01	33.0	10.0	15.0	30.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0
28825	Partial amputation of toe	RUC Rec	6.01	33.0	10.0	15.0	30.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0
28825	**Partial amputation of toe**	**CMS Rec**	**5.37**	**33.0**	**10.0**	**15.0**	**30.0**	**20.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**2.0**	**0.0**	**0.0**
29125	Apply forearm splint	Current	0.59	6.0	0.0	0.0	21.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29125	Apply forearm splint	RUC Rec	0.59	7.0	0.0	0.0	15.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29125	**Apply forearm splint**	**CMS Rec**	**0.50**	**5.0**	**0.0**	**0.0**	**15.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
29126	Apply forearm splint	Current	0.77	8.0	0.0	0.0	25.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29126	Apply forearm splint	RUC Rec	0.77	7.0	0.0	0.0	30.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29126	**Apply forearm splint**	**CMS Rec**	**0.68**	**5.0**	**0.0**	**0.0**	**30.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
29515	Application lower leg splint	Current	0.73	9.0	0.0	0.0	22.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
29515	Application lower leg splint	RUC Rec	0.73	7.0	0.0	0.0	15.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
29515	**Application lower leg splint**	**CMS Rec**	**0.73**	**5.0**	**0.0**	**0.0**	**15.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
33980	Remove intracorporeal device	Current	65.20	178.0	0.0	0.0	360.0	80.0	4.0	3.0	2.0	9.0	2.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	3.0	0.0
33980	Remove intracorporeal device	RUC Rec	40.00	60.0	15.0	20.0	300.0	90.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
33980	**Remove intracorporeal device**	**CMS Rec**	**33.50**	**60.0**	**15.0**	**20.0**	**300.0**	**90.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
36247	Place catheter in artery	Current	6.29	0.0	0.0	0.0	86.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36247	Place catheter in artery	RUC Rec	7.00	33.0	3.0	5.0	60.0	30.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36247	**Place catheter in artery**	**CMS Rec**	**6.29**	**33.0**	**3.0**	**5.0**	**60.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
36600	Withdrawal of arterial blood	Current	0.32	0.0	0.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36600	Withdrawal of arterial blood	RUC Rec	0.32	5.0	0.0	0.0	10.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36600	**Withdrawal of arterial blood**	**CMS Rec**	**0.32**	**3.0**	**0.0**	**0.0**	**10.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
36819	Av fuse uppr arm basilic	Current	14.47	55.0	0.0	0.0	120.0	15.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
36819	Av fuse uppr arm basilic	RUC Rec	14.47	40.0	5.0	20.0	130.0	25.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
36819	**Av fuse uppr arm basilic**	**CMS Rec**	**13.29**	**40.0**	**5.0**	**20.0**	**130.0**	**35.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
36825	Artery-vein autograft	Current	15.13	40.0	10.0	20.0	120.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
36825	Artery-vein autograft	RUC Rec	15.13	40.0	10.0	20.0	120.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	2.0	0.0	0.0
36825	**Artery-vein autograft**	**CMS Rec**	**14.17**	**40.0**	**10.0**	**20.0**	**120.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
42415	Excise parotid gland/lesion	Current	18.12	40.0	12.0	20.0	150.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
42415	Excise parotid gland/lesion	RUC Rec	18.12	40.0	12.0	20.0	150.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	2.0	0.0	0.0
42415	**Excise parotid gland/lesion**	**CMS Rec**	**17.16**	**40.0**	**12.0**	**20.0**	**150.0**	**30.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
42420	Excise parotid gland/lesion	Current	21.00	40.0	12.0	20.0	180.0	20.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
42420	Excise parotid gland/lesion	RUC Rec	21.00	40.0	12.0	20.0	180.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0	2.0	0.0	0.0
42420	**Excise parotid gland/lesion**	**CMS Rec**	**19.53**	**40.0**	**12.0**	**20.0**	**180.0**	**50.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
43262	Endo cholangiopancreatograph	Current	7.38	25.0	0.0	25.0	75.0	28.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
43262	Endo cholangiopancreatograph	RUC Rec	7.38	15.0	5.0	5.0	45.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
43262	**Endo cholangiopancreatograph**	**CMS Rec**	**7.38**	**25.0**	**0.0**	**25.0**	**75.0**	**28.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
45331	Sigmoidoscopy and biopsy	Current	1.15	7.0	0.0	0.0	18.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
45331	Sigmoidoscopy and biopsy	RUC Rec	1.15	13.0	1.0	1.0	15.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
45331	**Sigmoidoscopy and biopsy**	**CMS Rec**	**1.15**	**5.0**	**5.0**	**5.0**	**10.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
47563	Laparo cholecystectomy/graph	Current	12.11	32.0	0.0	25.0	143.0	29.0	0.0	0.0	0.5	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.5	0.0	0.0	0.0
47563	Laparo cholecystectomy/graph	RUC Rec	12.11	40.0	10.0	15.0	90.0	25.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
47563	**Laparo cholecystectomy/graph**	**CMS Rec**	**11.47**	**40.0**	**10.0**	**15.0**	**90.0**	**25.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49507	Prp i/hern init block >5 yr	Current	10.05	40.0	3.0	20.0	70.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
49507	Prp i/hern init block >5 yr	RUC Rec	10.05	40.0	3.0	20.0	70.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
49507	**Prp i/hern init block >5 yr**	**CMS Rec**	**9.09**	**40.0**	**3.0**	**20.0**	**70.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49521	Rerepair ing hernia, blocked	Current	12.44	40.0	3.0	20.0	90.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
49521	Rerepair ing hernia, blocked	RUC Rec	12.44	40.0	3.0	20.0	90.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
49521	**Rerepair ing hernia, blocked**	**CMS Rec**	**11.48**	**40.0**	**3.0**	**20.0**	**90.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49587	Rpr umbil hern, block > 5 yr	Current	8.04	40.0	3.0	20.0	60.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
49587	Rpr umbil hern, block > 5 yr	RUC Rec	8.04	40.0	3.0	20.0	60.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
49587	**Rpr umbil hern, block > 5 yr**	**CMS Rec**	**7.08**	**40.0**	**3.0**	**20.0**	**60.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49652	Lap vent/abd hernia repair	Current	12.88	45.0	15.0	15.0	90.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
49652	Lap vent/abd hernia repair	RUC Rec	12.88	40.0	15.0	15.0	90.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
49652	**Lap vent/abd hernia repair**	**CMS Rec**	**11.92**	**40.0**	**15.0**	**15.0**	**90.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49653	Lap vent/abd hern proc comp	Current	16.21	45.0	15.0	15.0	120.0	30.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	1.0	0.0	0.0
49653	Lap vent/abd hern proc comp	RUC Rec	16.2	40.0	15.0	15.0	120.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.0	0.0	0.0	2.0	1.0	0.0	0.0
49653	**Lap vent/abd hern proc comp**	**CMS Rec**	**14.94**	**40.0**	**15.0**	**15.0**	**120.0**	**50.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**1.0**	**0.0**	**0.0**
49654	Lap inc hernia repair	Current	15.03	45.0	15.0	15.0	120.0	30.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
49654	Lap inc hernia repair	RUC Rec	15.03	40.0	15.0	15.0	120.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.0	0.0	0.0	1.0	1.0	0.0	0.0
49654	**Lap inc hernia repair**	**CMS Rec**	**13.76**	**40.0**	**15.0**	**15.0**	**120.0**	**50.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**
49655	Lap inc hern repair comp	Current	18.11	50.0	15.0	15.0	150.0	30.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	1.0	0.0	0.0
49655	Lap inc hern repair comp	RUC Rec	18.11	40.0	15.0	15.0	150.0	30.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.0	0.0	0.0	2.0	1.0	0.0	0.0
49655	**Lap inc hern repair comp**	**CMS Rec**	**16.84**	**40.0**	**15.0**	**15.0**	**150.0**	**50.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**1.0**	**0.0**	**0.0**
51710	Change of bladder tube	Current	1.52	13.0	0.0	0.0	26.0	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0
51710	Change of bladder tube	RUC Rec	1.35	7.0	10.0	0.0	15.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
51710	**Change of bladder tube**	**CMS Rec**	**1.35**	**7.0**	**5.0**	**0.0**	**15.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
52630	Remove prostate regrowth	Current	7.73	23.0	0.0	25.0	49.0	20.0	0.0	0.0	1.5	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	0.0
52630	Remove prostate regrowth	RUC Rec	7.73	33.0	5.0	15.0	60.0	25.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0	1.0	0.0	0.0
52630	**Remove prostate regrowth**	**CMS Rec**	**6.55**	**33.0**	**5.0**	**15.0**	**60.0**	**35.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**1.0**	**0.0**	**0.0**
52649	Prostate laser enucleation	Current	17.29	70.0	10.0	15.0	180.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
52649	Prostate laser enucleation	RUC Rec	15.20	33.0	5.0	15.0	120.0	25.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
52649	**Prostate laser enucleation**	**CMS Rec**	**14.56**	**33.0**	**5.0**	**15.0**	**120.0**	**25.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
53440	Male sling procedure	Current	15.54	58.0	0.0	0.0	100.0	30.0	0.0	0.0	0.0	2.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0
53440	Male sling procedure	RUC Rec	14.00	33.0	7.0	15.0	90.0	22.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
53440	**Male sling procedure**	**CMS Rec**	**13.36**	**33.0**	**7.0**	**15.0**	**90.0**	**22.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
60220	Partial removal of thyroid	Current	12.37	62.5	0.0	0.0	90.0	25.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
60220	Partial removal of thyroid	RUC Rec	12.37	40.0	12.0	20.0	90.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0
60220	**Partial removal of thyroid**	**CMS Rec**	**11.19**	**40.0**	**12.0**	**20.0**	**90.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**
60240	Removal of thyroid	Current	16.22	34.0	0.0	25.0	159.0	27.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0
60240	Removal of thyroid	RUC Rec	16.22	40.0	12.0	20.0	150.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0
60240	**Removal of thyroid**	**CMS Rec**	**15.04**	**40.0**	**12.0**	**20.0**	**150.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**
60500	Explore parathyroid glands	Current	16.78	40.0	0.0	25.0	138.0	22.0	0.0	0.0	3.5	0.0	0.0	1.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
60500	Explore parathyroid glands	RUC Rec	16.78	40.0	12.0	20.0	120.0	30.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
60500	**Explore parathyroid glands**	**CMS Rec**	**15.60**	**40.0**	**12.0**	**20.0**	**120.0**	**40.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
63655	Implant neuroelectrodes	Current	11.6	33.0	15.0	15.0	90.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
63655	Implant neuroelectrodes	RUC Rec	11.56	33.0	15.0	15.0	90.0	20.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2.0	0.0	0.0
63655	**Implant neuroelectrodes**	**CMS Rec**	**10.92**	**33.0**	**15.0**	**15.0**	**90.0**	**20.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.5**	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**2.0**	**0.0**	**0.0**
78264	Gastric emptying study	Current	0.78	0.0	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
78264	Gastric emptying study	RUC Rec	0.95	5.0	0.0	0.0	12.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
78264	**Gastric emptying study**	**CMS Rec**	**0.80**	**5.0**	**0.0**	**0.0**	**12.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
92511	Nasopharyngoscopy	Current	0.84	0.0	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92511	Nasopharyngoscopy	RUC Rec	0.61	6.0	0.0	5.0	5.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92511	**Nasopharyngoscopy**	**CMS Rec**	**0.61**	**4.0**	**0.0**	**5.0**	**5.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
92950	Heart/lung resuscitation cpr	Current	3.79	1.0	0.0	0.0	51.0	51.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
92950	Heart/lung resuscitation cpr	RUC Rec	4.50	2.0	1.0	0.0	45.0	30.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92950	**Heart/lung resuscitation cpr**	**CMS Rec**	**4.00**	**1.0**	**1.0**	**0.0**	**45.0**	**20.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98925	Osteopathic manipulation	Current	0.45	0.0	0.0	0.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98925	Osteopathic manipulation	RUC Rec	0.50	2.0	1.0	0.0	10.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98925	**Osteopathic manipulation**	**CMS Rec**	**0.46**	**1.0**	**1.0**	**0.0**	**10.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98926	Osteopathic manipulation	Current	0.65	0.0	0.0	0.0	18.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98926	Osteopathic manipulation	RUC Rec	0.75	2.0	1.0	0.0	15.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98926	**Osteopathic manipulation**	**CMS Rec**	**0.71**	**1.0**	**1.0**	**0.0**	**15.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98927	Osteopathic manipulation	Current	0.87	0.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98927	Osteopathic manipulation	RUC Rec	1.00	2.0	1.0	0.0	20.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98927	**Osteopathic manipulation**	**CMS Rec**	**0.96**	**1.0**	**1.0**	**0.0**	**20.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98928	Osteopathic manipulation	Current	1.03	0.0	0.0	0.0	29.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98928	Osteopathic manipulation	RUC Rec	1.25	2.0	1.0	0.0	25.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98928	**Osteopathic manipulation**	**CMS Rec**	**1.21**	**1.0**	**1.0**	**0.0**	**25.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
98929	Osteopathic manipulation	Current	1.19	0.0	0.0	0.0	33.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98929	Osteopathic manipulation	RUC Rec	1.50	2.0	1.0	0.0	30.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98929	**Osteopathic manipulation**	**CMS Rec**	**1.46**	**1.0**	**1.0**	**0.0**	**30.0**	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99218	Initial observation care	Current	1.28	0.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99218	Initial observation care	RUC Rec	1.92	10.0	0.0	0.0	30.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99218	**Initial observation care**	**CMS Rec**	**1.28**	**10.0**	**0.0**	**0.0**	**25.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99219	Initial observation care	Current	2.14	0.0	0.0	0.0	67.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99219	Initial observation care	RUC Rec	2.60	10.0	0.0	0.0	40.0	14.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99219	**Initial observation care**	**CMS Rec**	**2.14**	**10.0**	**0.0**	**0.0**	**30.0**	**14.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99220	Initial observation care	Current	2.99	0.0	0.0	0.0	90.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99220	Initial observation care	RUC Rec	3.56	15.0	0.0	0.0	45.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99220	**Initial observation care**	**CMS Rec**	**2.99**	**15.0**	**0.0**	**0.0**	**40.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99234	Observ/hosp same date	Current	2.56	10.0	0.0	0.0	60.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99234	Observ/hosp same date	RUC Rec	2.56	14.0	0.0	0.0	40.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

HCPCS Code	Short Descriptor	Source	Work RVU	Pre-Service Evaluation Minutes	Pre-Service Positioning Minutes	Pre-Service Dress, Scrub, Wait Minutes	Intra-Service Minutes	Same Day Post-Service Minutes	Critical Care, First Hour-99291	Critical Care, Addl 30 Mins-99292	Subsequent Hospital Care-99231	Subsequent Hospital Care-99232	Subsequent Hospital Care-99233	Hospital Discharge Day-99238	Hospital Discharge Day-99239	Subsequent Observation Care- 99224	Subsequent Observation Care- 99225	Office/Outpatient Visit, Est-99211	Office/Outpatient Visit, Est-99212	Office/Outpatient Visit, Est-99213	Office/Outpatient Visit, Est-99214	Office/Outpatient Visit, Est-99215
99234	**Observ/hosp same date**	**CMS Rec**	**1.92**	**14.0**	**0.0**	**0.0**	**35.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99235	Observ/hosp same date	Current	3.41	10.0	0.0	0.0	75.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99235	Observ/hosp same date	RUC Rec	3.24	14.0	0.0	0.0	50.0	19.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99235	**Observ/hosp same date**	**CMS Rec**	**2.78**	**14.0**	**0.0**	**0.0**	**40.0**	**19.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99236	Observ/hosp same date	Current	4.26	0.0	0.0	0.0	110.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99236	Observ/hosp same date	RUC Rec	4.20	19.0	0.0	0.0	55.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99236	**Observ/hosp same date**	**CMS Rec**	**3.63**	**19.0**	**0.0**	**0.0**	**50.0**	**20.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

BILLING CODE C

C. Code-Specific Discussion of Proposed Alternative Work RVUs

1. Drainage of Hematoma

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC-Recommended Work RVU	CMS Recommended WRVU	CMS Work RVU Decision	CMS Refinements to Time
10140	Drainage of hematoma/fluid	1.58	1.58	1.58	Agree	x
10160	Puncture drainage of lesion	1.25	1.25	1.25	Agree	

In the Fourth Five-Year Review, we identified CPT codes 10140 and 10160 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 10140 (Incision and drainage of hematoma, seroma or fluid collection), the AMA RUC reviewed the survey results and determined that these data support maintaining the current work RVU of 1.58 for this service. The AMA RUC believed that the current work RVU for CPT code 10140 is appropriate and recommended a work RVU of 1.58.

We agree with the AMA RUC-recommended work RVU for CPT code 10140 and are proposing a work RVU of 1.58 for CY 2012, with a refinement to the time. We believe the current pre-service evaluation time of 7 minutes is more appropriate than the AMA RUC-recommended pre-service evaluation time of 17 minutes. CPT code 10160 (Puncture aspiration of abscess, hematoma, bulla, or cyst) has the same description of typical pre-service evaluation work and an AMA RUC-recommended pre-service evaluation time of 7 minutes. After clinical review, we believe that 7 minutes accurately reflects the time required to conduct the pre-service evaluation work associated with this service. A complete list of CMS time refinements can be found in Table 6.

2. Wound Repair

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended WRVU	CMS Work RVU Decision	CMS Refinements to Time
12031	Intmd wnd repair s/tr/ext	2.20	2.00	2.00	Agree	
12032	Intmd wnd repair s/tr/ext	2.52	2.52	2.52	Agree	
12034	Intmd wnd repair s/tr/ext	2.97	2.97	2.97	Agree	
12035	Intmd wnd repair s/tr/ext	3.47	3.60	3.50	Disagree	
12036	Intmd wnd repair s/tr/ext	4.09	4.50	4.23	Disagree	x
12037	Intmd wnd repair s/tr/ext	4.71	5.25	5.00	Disagree	
12041	Intmd wnd repair n-hf/genit	2.42	2.10	2.10	Agree	
12042	Intmd wnd repair n-hg/genit	2.79	2.79	2.79	Agree	
12044	Intmd wnd repair n-hg/genit	3.19	3.19	3.19	Agree	
12045	Intmd wnd repair n-hg/genit	3.68	3.90	3.75	Disagree	
12046	Intmd wnd repair n-hg/genit	4.29	4.60	4.30	Disagree	x
12047	Intmd wnd repair n-hg/genit	4.69	5.50	4.95	Disagree	x
12051	Intmd wnd repair face/mm	2.52	2.33	2.33	Agree	
12052	Intmd wnd repair face/mm	2.87	2.87	2.87	Agree	
12053	Intmd wnd repair face/mm	3.17	3.17	3.17	Agree	
12054	Intmd wnd repair, face/mm	3.50	3.50	3.50	Agree	
12055	Intmd wnd repair face/mm	4.47	4.65	4.50	Disagree	x
12056	Intmd wnd repair face/mm	5.28	5.50	5.30	Disagree	x
12057	Intmd wnd repair face/mm	6.00	6.28	6.00	Disagree	x
13100	Repair of wound or lesion	3.17	3.17	3.17	Agree	x
13101	Repair of wound or lesion	3.96	3.96	3.96	Agree	x

In the Fourth Five-Year Review, we identified CPT codes 12031, 12051, and 13101 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen. CPT codes 12032–12047, 12052–12057, and 13100 were added as part of the family of services for review. In its review of this set of CPT codes, the AMA RUC determined that the original Harvard values led to compression within these code families, which the AMA RUC recommended correcting by reducing the relative values for the smallest wound size repair codes and increasing the relative values for the larger wound size repair codes.

In general, the specialty society surveys of physicians furnishing these intermediate wound repair codes confirmed that the work of performing these services had not changed in the past 5 years and that the complexity of patients requiring the services had also remained constant. Despite the survey findings, however, the survey median work RVUs were usually somewhat higher than the current work RVUs for the larger wound size repair codes. For many of these codes, the AMA RUC recommended the survey median values as the work RVUs for these wound repair services, despite its common recommendation of the survey 25th percentile values for codes in other families. In those cases discussed below where we disagreed with the AMA RUC recommendations, we based our proposed work RVU on the survey 25th percentile value, which was also usually higher than the current work RVU for the larger wound size repair codes. For the smaller wound size repair codes the AMA RUC recommended a lower work RVU than the current work RVU, and we agreed. In this way, our proposals for the revised work RVUs for the wound repair codes address concerns about compression in the original Harvard-valued work RVUs within the family. Our proposed range of work RVUs for intermediate wound repair codes in various body areas, while not as large as the range that would have resulted from our adoption of the AMA RUC's recommendations, nevertheless is greater than the current range of work RVUs for the variety of wound sizes described by the repair codes.

For CPT code 12035 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required for this service. The AMA RUC recommended a work RVU of 3.60 for CPT code 12035.

We disagree with the AMA RUC-recommended work RVU for CPT code 12035 and believe that the survey 25th percentile value of a work RVU of 3.50 is more appropriate for this service. The majority of survey respondents

indicated that the work of performing this service has not changed in the past 5 years (79 percent), and that there has been no change in complexity among the patients requiring this service (82 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service and is consistent with the relativity adjustments recommended by the AMA RUC. Therefore, we are proposing an alternative work RVU of 3.50 for CPT code 12035 for CY 2012.

For CPT code 12036 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required for this service. The AMA RUC recommended a work RVU of 4.50 for CPT code 12036.

We disagree with the AMA RUC-recommended work RVU for CPT code 12036 and believe that the survey 25th percentile value of a work RVU of 4.23 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (81 percent), and that there has been no change in complexity among the patients requiring this service (84 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service and is consistent with the relativity adjustments recommended by the AMA RUC. We are proposing an alternative work RVU of 4.23 for CPT code 12036 for CY 2012.

In addition to the work RVU adjustment for CPT code 12036, we are refining the time associated with this code. We find an intra-service time of 70 minutes, the survey median, to be more appropriate than the AMA RUC-recommended intra-service time of 75 minutes. Per the survey, this time correctly captures the intra-service time differential between this CPT code and the key reference code. After clinical review, we believe that 70 minutes accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 12037 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required for this service. The AMA RUC recommended a work RVU of 5.25 for CPT code 12037.

We disagree with the AMA RUC-recommended work RVU for CPT code 12037 and believe that the survey 25th percentile value of a work RVU of 5.00 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (81 percent), and that there has been no change in complexity among the patients requiring this service (83 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service and is consistent with the relativity adjustments recommended by the AMA RUC. Therefore, we are proposing an alternative work RVU of 5.00 for CPT code 12037 for CY 2012.

For CPT code 12045 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the physician work required for this service. The AMA RUC recommended a work RVU of 3.90 for CPT code 12045.

We disagree with the AMA RUC-recommended work RVU for CPT code 12045 and believe that the survey 25th percentile value of a work RVU of 3.75 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (80 percent), and that there has been no change in complexity among the patients requiring this service (80 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service and is consistent with the relativity adjustments recommended by the AMA RUC. Therefore, we are proposing an alternative work RVU of 3.75 for CPT code 12045 for CY 2012.

For CPT code 12046 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required for this service. The AMA RUC recommended a work RVU of 4.60 for CPT code 12046.

We disagree with the AMA RUC-recommended work RVU for CPT code 12046 and believe that the survey 25th percentile value of a work RVU of 4.30 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (79 percent), and that there has been no change in complexity among the patients requiring this service (79 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 4.30 for CPT code 12046 for CY 2012.

In addition to the work RVU adjustment for CPT code 12046, we are refining the time associated with this code. This service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 9 minutes pre-service evaluation time and 9 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 12047 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm) the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined the survey median work RVU appropriately accounts for the work required for this service. The AMA RUC recommended a work RVU of 5.50 for CPT code 12046.

We disagree with the AMA RUC-recommended work RVU for CPT code 12047 and believe that the survey 25th percentile value of a work RVU of 4.95 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (79 percent), and that there has been no change in complexity among the patients requiring this service (79 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 4.95 for CPT code 12047 for CY 2012.

In addition to the work RVU adjustment for CPT code 12047, we are refining the time associated with this code. Recent Medicare PFS claims data show that this service typically is performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore,

should not be counted twice in developing the procedure's work value. As described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post service time by one-third. We believe that 9 minutes pre-service evaluation time and 10 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 12055 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 4.65 for CPT code 12055.

We disagree with the AMA RUC-recommended work RVU for CPT code 12055 and believe that the survey 25th percentile value of a work RVU of 4.50 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (79 percent), and that there has been no change in complexity among the patients requiring this service (79 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 4.50 for CPT code 12055 for CY 2012.

In addition to the work RVU adjustment for CPT code 12055, we are refining the time associated with this code. We find an intra-service time of 60 minutes, the survey median and intra-service time of the key reference code, to be more appropriate than the AMA RUC-recommended intra-service time of 70 minutes. After clinical review, we believe that 60 minutes accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 12056 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 5.50 for CPT code 12056.

We disagree with the AMA RUC-recommended work RVU for CPT code 12056 and believe that the survey 25th percentile value of a work RVU of 5.30 is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (80 percent), and that there has been no change in complexity among the patients requiring this service (81 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 5.30 for CPT code 12056 for CY 2012.

In addition to the work RVU adjustment for CPT code 12056, we are refining the time associated with this code. We find an intra-service time of 70 minutes, the survey median, to be more appropriate than the AMA RUC-recommended intra-service time of 85 minutes. After clinical review, we believe that 70 minutes accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 12057 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the survey median work RVU appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 6.28 for CPT code 12057.

We disagree with the AMA RUC-recommended work RVU for CPT code 12057 and believe that the survey 25th percentile value of a work RVU of 6.00 (the current value) is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (80 percent), and that there has been no change in complexity among the patients requiring this service (81 percent). We believe that the survey 25th percentile value accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 6.00 for CPT code 12057 for CY 2012.

In addition to the work RVU adjustment for CPT code 12057, we are refining the time associated with this code. We find an intra-service time of 90 minutes, the survey median, to be more appropriate than the AMA RUC-recommended intra-service time of 100 minutes. After clinical review, we believe that 90 minutes accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 13100 (Repair, complex, trunk; 1.1 cm to 2.5 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and agreed that the current work RVU of 3.17 maintains the appropriate relativity for this service. The AMA RUC recommended a work RVU of 3.17 for CPT code 13100.

We note that the AMA RUC reviewed only two CPT codes in the complex wound repair family. While at this time we agree with the AMA RUC-recommended work RVU for CPT code 13100 and are proposing a work RVU of 3.17 for CY 2012, with a refinement to time, we request that, in order to ensure consistency, the AMA RUC review the entire set of codes in this family and assess the appropriate gradation of the work RVUs in this family. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (89 percent), and that there has been no change in complexity among the patients requiring this service (79 percent). We believe at this time that the current work RVU (3.17) and current times accurately reflect the service.

For CPT code 13101 (Repair, complex, trunk; 2.6 cm to 7.5 cm), the AMA RUC reviewed the survey data from physicians who frequently perform this service and determined that the current work RVU of 3.96 maintains the appropriate relativity for this service. The AMA RUC recommended a work RVU of 3.96 for CPT code 13101. As we noted previously for the other complex wound code, at this time we agree with the AMA RUC-recommended work RVU for CPT code 13101 and are proposing a work RVU of 3.96 for CY 2012, with a refinement to time; however, we request that the AMA RUC review the entire set of codes in this family. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (94 percent), and that there has been no change in complexity among the patients requiring this service (79 percent). We believe that the current work RVU (3.96) and current times accurately reflect the service.

We are proposing to accept the values for CPT codes 13100 and 13101 on an interim basis only, as we appreciate that the AMA RUC reviewed only two CPT codes in the complex wound repair family. We request that, in order to ensure consistency and appropriate gradation in value of work, the AMA RUC review all of the codes in this family. Specifically, we request that the

AMA RUC review the remaining codes in the complex wound repair family for CY 2013, and we would maintain the values for CPT codes 13100 and 13101 interim for CY 2012 while the AMA RUC completes its review of other codes in the family. For CY 2013, the revised work RVUs for all codes examined by the AMA RUC in the complex wound repair family, including CPT codes 13100 and 13101, would be included as interim final work RVUs in the CY 2013 PFS final rule with comment period, and their values would ultimately be finalized for CY 2014.

3. Skin Grafts

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
15120	Skn splt a-grft fac/nck/hf/g	11.16	10.15	10.15	Agree	
15121	Skn splt a-grft f/n/hf/g add	2.67	2.00	2.00	Agree	
15260	Skin full graft een & lips	11.64	11.64	11.64	Agree	
15732	Muscle-skin graft, head/neck	19.90	19.83	16.38	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 15120 and 15732 as potentially misvalued through the Site-of-Service Anomaly screen. CPT code 15121 was added as part of the family of services for AMA RUC review. In addition, we identified CPT code 15260 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 15732 (Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae)) the AMA RUC reviewed the survey results from physicians who frequently perform this service and recommended that this service be valued as a service performed predominately in the facility setting, as the survey data indicated that a majority of patients have an overnight stay. We note that it is unclear whether respondents were offered the option to state that the typical patient is in the hospital more than 24 hours, but not admitted as a hospital inpatient. The AMA RUC believes that this service should not be performed in the outpatient setting and that miscoding is the reason the Medicare utilization data reflect outpatient settings as the dominant place of service for this code. The AMA RUC and the surveyed specialties agreed that additional coding education needs to take place.

The AMA RUC analyzed the survey's estimated physician work and agreed that these data support the median work RVU of 19.83, for this service, which is slightly less than the current value of 19.90. The AMA RUC recommended a work RVU of 19.83 for CPT code 15732.

We disagree with the AMA RUC-recommended work RVU for CPT code 15732 and believe that an alternative work RVU of 16.38 is more appropriate for this service. We are also refining the time associated with this code. Although survey respondents and the AMA RUC indicated that patients receiving this service are typically admitted for more than 24 hours, the most recent Medicare PFS claims data show that CPT code 15732 is a code with a Site-of-Service anomaly. Upon review, it is clear that this code is being billed for services furnished to hospital outpatients, and we have no reason to believe that miscoding is the main reason that outpatient settings are the dominant place of service for this code in historical PFS claims data. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the inpatient hospital visit, reduced the discharge day management service to one-half, and adjusted times. These adjustments resulted in a work RVU of 16.38. We understand the AMA RUC's assertion that claims data indicating that this service is performed in an outpatient setting is the result of miscoding but, until the claims data indicate that this service typically is performed in the inpatient setting (greater than 50 percent), we believe it is inappropriate for the service to be valued including inpatient E/M building blocks. Therefore, we are proposing an alternative work RVU of 16.38 for CPT code 15732 for CY 2012, with refinements to the time. We will continue to monitor Site-of-Service utilization for this code and may consider reviewing the work RVU for this code again in the future if utilization patterns change. A complete list of CMS time refinements can be found in Table 6.

4. Destruction of Skin Lesions

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
17260	Destruction of skin lesions	0.96	0.96	0.96	Agree	
17261	Destruction of skin lesions	1.22	1.22	1.22	Agree	
17262	Destruction of skin lesions	1.63	1.63	1.63	Agree	
17263	Destruction of skin lesions	1.84	1.84	1.84	Agree	
17264	Destruction of skin lesions	1.99	1.99	1.99	Agree	
17266	Destruction of skin lesions	2.39	2.39	2.39	Agree	
17270	Destruction of skin lesions	1.37	1.37	1.37	Agree	x
17271	Destruction of skin lesions	1.54	1.54	1.54	Agree	x
17272	Destruction of skin lesions	1.82	1.82	1.82	Agree	
17273	Destruction of skin lesions	2.10	2.10	2.10	Agree	
17274	Destruction of skin lesions	2.64	2.64	2.64	Agree	x
17276	Destruction of skin lesions	3.25	3.25	3.25	Agree	
17280	Destruction of skin lesions	1.22	1.22	1.22	Agree	
17281	Destruction of skin lesions	1.77	1.77	1.77	Agree	
17282	Destruction of skin lesions	2.09	2.09	2.09	Agree	
17283	Destruction of skin lesions	2.69	2.69	2.69	Agree	
17284	Destruction of skin lesions	3.26	3.20	3.20	Agree	
17286	Destruction of skin lesions	4.48	4.48	4.48	Agree	

In the Fourth Five-Year Review, we identified CPT codes 17271, 17272 and 17280 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen. The dominant specialty for this family—dermatology—identified several other codes in the family to be reviewed concurrently with these services and submitted to the AMA RUC recommendations for CPT codes 17260 through 17286. The AMA RUC determined that, with the exception of one CPT code 17284, the survey data validated the current values of the destruction of skin lesion services. We agreed with this assessment, with a few refinements to physician time.

For CPT code 17270 (Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less), the AMA RUC reviewed the survey results from physicians who frequently perform this service. The AMA RUC noted that the specialty did not provide compelling evidence to change the current value of the service; therefore, the AMA RUC agreed that the survey data support the current value of this service. The AMA RUC recommended a work RVU of 1.37 for CPT code 17270.

As stated above, we agree with the AMA RUC-recommended work RVU for CPT code 17270 and are proposing a work RVU of 1.37 for CY 2012, with a refinement to the physician time. After clinical review, we believe that an intra-service time of 16 minutes, the survey median, accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 17271 (Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm) the AMA RUC reviewed the survey results from physicians who frequently perform this service. The AMA RUC noted that the specialty did not provide compelling evidence to change the current value of the service; therefore, the AMA RUC agreed that the survey data support the current value of this service. The AMA RUC recommended a work RVU of 1.54 for CPT code 17271.

As previously stated, we agree with the AMA RUC-recommended work RVU for CPT code 17271 and are proposing a work RVU of 1.54 for CY 2012, with a refinement to the physician time. After clinical review, we believe that 18 minutes, the survey median, accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 17274 (Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm), the AMA RUC reviewed the survey results from physicians who frequently perform this service. The AMA RUC noted that the specialty did not provide compelling evidence to change the current value of the service; therefore, the AMA RUC agreed that the survey data support the current value of this service. The AMA RUC recommended a work RVU of 2.64 for CPT code 17274.

As stated above, we agree with the AMA RUC-recommended work RVU for CPT code 17274 and are proposing a work RVU of 2.64 for CY 2012, with a refinement to the physician time. After clinical review, we believe that 33 minutes, the survey median, accurately reflects the time required to conduct the intra-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

5. Partial Mastectomy

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended WRVU	CMS Work RVU Decision	CMS Refinements to Time
19302	P-mastectomy w/ln removal	13.99	13.99	13.87	Disagree	

In the Fourth Five-Year Review, we identified CPT code 19302 as potentially misvalued through the Site-of-Service Anomaly screen.

For CPT code 19302 (Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy), the AMA RUC reviewed the survey results and determined that the current work relative value for CPT code 19302 appropriately places this service relative to other similar services, specifically CPT code 38745 (Axillary lymphadenectomy; complete) (work RVU = 13.87) which has similar work intensity and time. The AMA RUC recommended a work RVU of 13.99 for CPT code 19302.

We disagree with the AMA RUC-recommended work RVU for CPT code 19302 and believe that a work RVU of 13.87 is more appropriate for this service. After clinical review, we agree with the AMA RUC that CPT code 19302 is similar in work intensity and time to CPT code 38745 (Axillary lymphadenectomy; complete) (work RVU = 13.87), which overlaps significantly with CPT code 19302, and as such, we believe these two procedures should have the same work RVU. Therefore, we are proposing an alternative work RVU of 13.87 for CPT code 19302 for CY 2012.

6. Percutaneous Vertebroplasty/Kyphoplasty

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended WRVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
22520	Percut vertebroplasty thor	9.22	9.22	9.22	Agree	
22521	Percut vertebroplasty lumb	8.65	8.65	8.01	Disagree	
22522	Percut vertebroplasty addl	4.30	4.30	4.30	Agree	
22523	Percut kyphoplasty, thor	9.26	9.26	8.62	Disagree	
22524	Percut kyphoplasty, lumbar	8.86	8.86	8.22	Disagree	
22525	Percut kyphoplasty, add-on	4.47	4.47	4.47	Agree	

In the Fourth Five-Year Review, we identified CPT codes 22521 as potentially misvalued through the Site-of-Service Anomaly screen. CPT codes 22520, 22522, 22523, 22524 and 22525 were added as part of the family of services for AMA RUC review.

CPT codes: 22521 (Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar); 22523 (Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic); and 22524 (Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar) currently include one full discharge management day, a CPT code building block usually only appropriate for codes that are typically performed in the inpatient setting. As these CPT codes are typically performed in the outpatient setting, the AMA RUC recommended, and we agree, that the discharge management day should be reduced by half. After reviewing the recent history of valuing these codes, the AMA RUC asserted that it believes that an inadvertent clerical error led to these codes showing one full discharge management day in the documentation of their E/M blocks, rather than a half day, and that these codes are actually currently valued using only half a day block. As such, the AMA RUC concluded that the current work RVU for these codes should not be reduced to reflect the removal of the half discharge day. The AMA RUC recommended maintaining the current work RVU for the 6 CPT codes reviewed in this family.

After reviewing the documentation the AMA RUC provided and CMS records from when the codes were last valued, we do not find compelling evidence that previously these codes were valued to include only a half discharge management day. To the contrary, it appears as though the codes were previously surveyed with one full discharge management day. According to our established policy, we believe it would be appropriate to reduce the work RVU for these codes by the value of the half discharge management day and, therefore, we are removing 0.64 of a work RVU from each code. Therefore, we are proposing an alternative work RVU of 8.01 for CPT code 22521, 8.62 for CPT code 22523, and 8.22 for CPT code 22524 for CY 2012.

7. Closed Treatment of Distal Radial Fracture

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
25600	Treat fracture radius/ulna	2.78	2.78	2.64	Disagree	x
25605	Treat fracture radius/ulna	7.25	6.50	6.00	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 25600 and 25605 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 25600 (Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation), the AMA RUC reviewed the survey results from physicians who frequently perform this service. The AMA RUC reviewed the number of post-operative visits recommended by the specialties and agreed that they were reflective of the service. The AMA RUC believes that the survey data support the current value of this service, and recommended a work RVU of 2.78 for CPT code 25600.

We disagree with the AMA RUC-recommended work RVU for CPT code 25600 and believe that a work RVU of 2.64 is more appropriate for this service. We agree with the AMA RUC that CPT code 25600 requires more work than key reference CPT code 26600, and find that CPT code 27767 (Closed treatment of posterior malleolus fracture; without manipulation) (work RVU = 2.64) is similar in complexity and intensity to CPT code 25600. Therefore, we are proposing an alternative work RVU of 2.64 for CPT code 25600 for CY 2012.

In addition to the work RVU adjustment for CPT code 25600, we are refining the time associated with this code. This service typically is performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier, to account for this overlap, we reduced the pre-service evaluation and post service time by one-third. We believe that 5 minutes pre-service evaluation time and 7 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 25605 (Closed treatment of distal radial fracture (*e.g.,* Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation), the AMA RUC reviewed the survey results from physicians who frequently perform this service. The AMA RUC reviewed the number of post-operative visits recommended by the specialties and determined that they are reflective of the service. Based on comparisons to similar codes, the AMA RUC determined that a work RVU of 6.50, the survey's 25th percentile, accurately reflects the work required to perform this service. The AMA RUC recommended a work RVU of 6.50 for CPT code 25605.

We disagree with the AMA RUC-recommended work RVU for CPT code 25605 and believe that the survey low value of a work RVU of 6.00 is more appropriate for this service. We find CPT code 28113 (Ostectomy, complete excision; fifth metatarsal head) (work RVU = 6.11) to be similar in intensity and complexity to CPT code 25605, though CPT code 28113 includes higher intensity office visits than CPT code 25605. Therefore, we believe the survey low correctly reflects relativity across these services, and are proposing an alternative work RVU of 6.00 for CPT code 25605 for CY 2012.

In addition to the work RVU adjustment for CPT code 25605, we are refining the time associated with this code. Recent Medicare PFS claims data show that this service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. In its time recommendations to us, the AMA RUC accounted for duplicate E/M work associated with the pre-service period, but not the post-service period. To account for this post-service overlap, we reduced the post-service time by one-third, a methodology described in detail in section II.A. of this proposed notice. We believe that 13 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

8. Orthopaedic Surgery—Thigh/Knee

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended WRVU	CMS Work RVU Decision	CMS Refinements to Time
27385	Repair of thigh muscle	8.11	8.11	6.93	Disagree	x
27530	Treat knee fracture	4.09	2.81	2.65	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 27385 and 27530 as potentially misvalued through the Site-of-Service Anomaly screen.

For CPT code 27385 (Suture of quadriceps or hamstring muscle rupture; primary), the AMA RUC reviewed the survey results from physicians who frequently perform this service and determined that there was no compelling evidence that the work required to perform this service has changed. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting, as the survey data indicated that half of patients have an overnight stay. The AMA RUC recommended a work RVU of 8.11 for CPT code 27385.

We disagree with the AMA RUC-recommended work RVU of 8.11 for CPT code 27385 and believe that a work RVU of 6.93 is more appropriate for this service. We are also refining the time

associated with this code. We note the data survey indicate that of those respondents who stated that they typically perform the procedure in the hospital, 19 percent (6 out of 32) stated that the patient is "discharged the same day," 31 percent (10 out of 32) stated the patient is "kept overnight (less than 24 hours)," and 50 percent (16 out of 32) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 27385 is a code with a Site-of-Service anomaly since more than 50 percent of the Medicare utilization is not inpatient. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the hospital visit, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 6.93 with refinements to the time for CPT code 27385 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 27530 (Closed treatment of tibial fracture, proximal (plateau); without manipulation), the AMA RUC reviewed the survey responses from 33 (of 200 surveyed) physicians. Based on comparisons to reference codes, the AMA RUC recommended a work RVU of 2.81 for CPT code 27530.

We disagree with the AMA RUC-recommended work RVU for CPT code 27530 and believe that a work RVU of 2.65 is more appropriate for this service. We are also refining the time associated with this code. Recent Medicare PFS claims data show that this service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 5 minutes pre-service evaluation time and 7 minutes post-service time accurately reflect the time required to conduct the work associated with this service. We also removed the 2 minutes of pre-service positioning time, as it does not appear from the vignette that positioning is required for a non-manipulated extremity.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU. For CPT code 27530, we removed a total of 7 minutes from the AMA RUC-recommended pre- and post-service time, which amounts to the removal of 0.16 of a work RVU. Therefore, we are proposing an alternative work RVU of 2.65 with refinement in time for CPT code 27530 for CY 2012. A complete list of CMS time refinements can be found in Table 6. Additionally, we recommend that the AMA RUC examine all of the non-manipulation fracture codes to determine if positioning time was incorporated into the work RVU for the codes and, if so, whether the need for positioning time was documented.

9. Treatment of Ankle Fracture

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
27792	Treatment of ankle fracture	9.71	9.71	8.75	Disagree	x

In the Fourth Five-Year Review, we identified CPT code 27792 (Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed) as potentially misvalued through the Site-of-Service Anomaly screen. For CPT code 27792, the AMA RUC used magnitude estimation and recommended that the current value of this service, 9.71 RVUs, be maintained, and replaced the current inpatient hospital E/M visit block with a subsequent observation care service while maintaining a full discharge day management service.

We disagree with the AMA RUC-recommended work RVU of 9.71 for CPT code 27792. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent (53 out of 53) of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 42 percent (22 out of 53) stated that the patient is "discharged the same day," 44 percent (23 out of 53) stated the patient is "kept overnight (less than 24 hours)," and 13 percent (7 out of 53) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 27792 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 8.75 with refinements to the time for CPT code 27792 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

10. Orthopaedic Surgery/Podiatry

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
28002	Treatment of foot infection	5.93	5.34	4.00	Disagree	
28003	Treatment of foot infection	9.06	9.06	9.06	Agree	
28120	Part removal of ankle/heel	8.27	8.27	7.31	Disagree	x
28122	Partial removal of foot bone	7.72	7.72	6.76	Disagree	x
28285	Repair of hammertoe	4.76	5.62	4.76	Disagree	
28715	Fusion of foot bones	14.60	14.60	13.42	Disagree	x
28820	Amputation of toe	5.00	7.00	5.82	Disagree	x
28825	Partial amputation of toe	6.01	6.01	5.37	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 28002, 28120, 28122, 28715, 28820, and 28825 as potentially misvalued through the Site-of-Service Anomaly screen. CPT code 28003 was added as part of the family of services for AMA RUC review. CMS also identified CPT code 28285 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 28002 (Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space), the AMA RUC reviewed the survey responses and determined that CPT code 28002 should be decreased to the survey 25th percentile work RVU. The AMA RUC recommended a work RVU of 5.34 for CPT code 28002.

We disagree with the AMA RUC-recommended work RVU for CPT code 28002 and believe that the survey low value of a work RVU of 4.00 is more appropriate for this service. We find CPT code 28002 to be closer to the complexity and intensity of CPT code 58353 (Endometrial ablation, thermal, without hysteroscopic guidance) (work RVU = 3.60) which has similar times and lower-level visits to CPT code 28002. We believe that the survey low value accurately reflects the work associated with this service and are proposing an alternative work RVU of 4.00 for CPT code 28002 for CY 2012.

For CPT code 28120 (Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (*e.g.,* osteomyelitis or bossing); talus or calcaneus), the AMA RUC used magnitude estimation, recommended that the current work RVU of 8.27 for this service be maintained, and replaced the current inpatient hospital E/M visit block with a subsequent observation care service while maintaining a full discharge day management service.

We disagree with the AMA RUC-recommended work RVU of 8.27 for CPT code 28120. The AMA RUC indicated in its summary of recommendations that the survey data show 87 percent (45 out of 52) of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 16 percent (7 out of 45) stated that the patient is "discharged the same day," 18 percent (8 out of 45) stated the patient is "kept overnight (less than 24 hours)," and 67 percent (30 out of 45) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 28120 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 7.31 with refinements to the time for CPT code 28120 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 28122 (Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (*e.g.,* osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus), the AMA RUC used magnitude estimation, recommended that the current work RVU of 7.56 for this service should be maintained for CY 2012, and replaced the current inpatient hospital E/M visit block with a subsequent observation care service while maintaining a full discharge day management service.

We disagree with the AMA RUC-recommended work RVU of 7.56 for CPT code 28122. The AMA RUC indicated in its summary of recommendations that the survey data show 83 percent (43 out of 52) of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 12 percent (5 out of 43) stated that the patient is "discharged the same day," 30 percent (13 out of 43) stated the patient is "kept overnight (less than 24 hours)," and 58 percent (23 out of 43) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 28122 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 6.76 with refinements to the time for CPT code 28122 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 28285 (Correction, hammertoe (*e.g.,* interphalangeal fusion, partial or total phalangectomy)), the AMA RUC reviewed the survey responses and agreed that the appropriate work RVU for CPT code 28285 is a work RVU of 5.62, crosswalked from CPT code 28675. The AMA RUC recommended a work RVU of 5.62 for CPT code 28285.

We disagree with the AMA RUC-recommended work RVU for CPT code 28285 and believe that a work RVU of 4.76, the current work RVU, is more appropriate for this service. The majority of survey respondents indicated that the work of performing this service has not changed in the past 5 years (67 percent), and that there has been no change in complexity among

the patients requiring this service (81 percent). We believe that the current work RVU accurately reflects the work associated with this service. Therefore, we are proposing an alternative work RVU of 4.76 for CPT code 28675 for CY 2012.

For CPT code 28715 (Arthrodesis; triple), the AMA RUC reviewed the survey responses from 30 (of 150 surveyed) physicians for CPT code 28715 and determined that the current work RVU of 14.60 maintains the correct relativity among similar services. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting. The AMA RUC indicated that since the typical patient is kept overnight, the AMA RUC believes that one inpatient hospital visit as well as one discharge day management service should be maintained in the post-operative visits for this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 28715 and believe that a work RVU of 13.42 is more appropriate for this service. While the survey data show 93 percent (28 out of 30) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 7 percent (2 out of 28) stated that the patient is "discharged the same day," 32 percent (9 out of 28) stated the patient is "kept overnight (less than 24 hours)," and 61 percent (17 out of 28) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 28715 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the inpatient hospital visit, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 13.42 with refinements to the time for CPT code 28715 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 28820 (Amputation, toe; metatarsophalangeal joint), the AMA RUC reviewed the survey responses and determined that the survey median work RVU of 7.00 appropriately reflects the physician work required to perform this service and maintains relativity among similar services. Therefore, the AMA RUC recommended a work RVU of 7.00 for CPT code 28820. In its recommendation to us for CPT code 28820, the AMA RUC included one post-operative hospital visit and one full discharge management day.

We disagree with the AMA RUC-recommended work RVU for CPT code 28820 and believe that a work RVU of 5.82 is more appropriate for this service. The survey data for this code show that 87 percent of respondents indicated that they perform this procedure in the hospital, but without a distinction between the patient's status as a hospital inpatient or outpatient. Recent Medicare PFS claims data indicate that this service is typically (greater than 50 percent) performed in the outpatient setting. As we discussed in section II.A. of this proposed notice, for codes with Site-of-Service anomalies where the service is typically performed in the outpatient setting but valued with inpatient inputs, our policy is to remove any post-procedure inpatient visits remaining in the values for the codes, and adjust the physician times and work RVU accordingly. Therefore, in accordance with this policy, we reduced the discharge management day to half a day, eliminated the post-operative hospital visit, and adjusted the time and work RVU accordingly. As a result, we are proposing an alternative work RVU of 5.82 with refinements to the time for CPT code 28820 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 28825 (Amputation, toe; interphalangeal joint), the AMA RUC used magnitude estimation and ultimately recommended maintaining the current work RVU of 6.01, while also maintaining a full discharge day management service.

We disagree with the AMA RUC-recommended work RVU of 6.01 for CPT code 28825. The AMA RUC indicated in its summary of recommendations that the survey data show 84 percent (37 out of 44) of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 36 percent (13 out of 37) stated that the patient is "discharged the same day," 11 percent (4 out of 37) stated the patient is "kept overnight (less than 24 hours)," and 52 percent (19 out of 37) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent Medicare PFS claims data, CPT code 28825 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 5.37 with refinements to the time for CPT code 28825 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

11. Application of Cast and Strapping

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
29125	Apply forearm splint	0.59	0.59	0.50	Disagree	x
29126	Apply forearm splint	0.77	0.77	0.68	Disagree	x
29405	Apply short leg cast	0.86	0.80	0.80	Agree	
29425	Apply short leg cast	1.01	0.80	0.80	Agree	
29515	Application lower leg splint	0.73	0.73	0.73	Agree	x

In the Fourth Five-Year Review, we identified CPT codes 29125, 29405 and 29515 as potentially misvalued through the Harvard-Valued—Utilization >30,000 screen. CPT codes 29126 and 29425 were added as part of the family of services for AMA RUC review.

For CPT code 29125 (Application of short arm splint (forearm to hand); static), the AMA RUC reviewed the survey results and determined that these

data support maintaining the current work RVU of 0.59 for this service. The AMA RUC recommended a work RVU of 0.59 for CPT code 29125. In its recommendation to us, the AMA RUC also noted that there is typically an E/M service furnished on the same day as this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 29125 and believe that a work RVU of 0.50 is more appropriate for this service. We are also refining the time associated with this code. Recent Medicare PFS claims data affirm that this service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 5 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service as described by the CPT code-associated specialties to the AMA RUC.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU. For CPT code 29125, we removed a total of 4 minutes from the AMA RUC-recommended pre- and post-service time, which amounts to the removal of 0.09 of a work RVU. Therefore, we are proposing an alternative work RVU of 0.50 with refinement in time for CPT code 29125 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 29126 (Application of short arm splint (forearm to hand); dynamic), the AMA RUC reviewed the survey results and determined that the median work RVU overestimates the work value for this service and that there is no compelling evidence that the physician work has recently changed. Therefore, the AMA RUC recommended maintaining the current work RVU of 0.77 for CPT code 29126. In its recommendation to us, the AMA RUC noted that there is typically an E/M service furnished on the same day as this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 29126 and believe that a work RVU of 0.68 is more appropriate for this service. We are also refining the time associated with this code. Recent Medicare PFS claims data affirm that this service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 5 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service as described by the CPT code-associated specialties to the AMA RUC.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU. For CPT code 29126, we removed a total of 4 minutes from the AMA RUC-recommended pre- and post-service time, which amounts to the removal of 0.09 of a work RVU. Therefore, we are proposing an alternative work RVU of 0.68 with refinement in time for CPT code 29126 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 29515 (Application of short leg splint (calf to foot)), the AMA RUC reviewed the survey results and determined that these data support maintaining the current work RVU of 0.73 for this service. The AMA RUC recommended a work RVU of 0.73 for CPT code 29515. In its recommendation to us, the AMA RUC noted that there is typically an E/M service furnished on the same day as this service.

We agree with the AMA RUC-recommended work RVU of 0.73 for CPT code 29515, with a refinement to time. Recent Medicare PFS claims data affirm that this service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 5 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service as described by the CPT code-associated specialties to the AMA RUC. Despite this reduction in time, after clinical review we believe that the AMA RUC-recommended work RVU of 0.73 accurately reflects the work associated with this service and maintains appropriate relativity with similar services. Therefore, we are proposing a work RVU of 0.73 for CY 2012, with a refinement to the time.

12. Cardiothoracic Surgery

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
32851	Lung transplant, single	41.61	63.00	59.64	Disagree	
32852	Lung transplant with bypass	45.48	74.37	65.50	Disagree	
32853	Lung transplant, double	50.78	90.00	84.48	Disagree	
32854	Lung transplant with bypass	54.74	95.00	90.00	Disagree	
33030	Partial removal of heart sac	22.39	39.50	36.00	Disagree	
33031	Partial removal of heart sac	25.38	45.00	45.00	Agree	
33120	Removal of heart lesion	27.45	42.88	38.45	Disagree	
33315	Exploratory heart surgery	26.17	35.00	35.00	Agree	
33411	Replacement of aortic valve	62.07	62.07	62.07	Agree	
33412	Replacement of aortic valve	43.94	60.00	59.00	Disagree	
33468	Revision of tricuspid valve	32.94	50.00	45.13	Disagree	
33645	Revision of heart veins	28.10	33.00	31.30	Disagree	
33647	Repair heart septum defects	29.53	35.00	33.00	Disagree	
33692	Repair of heart defects	31.54	38.75	36.15	Disagree	
33710	Repair of heart defects	30.41	43.00	37.50	Disagree	
33875	Thoracic aortic graft	35.78	56.83	50.72	Disagree	
33910	Remove lung artery emboli	29.71	52.33	48.21	Disagree	
33916	Surgery of great vessel	28.42	78.00	78.00	Agree	
33935	Transplantation, heart/lung	62.01	100.00	91.78	Disagree	
33975	Implant ventricular device	20.97	25.00	25.00	Agree	
33976	Implant ventricular device	22.97	30.75	30.75	Agree	
33977	Remove ventricular device	20.28	20.86	20.86	Agree	
33978	Remove ventricular device	22.72	25.00	25.00	Agree	
33979	Insert intracorporeal device	45.93	37.50	37.50	Agree	
33980	Remove intracorporeal device	65.20	40.00	33.50	Disagree	
33981	Replace vad pump ext	0.00	16.11	16.11	Agree	
33982	Replace vad intra w/o bp	0.00	37.86	37.86	Agree	
33983	Replace vad intra w/bp	0.00	44.54	44.54	Agree	
36200	Place catheter in aorta	3.02	3.02	3.02	Agree	
36246	Place catheter in artery	5.27	5.27	5.27	Agree	
36247	Place catheter in artery	6.29	7.00	6.29	Disagree	
36470	Injection therapy of vein	1.10	1.10	1.10	Agree	
36471	Injection therapy of veins	1.65	1.65	1.65	Agree	
36821	Av fusion direct any site	12.11	12.11	12.11	Agree	
36825	Artery-vein autograft	15.13	15.13	14.17	Disagree	x

In the Fourth Five-Year Review, we identified CPT code 33411 (Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus) as potentially misvalued through the Site-of-Service Anomaly screen. We included a number of services that were also identified by the Society of Thoracic Surgeons (STS) in their public comments regarding candidate services for the Fourth Five-Year Review, including ventricular assist device (VAD) removal codes, VAD insertion and replacement codes, lung transplant codes, pulmonary artery embolectomy codes, descending thoracic aorta repair codes, congenital cardiac codes and general thoracic surgery CPT code 43415 (Suture of esophageal wound or injury; transthoracic or transabdominal approach). In its review of these cardiothoracic surgery codes, the AMA RUC recommended increasing the work RVUs for most of the codes (often substantially), while recommending that many of the service times be reduced. We also note that many of these codes have had the same work value since 1993, potentially historically supporting the longstanding appropriateness of the value from the perspective of interested specialties. While we discuss the proposed values for each revised code below, we note that for most of the codes in this family (but not all) we agreed with the AMA RUC that the work RVU should be increased, but believe that the survey 25th percentile work RVU reflected a clinically more appropriate increase than the work RVU recommended by the AMA RUC.

Additionally, the AMA RUC recommended global period changes for several codes in the category of cardiothoracic surgery. For CY 2012, we

agree with the AMA RUC-recommended global period changes and work RVUs and are proposing the following: For CPT code 33977 (Removal of ventricular assist device; extracorporeal, single ventricle), a proposed work RVU of 20.86 and global period change from 090 to XXX (a global period of XXX means the concept does not apply); for CPT code 33978 (Removal of ventricular assist device; extracorporeal, biventricular), a proposed work RVU of 25 and global period change from 090 to XXX; for CPT code 36200 (Introduction of catheter, aorta), a proposed work RVU of 3.02 and global period change from XXX to 000; for CPT code 36246 (Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family), a proposed work RVU of 5.27 and a global period change from XXX to 000; and for CPT code 36821 (Arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate procedure)), a proposed work RVU of 12.11 and a global period change from XXX to 000.

For CPT code 32851 (Lung transplant, single; without cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the survey 25th percentile work RVU of 63.00 appropriately accounts for the physician work required to perform this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 32851 and believe that a work RVU of 59.64 is more appropriate for this service. Comparing CPT code 33255 (Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass) (work RVU = 29.04) with CPT code 33256 (Operative tissue ablation and reconstruction of atria, extensive (*e.g.,* maze procedure); with cardiopulmonary bypass) (work RVU = 34.90), there is a difference in work RVU of 5.86. This difference in work RVUs reflects the additional time and physician work performed while the patient is on cardiopulmonary bypass. We believe that this is the appropriate interval in physician work distinguishing CPT code 32852 (Lung transplant, single; with cardiopulmonary bypass), from CPT code 32851 (Lung transplant, single; without cardiopulmonary bypass). As we are proposing a work RVU of 65.05 for CPT code 32852 (see below), we believe a work RVU of 59.64 accurately reflects the work associated with CPT code 32851 and maintains appropriate relativity among similar services. Therefore, we are proposing an alternative work RVU of 59.64 for CPT code 32851 for CY 2012.

For CPT code 32852 (Lung transplant, single; with cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the survey 25th percentile work RVU was too low and the median work RVU was too high. Therefore, the AMA RUC recommended a work RVU of 74.37 for CPT code 32582.

We disagree with the AMA RUC-recommended work RVU for CPT code 32582 and believe that the survey 25th percentile value of a work RVU of 65.50 is more appropriate for this service. Therefore, we are proposing an alternative work RVU of 65.50 for CPT code 32582 for CY 2012.

For CPT code 32853 (Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the survey median work RVU of 90.00 appropriately accounts for the physician work required to perform this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 32853 and believe that the survey 25th percentile value of 84.48 is more appropriate for this service as a reflection of the time and intensity of the service in relation to other major surgical procedures. Therefore, we are proposing an alternative work RVU of 84.48 for CPT code 32853 for CY 2012.

For CPT code 32854 (Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the survey median work RVU of 95.00 appropriately accounts for the physician work required to perform this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 32854 and believe that the survey 25th percentile value of 90.00 is more appropriate for this service. A work RVU of 90.00 maintains the relativity between CPT code 32851 (Lung transplant, single; without cardiopulmonary bypass) and CPT code 32854, which describes a double lung transplant. We believe this work RVU reflects the increased intensity in total service for CPT code 32584 when compared to CPT code 32851. Therefore, we are proposing an alternative work RVU of 90.00 for CPT code 32854 for CY 2012.

For CPT code 33030 (Pericardiectomy, subtotal or complete; without cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the survey median work RVU of 39.50 for CPT code 33030 appropriately accounts for the work required to perform this service.

We disagree with the AMA RUC-recommended work RVU for CPT code 33030 and believe that the survey 25th percentile value of 36.00 is more appropriate for this service. Therefore, we are proposing an alternative work RVU of 36.00 for CPT code 33030 for CY 2012.

For CPT code 33120 (Excision of intracardiac tumor, resection with cardiopulmonary bypass), the AMA RUC reviewed the survey responses and determined that the 25th percentile work RVU for CPT code 33120 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 42.88 for CPT code 33120.

We disagree with the AMA RUC-recommended work RVU for CPT code 33120 and believe that a work RVU of 38.45 is more appropriate for this service. We compared CPT code 33120 with CPT code 33677 (Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset) (work RVU = 38.45) and found the codes to be the similar in complexity and intensity. We believe that a work RVU of 38.45 accurately reflects the work associated with CPT code 33677 and properly maintains the relativity of similar service. Therefore, we are proposing an alternative work RVU of 38.45 for CPT code 33120 for CY 2012.

For CPT code 33412 (Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)), the AMA RUC reviewed the survey responses and determined that the survey median work RVU for CPT code 33412 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 60.00 for CPT code 33412.

We disagree with the AMA RUC-recommended work RVU for CPT code 33412 and believe that the survey 25th percentile value of 59.00 is more appropriate for this service. Therefore, we are proposing an alternative work RVU of 59.00 for CPT code 33412 for CY 2012.

For CPT code 33468 (Tricuspid valve repositioning and plication for Ebstein anomaly), the AMA RUC reviewed the survey responses and determined that the survey median work RVU for CPT code 33468 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 50.00 for CPT code 33468.

We disagree with the AMA RUC-recommended work RVU for CPT code 33468 and believe that the survey 25th percentile value of 45.13 is more

appropriate for this service. Therefore, we are proposing an alternative work RVU of 45.13 for CPT code 33468 for CY 2012.

For CPT code 33645 (Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage), the AMA RUC reviewed survey responses and determined that the survey median work RVU for CPT code 33645 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 33.00 for CPT code 33645.

We disagree with the AMA RUC-recommended work RVU for CPT code 33645 and believe that the survey 25th percentile value of 31.30 appropriately captures the total work for the service. Therefore, we are proposing an alternative work RVU of 31.30 for CPT code 33645 for CY 2012.

For CPT code 33647 (Repair of atrial septal defect and ventricular septal defect, with direct or patch closure), the AMA RUC reviewed survey responses and determined that the survey median work RVU for CPT code 33467 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 35.00 for CPT code 33647.

We disagree with the AMA RUC-recommended work RVU for CPT code 33647 and believe that the survey 25th percentile value of 33.00 is more appropriate for this service. Therefore, we are proposing an alternative work RVU of 33.00 for CPT code 33647 for CY 2012.

For CPT code 33692 (Complete repair tetralogy of Fallot without pulmonary atresia), the AMA RUC reviewed survey responses, determined that the survey median work RVU for CPT code 33692 appropriately accounts for the work, and recommended a median work RVU of 38.75 for CPT code 33692.

We disagree with the AMA RUC-recommended work RVU for CPT code 33692 and believe that the survey 25th percentile value of 36.15 is more appropriate for this service. Therefore, we are proposing an alternative work RVU of 36.15 for CPT code 33692 for CY 2012.

For CPT code 33710 (Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect), the AMA RUC reviewed survey response, determined that the survey median work RVU for CPT code 33710 appropriately accounts for the work required to perform this service, and recommended a work RVU of 43.00 for CPT code 33710.

We disagree with the AMA RUC-recommended work RVU for CPT code 33710 and believe that the survey 25th percentile value of 37.50 is more appropriate for this service. We believe the physician time and intensity for CPT code 33710 reflects the appropriate incremental adjustment when compared to the reference service, CPT code 33405. Therefore, we are proposing an alternative work RVU of 37.50 for CPT code 33710 for CY 2012.

For CPT code 33875 (Descending thoracic aorta graft, with or without bypass), the AMA RUC reviewed survey responses and determined that the 25th percentile work RVU for code 33875 appropriately accounts for the work required to perform this service. The AMA RUC recommended a work RVU of 56.83 for CPT code 33875.

We disagree with the AMA RUC-recommended work RVU for CPT code 33875 and believe that a work RVU of 50.72 is more appropriate for this service. We compared CPT code 33875 with CPT code 33465 (Replacement, tricuspid valve, with cardiopulmonary bypass) (work RVU = 50.72) and believe that CPT code 33875 is similar to CPT code 33465, with similar inpatient and outpatient work. We believe this work RVU corresponds better to the value of the service than the survey 25th percentile work RVU. Therefore, we are proposing an alternative work RVU of 50.72 for CPT code 33875 for CY 2012.

For CPT code 33910 (Pulmonary artery embolectomy; with cardiopulmonary bypass), the AMA RUC reviewed survey responses. After reviewing the service, the AMA RUC determined that it met the compelling evidence guidelines. The AMA RUC recommended a work RVU of 52.33 for CPT code 33910.

We disagree with the AMA RUC-recommended work RVU for CPT code 33910 and believe that a work RVU of 48.21 is more appropriate for this service. We compared CPT code 33910 with CPT code 33542 (Myocardial resection (eg, ventricular aneurysmectomy)) (work RVU = 48.21), and we recognize that CPT code 33542 is not an emergency service. Nevertheless, this procedure requires cardiopulmonary bypass and has physician time and visits that are similar to CPT code 33910 and that are consistently necessary for the care required for the patient. We believe that a work RVU of 48.21 accurately reflects the work associated with CPT code 33910 and properly maintains the relativity for a similar service. Therefore, we are proposing an alternative work RVU of 48.21 for CPT code 33910 for CY 2012.

For CPT code 33935 (Heart-lung transplant with recipient cardiectomy-pneumonectomy), the AMA RUC reviewed survey responses, determined that the survey median work RVU appropriately accounts for the physician work required to perform this service, and recommended a work RVU of 100.00 for CPT code 33935.

We disagree with the AMA RUC-recommended work RVU for CPT code 33935 and believe that the survey 25th percentile value of 91.78 is more appropriate for this service. We believe this service is more intense and complex than CPT code 33945 and that the survey 25th percentile work RVU accurately reflects the increased intensity and complexity when compared to the reference CPT code 33945. Therefore, we are proposing an alternative work RVU of 91.78 for CPT code 33935 for CY 2012.

For CPT code 33980 (Removal of ventricular assist device, implantable intracorporeal, single ventricle), the AMA RUC reviewed the survey results and recommended the survey median work RVU of 40.00. Additionally the AMA RUC recommended a global period change from 090 to XXX. We agree with the AMA RUC-recommended global period change from 90 to XXX. However, we disagree with the AMA RUC-recommended work RVU for CPT code 33980 and are proposing for CY 2012 an alternative work RVU of 33.50, which is the survey 25th percentile work RVU. We believe the work RVU of 33.50 is more appropriate, given the significant reduction in physician times and decrease in the number and level of post-operative visits that the AMA RUC included in the value of CPT code 33980.

For CPT code 36247 (Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family), the AMA RUC considered the survey results and recommended the survey median work RVU of 7.00 for this service. Additionally, the AMA RUC recommended a global period change from 090 to XXX. We agree with the AMA RUC-recommended global period change from 90 to XXX. However, we disagree with the AMA RUC-recommended work RVU of 7.00 for CPT code 36247. We believe maintaining the current work RVU is more appropriate given the change to the global period. Accordingly we are proposing a work RVU of 6.29 for CPT code 36247 for CY 2012.

For CPT code 36825 (Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft), the AMA RUC considered the survey data and ultimately recommended that

the current work RVU of this service, 15.13, be maintained.

We disagree with the AMA RUC-recommended work RVU of 15.13 for CPT code 36825. As indicated by the most recent Medicare PFS claims data, CPT code 28122 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 14.17 with refinements to the time for CPT code 36825 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

13. Vascular Surgery

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
35188	Repair blood vessel lesion	15.16	18.50	18.00	Disagree	
35612	Artery bypass graft	16.82	22.00	20.35	Disagree	
35800	Explore neck vessels	8.07	13.89	12.00	Disagree	
35840	Explore abdominal vessels	10.96	21.19	20.75	Disagree	
35860	Explore limb vessels	6.80	16.89	15.25	Disagree	
36600	Withdrawal of arterial blood	0.32	0.32	0.32	Agree	x
36819	Av fuse, uppr arm, basilic	14.47	14.47	13.29	Disagree	x
37140	Revision of circulation	25.23	40.00	40.00	Agree	
37145	Revision of circulation	26.24	37.00	37.00	Agree	
37160	Revision of circulation	23.24	38.00	38.00	Agree	
37180	Revision of circulation	26.24	36.50	36.50	Agree	
37181	Splice spleen/kidney veins	28.37	40.00	40.00	Agree	

In the Fourth Five-Year Review, we identified CPT code 36819 as potentially misvalued through the Site-of-Service Anomaly screen, and we identified CPT code 36600 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen. The Society for Vascular Surgery submitted additional CPT codes to be included in the Fourth Five-Year Review, including CPT codes 35188, 35612, 35800, 35840, 35860, 37140, 37145, 37160, 37180, and 38181.

The AMA RUC noted that it believed there is compelling evidence to change the work values for CPT codes 35188, 35612, 35800, 35840, and 35860, since vascular surgery is one of the predominant providers of these services and had not participated in the original Harvard studies. In addition, the AMA RUC believes errors occurred in extrapolation of visits during the Harvard study, and apparent rank order anomalies may emerge when comparing these services to other vascular procedures.

For CPT code 35188 (Repair, acquired or traumatic arteriovenous fistula; head and neck), the AMA RUC reviewed the survey results from 25 (out of a sample size of 400) physicians and recommended the survey median work RVU of 18.50 for CPT code 35188.

We disagree with the AMA RUC-recommended work RVU for CPT code 35188 and are proposing for CY 2012 an alternative work RVU of 18.00, which is the survey 25th percentile work RVU. We believe the work RVU of 18.00 is more appropriate, given the decrease in the number and level of post-operative visits that the AMA RUC included in the value of CPT code 35188.

For CPT code 35612 (Bypass graft, with other than vein; subclavian-subclavian), the AMA RUC reviewed the survey results from 25 (out of a sample size of 400) physicians and recommended a work RVU of 22.00 for CPT code 35612.

We disagree with the AMA RUC-recommended work RVU for CPT code 35612 and are proposing for CY 2012 an alternative work RVU of 20.35, which is the survey 25th percentile work RVU. We believe the work RVU of 20.35 is more appropriate, given the decrease in the number and level of post-operative visits that the AMA RUC included in the value of CPT code 35612.

For CPT code 35800 (Exploration for postoperative hemorrhage, thrombosis or infection; neck), the AMA RUC reviewed the survey results from 34 (out of a sample size of 400) physicians. Using magnitude estimation, the AMA RUC recommended that an appropriate work RVU for CPT code 35800 would be between the survey 25th percentile (12.00 RVU) and median (15.00 RVU) work value. Accordingly, the AMA RUC recommended a work RVU of 13.89 for CPT code 35800.

We disagree with the AMA RUC-recommended work RVU for CPT code 35800 and are proposing for CY 2012 an alternative work RVU of 12.00, which is the survey 25th percentile work RVU. We believe the work RVU of 12.00 is more appropriate, given that two of the key reference codes to which this service has been compared have identical intra-service time (60 minutes), but significantly lower work RVUs.

For CPT code 35840 (Exploration for postoperative hemorrhage, thrombosis or infection; abdomen), the AMA RUC reviewed the survey results from 34 (out of a sample size of 400) physicians. Using magnitude estimation, the AMA RUC recommended that an appropriate work RVU for CPT code 35840 would be between the survey 25th percentile (19.25 RVU) and median (22.30 RVU) work value. Accordingly, the AMA RUC recommended a work RVU of 21.19 for CPT code 35840.

We disagree with the AMA RUC-recommended work RVU for CPT code 35840 and are proposing for CY 2012 an alternative work RVU of 20.75, which is between the survey 25th percentile and median work RVU. We believe the work RVU of 20.75 is more appropriate given the two reference codes to which this service has been compared.

For CPT code 35860 (Exploration for postoperative hemorrhage, thrombosis or infection; extremity), the AMA RUC

reviewed the survey results from 34 (out of a sample size of 400) physicians. Using magnitude estimation, the AMA RUC recommended that an appropriate work RVU for CPT code 35860 would be between the survey 25th percentile (15.25 RVUs) and median work value (18.00 RVUs). Accordingly, the AMA RUC recommended a work RVU of 16.89 for CPT code 35860.

We disagree with the AMA RUC-recommended work RVU for CPT code 35860 and are proposing for CY 2012 an alternative work RVU of 15.25, which is the survey 25th percentile work RVU. We believe this work RVU maintains appropriate relativity within the family of related services for the exploration of postoperative hemorrhage.

For CPT code 36600 (Arterial puncture, withdrawal of blood for diagnosis), the AMA RUC reviewed the survey results from 38 (out of a sample size of 100) physicians and, based on comparisons to reference codes, recommended a work RVU of 0.32 for CPT code 36600.

We agree with the AMA RUC's recommended work RVU and are proposing a work RVU of 0.32 for CPT code 36600 for CY 2012. In addition to the work RVU adjustment for CPT code 36600, we are refining the time associated with this code. Recent Medicare PFS claims data show that this service typically is performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 3 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 36819 (Arteriovenous anastomosis, open; by upper arm basilic vein transposition), which was identified as a code with a Site-of-Service anomaly, the AMA RUC reviewed the survey results from 31 (out of a sample size of 400) physicians. The AMA RUC indicated that it believes this service should be categorized as one being typically performed in an inpatient hospital setting and recommended maintaining the current work RVU of 14.47.

We disagree with the AMA RUC-recommended work RVU for CPT code 36819. The AMA RUC indicated in its summary of recommendations that the survey data show 97 percent (30 out of 31) of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 33 percent (10 out of 30) stated that the patient is "discharged the same day," 53 percent (16 out of 30) stated the patient is "kept overnight (less than 24 hours)," and 13 percent (4 out of 30) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As we discussed in section II.A. of this proposed notice, for codes with Site-of-Service anomalies, our policy is to remove any post-procedure inpatient visits remaining in the values for these codes and adjust physician times accordingly. It is also our policy for codes with Site-of-Service anomalies to consistently include the value of half of a discharge day management service and adjust physician times accordingly. We are thus proposing an alternative work RVU for CY 2012 of 13.29 with refinements in time for CPT code 36819. A complete list of CMS time refinements can be found in Table 6.

14. Excise Parotid Gland/Lesion

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
42415	Excise parotid gland/lesion	18.12	18.12	17.16	Disagree	x
42420	Excise parotid gland/lesion	21.00	21.00	19.53	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 42415 and 42420 as Site-of-Service anomaly codes.

For CPT code 42415 (Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve), the AMA RUC reviewed the survey data and, based on magnitude estimation, the AMA RUC recommended that the current work RVU of this service, 18.12, be maintained.

We disagree with the AMA RUC-recommended work RVU of 18.12 for CPT code 42415. As indicated by the most recent Medicare PFS claims data, CPT code 42415 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 17.16 with refinements to the time for CPT code 42415 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 42420 (Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve), the AMA RUC reviewed survey results and, based on magnitude estimation, the AMA RUC recommended that the current work RVU of this service, 21.00, be maintained.

We disagree with the AMA RUC-recommended work RVU of 21.00 for CPT code 42420. As indicated by the most recent Medicare PFS claims data, CPT code 42420 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 19.53 with refinements to the time for CPT code 42420 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

15. Endoscopic Cholangiopancreatography

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
43262	Endo cholangiopancreatograph	7.38	7.38	7.38	Agree	x

In the Fourth Five-Year Review, we identified CPT code 43262 as potentially misvalued through the Harvard Valued—Utilization > 30,000 screen.

For CPT code 43262 (Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy), the AMA RUC reviewed the service and believes that the specialty did not provide compelling evidence to change the current value of the service. Therefore, the AMA RUC recommended maintaining the current work RVU of 7.38 for CPT code 43262.

We are proposing to maintain the current work RVU of 7.38 and the current physician time for CPT code 43262 for CY 2012. However, we are requesting that the AMA RUC undertake a comprehensive review of the entire family of ERCP codes, including the base CPT code 43260, and provide CMS with work RVU recommendations. We note that based on a preliminary review of the intra-service times for these codes, we are concerned the codes in this family are potentially misvalued.

16. Sigmoidoscopy

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
45331	Sigmoidoscopy and biopsy	1.15	1.15	1.15	Agree	x

In the Fourth Five-Year Review, CMS identified CPT code 45331 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 45331 (Sigmoidoscopy, flexible; with biopsy, single or multiple), the AMA RUC reviewed the survey results and determined that the survey data support the current value of this service. Taking into consideration the 75th percentile of the survey results, the AMA RUC recommended a pre-service time of 15 minutes, intra-service time of 15 minutes, and post-service time of 10 minutes. Accordingly, the AMA RUC recommended a work RVU of 1.15 for CPT code 45331.

We agree with the AMA RUC's recommended work RVU and are proposing a work RVU of 1.15 for CPT code 45331 for CY 2012. However, while the AMA RUC recommended pre-service times based on the 75th percentile of the survey results, we believe it is more appropriate to accept the median survey physician times. Accordingly, we are refining the times to the following: 5 minutes for pre-evaluation; 5 minutes for pre-service other, 5 minutes for pre- dress, scrub, and wait; 10 minutes intra-service; and 10 minutes immediate post-service. A complete list of CMS time refinements can be found in Table 6.

17. Laparoscopic Cholecystectomy

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
47563	Laparo cholecystectomy/graph	12.11	12.11	11.47	Disagree	x
47564	Laparo cholecystectomy/explr	14.24	20.00	18.00	Disagree	

In the Fourth Five-Year Review, CMS identified CPT code 47563 as potentially misvalued through the Harvard Valued—Utilization > 30,000 screen and Site-of-Service Anomaly screen. The AMA RUC reviewed CPT codes 47564 and 47563.

For CPT code 47563 (Laparoscopy, surgical; cholecystectomy with cholangiography), the AMA RUC reviewed the survey results and recommended that this service be valued as a service performed predominately in the facility setting, as the survey data indicated that a majority of patients have an overnight stay. Because some respondents stated that the typical patient would be kept at overnight in the hospital, the AMA RUC recommended a full day discharge management service be included in the value of the service. The AMA RUC recommended maintaining the current work RVU of 12.11 for CPT code 47563.

We disagree with the AMA RUC-recommended work RVU for CPT code 47563. While the survey data show 95 percent (57 out of 60) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 30 percent (17 out of 57) stated that the patient is "discharged the same day," 46 percent (26 out of 57) stated the patient is "kept overnight (less than 24 hours)," and 25 percent (14 out of 57) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As we discussed in section II.A. of this proposed notice, for codes with Site-of-Service anomalies, our policy is to remove any post-procedure inpatient visits remaining in the values for these codes and adjust physician times accordingly. It is also our policy for codes with Site-of-Service anomalies to consistently include the value of half of a discharge day management service, adjusting physician times accordingly. We are thus proposing an alternative work RVU of 11.47 with refinements in time for CPT code 47563 for CY 2012.

A complete list of CMS time refinements can be found in Table 6.

For CPT code 47564 (Laparoscopy, surgical; cholecystectomy with exploration of common duct), the AMA RUC reviewed the survey results and determined that the 25th survey percentile was appropriate for this service. Accordingly, the AMA RUC recommended a work RVU of 20.00 for CPT code 47564.

We disagree with the AMA RUC-recommended work RVU for CPT code 47564 and are proposing for CY 2012 an alternative work RVU of 18.00, which is the survey low work RVU. We are accepting the AMA RUC recommended median survey times and believe the work RVU of 18.00 for CPT code 35860 is more appropriate given the significant reduction in recommended physician times in comparison to the current times.

18. Hernia Repair

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
49507	Prp i/hern init block >5 yr	10.05	10.05	9.09	Disagree	x
49521	Rerepair ing hernia, blocked	12.44	12.44	11.48	Disagree	x
49587	Rpr umbil hern, block > 5 yr	8.04	8.04	7.08	Disagree	x

In 2007, the AMA RUC's Relativity Assessment Workgroup identified CPT codes 49507, 49521 and 49587 as potentially misvalued through the Site-of-Service Anomaly screen. The American College of Surgeons (ACS) surveyed these codes, and the AMA RUC issued recommended work values for these codes to CMS for CY 2010. In the CY 2011 PFS final rule with comment period (75 FR 73221), we reiterated that in the CY 2010 PFS final rule with comment period (74 FR 61776 through 61778) we indicated that although we would accept the AMA RUC valuations for these Site-of-Service anomaly codes on an interim basis through CY 2010, we had ongoing concerns about the methodology used by the AMA RUC to review these services. We requested that the AMA RUC reexamine the Site-of-Service anomaly codes and use the building block methodology to revalue the services (74 FR 62777 and 75 FR 73221). CPT codes 49507, 49521, and 49587 were among those CY 2010 Site-of-Service anomaly codes, and were reviewed again by the AMA RUC as a part of the Fourth Five-Year Review.

For CPT code 49507 (Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated), the AMA RUC used magnitude estimation and recommended a work RVU of 9.97 for CPT code 49507 for CY 2010, which was slightly higher than the survey 25th percentile value. In CY 2010, while CMS adopted the AMA RUC-recommended work value on an interim final basis and referred the service back to the AMA RUC to be reexamined, the work RVU for CPT code 49507 used under the PFS was increased to 10.05 based on the redistribution of RVUs that resulted from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012 as part of the Fourth Five-Year Review of Work, the AMA RUC determined that CPT code 49507 had been accurately valued in its recommendation for CY 2010 with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 10.05 be maintained for CPT code 49507 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 10.05 for CPT code 49507. The AMA RUC indicated in its summary of recommendations that the survey data show Ninety-eight percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 17 percent stated that the patient is "discharged the same day," 40 percent stated the patient is "kept overnight (less than 24 hours)," and 43 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49507 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 9.09 with refinements to the time for CPT code 49507 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 49521 (Repair recurrent inguinal hernia, any age; incarcerated or strangulated), the AMA RUC used magnitude estimation and recommended a work RVU of 12.36 for CY 2010, which fell between the survey 25th percentile and median work value estimates. In CY 2010, while CMS adopted the AMA RUC-recommended work value on an interim final basis and referred the service back to the AMA RUC to be reexamined, the work RVU for CPT code 49521 used under the PFS was increased to 12.44 based on the redistribution of RVUs that resulted from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC determined that CPT code 49521 was accurately valued in its recommendation for CY 2010, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 12.44 be maintained for CPT code 49521 in CY 2012.

We disagree with the AMA RUC-recommended work RVU of 12.44 for CPT code 49521. The AMA RUC indicated in its summary of recommendations that the survey data show 99 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 18 percent stated that the patient is "discharged the same day," 37 percent stated the patient is "kept overnight (less than 24 hours)," and 45 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between

the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49521 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 11.48 with refinements to the time for CPT code 49521 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 49587 (Repair umbilical hernia, age 5 years or over; incarcerated or strangulated), the AMA RUC used magnitude estimation and recommended a work RVU of 7.96 for CY 2010, which was slightly below the survey 25th percentile physician work value estimate. Under the CY 2010 PFS, the work RVU for CPT code 49587 was increased to 8.04 based on the redistribution of RVUs resulting from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC determined that CPT code 49587 was accurately valued in its CY 2010 recommendation, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 8.04 be maintained for CPT code 49587 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 8.04 for CPT code 49587. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 30 percent stated that the patient is "discharged the same day," 42 percent stated the patient is "kept overnight (less than 24 hours)," and 29 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49587 is a code with a Site-of-Service anomaly. Therefore, in accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 7.08 with refinements to the time for CPT code 49587 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

19. Laparoscopic Hernia Repair

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
49652	Lap vent/abd hernia repair	12.88	12.88	11.92	Disagree	x
49653	Lap vent/abd hern proc comp	16.21	16.21	14.94	Disagree	x
49654	Lap inc hernia repair	15.03	15.03	13.76	Disagree	x
49655	Lap inc hern repair comp	18.11	18.11	16.84	Disagree	x

For CY 2009, the CPT Editorial Panel created six new CPT codes to describe the specific levels of work associated with abdominal hernia repairs that are performed frequently with laparoscopic techniques. We accepted the AMA RUC's original work RVU recommendation for these services for CY 2009. However, we identified 4 of these laparoscopic hernia repair CPT codes, specifically CPT codes 49652, 49653, 49654 and 49655, as potentially misvalued through the Site-of-Service Anomaly screen, and requested that they be reviewed by the AMA RUC for Fourth Five-Year Review.

For CPT code 49652 (Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible), for CY 2009, the AMA RUC used magnitude estimation and recommended the survey 25th percentile work RVU of 12.80 for CPT code 49652 for CY 2009. CMS accepted this recommendation. For CY 2010, the work RVU for CPT code 49652 was increased to 12.88 based on the redistribution of RVUs resulting from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC determined that CPT code 49652 was accurately valued in its recommendation for CY 2009, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 12.88 be maintained for CPT code 49652 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 12.88 for CPT code 49652. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 16 percent stated that the patient is "discharged the same day," 60 percent stated the patient is "kept overnight (less than 24 hours)," and 24 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49652 is a code with a Site-of-Service anomaly. In its recommendation to us, the AMA RUC asserted that Medicare claims data for this service are still new and may not reflect accurate Medicare utilization for this procedure. The most recent PFS claims data show that outpatient utilization for this code is well above the Site-of-Service anomaly threshold of greater than 50 percent, and we will continue to monitor the data to ensure that this CPT code, and all CPT codes, are valued appropriately for their site-of-service. In accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 11.92 with refinements to the time for CPT code 49652 for CY 2012. A

complete list of CMS time refinements can be found in Table 6.

For CPT code 49653 (Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated), for CY 2009, the AMA RUC used magnitude estimation and recommended the survey 25th percentile work RVU of 16.10 for CPT code 49653 for CY 2009. CMS accepted this recommendation. For CY 2010, the work RVU for CPT code 49653 was increased to 16.21 based on the redistribution of RVUs resulting from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC determined that CPT code 49653 was accurately valued in its CY 2009 recommendation, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 16.21 be maintained for CPT code 49653 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 16.21 for CPT code 49653. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 9 percent stated that the patient is "discharged the same day," 16 percent stated the patient is "kept overnight (less than 24 hours)," and 76 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49653 is a code with a Site-of-Service anomaly. In its recommendation to us, the AMA RUC asserted that Medicare claims data for this service are still new and may not reflect accurate Medicare utilization for this procedure. The most recent PFS claims data show that outpatient utilization for this code is well above the Site-of-Service anomaly threshold of greater than 50 percent, and we will continue to monitor the data to ensure that this CPT code, and all CPT codes, are valued appropriately for their site-of-service. In accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 14.94 with refinements to the time for CPT code 49653 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 49654 (Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible), for CY 2009 the AMA RUC used magnitude estimation and recommended the survey 25th percentile work RVU of 14.95 for CPT code 49654 for CY 2009. We accepted this recommendation. For CY 2010, the work RVU for CPT code 49654 was increased to 15.03 based on the redistribution of RVUs resulting from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC determined that CPT code 49654 was accurately valued in its CY 2009 recommendation, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 15.03 be maintained for CPT code 49654 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 15.03 for CPT code 49654. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 10 percent stated that the patient is "discharged the same day," 33 percent stated the patient is "kept overnight (less than 24 hours)," and 56 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49654 is a code with a Site-of-Service anomaly. In its recommendation to us, the AMA RUC asserted that Medicare claims data for this service are still new and may not reflect accurate Medicare utilization for this procedure. The most recent PFS claims data show that outpatient utilization for this code is well above the Site-of-Service anomaly threshold of greater than 50 percent, and we will continue to monitor the data to ensure that this CPT code, and all CPT codes, are valued appropriately for their site-of-service. In accordance with the policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 13.76 with refinements to the time for CPT code 49654 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 49655 (Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated), for CY 2009 the AMA RUC crosswalked CPT code 49655 to CPT code 43280 (Laparoscopy, surgical, esophagogastric fundoplasty (*e.g.,* Nissen, Toupet procedures)) (work RVU = 18.10), and recommended a work RVU of 18.00. We accepted this recommendation. For CY 2010, the work RVU for CPT code 49655 was increased to 18.11 based on the redistribution of RVUs resulting from the CMS policy to no longer recognize the CPT consultation codes. Upon re-review for CY 2012, the AMA RUC decided that CPT code 49655 was accurately valued in its CY 2009 recommendation, with support from reference services and specialty survey data, and stated that it found no compelling evidence to change the current physician work value of this service. The AMA RUC ultimately recommended that the current work RVU of 18.11 be maintained for CPT code 49655 for CY 2012.

We disagree with the AMA RUC-recommended work RVU of 18.11 for CPT code 49655. The AMA RUC indicated in its summary of recommendations that the survey data show 100 percent of survey respondents stated they perform the procedure "in the hospital." Of those respondents who stated that they typically perform the procedure in the hospital, 5 percent stated that the patient is "discharged the same day," 8 percent stated the patient is "kept overnight (less than 24 hours)," and 87 percent stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As indicated by the most recent PFS claims data, CPT code 49655 is a code with a Site-of-Service anomaly. In its recommendation to us, the AMA RUC asserted that Medicare claims data for this service are still new and may not reflect accurate Medicare utilization for this procedure. The most recent PFS claims data show that outpatient utilization for this code is above the Site-of-Service anomaly threshold of greater than 50 percent, and we will continue to monitor the data to ensure that this CPT code, and all CPT codes, are valued appropriately for their site-of-service. In accordance with the

policy discussed in section II.A. of this proposed notice, we removed the subsequent observation care service, reduced the discharge day management service to one-half, and adjusted times. As a result, we are proposing an alternative work RVU of 16.84 with refinements to the time for CPT code 49655 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

20. Urologic Procedures

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
51705	Change of bladder tube	1.05	0.90	0.90	Agree	
51710	Change of bladder tube	1.52	1.35	1.35	Agree	x
52005	Cystoscopy & ureter catheter	2.37	2.37	2.37	Agree	
52007	Cystoscopy and biopsy	3.02	3.02	3.02	Agree	
52310	Cystoscopy and treatment	2.81	2.81	2.81	Agree	
52315	Cystoscopy and treatment	5.20	5.20	5.20	Agree	
52630	Remove prostate regrowth	7.73	7.73	6.55	Disagree	x
52640	Relieve bladder contracture	4.79	4.79	4.79	Agree	
52649	Prostate laser enucleation	17.29	15.20	14.56	Disagree	x
53440	Male sling procedure	15.54	14.00	13.36	Disagree	x
57287	Revise/remove sling repair	11.15	11.15	11.15	Agree	
57288	Repair bladder defect	12.13	12.13	12.13	Agree	

In the Fourth Five-Year Review, we identified CPT codes 51705, 52005 and 52310 as potentially misvalued through the Harvard-Valued—Utilization >30,000 screen. CPT codes 51710, 52007 and 52315 were added as part of the family of services for AMA RUC review. In addition, we identified CPT codes 52630, 52649, 53440 and 57288 as potentially misvalued through the Site-of-Service Anomaly screen. The specialty agreed to add CPT codes 52640 and 57287 as part of the family of services for AMA RUC review.

For CPT code 51710 (Change of cystostomy tube; complicated), the AMA RUC noted that a request was sent to CMS to have the global service period changed from a 10-day global period (which includes RVUs for the same day pre-operative period and for a 10-day post-operative period) to a 0-day global period (which only includes RVUs for the same day pre- and post-operative period). The AMA RUC indicated that in the standards of care for this procedure, there is no hospital time and there are no follow up visits. The AMA RUC also noted that while the service was surveyed as a 10-day global, the respondents inadvertently included a hospital visit, CPT code 99231(Subsequent hospital care), and overvalued the physician work. Consequently, the AMA RUC did not use the survey results to value the code. Rather, comparing the physician work within the family of services, the AMA RUC compared CPT code 51710 to CPT code 51705 (Change of cystostomy tube; simple) and recommended a work RVU of 1.35 for CPT code 51710.

We agree with the AMA RUC's recommended work RVU and are proposing a work RVU of 1.35 for CPT code 51710 for CY 2012. We also agree to change the global period from 10 to zero days. However, we note that while we believe that changing a cystostomy tube in a complicated patient may be more time consuming than in a patient that requires a simple cystostomy tube change, we believe that the pre-positioning time is unnecessarily high given the recommended pre-positioning time of 5 minutes for CPT code 51705, which has an identical pre-positioning work description. Hence, we are making refinements in time for CPT code 51710 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 52630 (Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)), the AMA RUC reviewed the survey results and recommended that this service be valued as a service performed predominately in the facility setting, as the survey data indicated that a majority of patients have an overnight stay. Because the majority of respondents stated that the typical patient would be kept overnight in the hospital, the AMA RUC recommended that one inpatient hospital visit and a full day discharge management service be included in the value of the service for CPT code 52630. The AMA RUC stated that it ultimately did not believe there was compelling evidence to signal a recent change in physician work. Accordingly, the AMA RUC recommended maintaining the current work RVU of 7.73 for CPT code 52630.

We disagree with the AMA RUC-recommended work RVU for CPT code 52630. While the survey data show 93 percent (37 out of 40) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 3 percent (1 out of 40) stated that the patient is "discharged the same day," 43 percent (17 out of 40) stated the patient is "kept overnight (less than 24 hours)," and 54 percent (22 out of 40) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. As we discussed in section II.A. of this proposed notice, we believe that the 23-hour stay issue encompasses several scenarios. The typical patient is commonly in the hospital for less than 24 hours, which often means the patient may indeed stay overnight in the hospital. On occasion, the patient may stay longer than a single night in the

hospital; however, in both cases, the patient is considered for Medicare purposes to be a hospital outpatient, not an inpatient. Given that the most recent Medicare PFS claims data indicate this service is typically (more than 50 percent of the time) furnished in the outpatient setting, we believe it is appropriate to remove the post-procedure inpatient visit remaining in the AMA RUC-recommended value and adjust the physician times accordingly. We also reduced the discharge day management service to one-half. We are thus proposing an alternative work RVU of 6.55 with refinements in time for CPT code 47563 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 52649 (Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)), a Site-of-Service anomaly code, the AMA RUC reviewed the survey results of 16 (out of a sample size of 869) physicians. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting. Using magnitude estimation, the AMA RUC agreed that the 25th percentile survey value, which is lower than the current work RVU, was appropriate. The AMA RUC ultimately recommended a work RVU of 15.20 for CPT code 52649.

We disagree with the AMA RUC-recommended work RVU for CPT code 52649. While the survey data show 94 percent (15 out of 16) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 33 percent (5 out of 16) stated that the patient is "discharged the same day," 54 percent (9 out of 16) stated the patient is "kept overnight (less than 24 hours)," and 13 percent (2 out of 16) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. Nevertheless, the survey data confirm the most recent Medicare PFS claims data which show that CPT code 52649 is a code with a Site-of-Service anomaly. Accordingly, we applied our policy for a 23-hour stay service and reduced the discharge day management service to one-half. We are proposing an alternative work RVU of 14.56 with refinements in time for CPT code 52649 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 53440 (Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)), the AMA RUC reviewed the survey results from 30 (out of a sample size of 717) physicians. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting. Using magnitude estimation, the AMA RUC agreed that the median survey value, which is lower than the current work RVU, was appropriate. The AMA RUC ultimately recommended a work RVU of 14.00 for CPT code 53440.

We disagree with the AMA RUC-recommended work RVU for CPT code 53440. While the survey data show 97 percent (29 out of 30) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 38 percent (11 out of 30) stated that the patient is "discharged the same day," 59 percent (18 out of 30) stated the patient is "kept overnight (less than 24 hours)," and 3 percent (1 out of 30) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. Nevertheless, the survey data show that the vast majority of responders indicated CPT code 53440 is typically performed in the hospital setting as an outpatient rather than an inpatient service. The survey data confirm the most recent Medicare PFS claims data which show that CPT code 53440 is a code with a Site-of-Service anomaly. Accordingly, we applied our policy for a 23-hour stay service and reduced the discharge day management service to one-half. We are proposing an alternative work RVU of 13.36 with refinements in time for CPT code 53440 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

21. Removal of Thyroid/Parathyroid

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
60220	Partial removal of thyroid	12.37	12.37	11.19	Disagree	x
60240	Removal of thyroid	16.22	16.22	15.04	Disagree	x
60500	Explore parathyroid glands	16.78	16.78	15.60	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 60220, 60240 and 60500 as potentially misvalued through the Site-of-Service Anomaly screen.

For CPT code 60220 (Total thyroid lobectomy, unilateral; with or without isthmusectomy), the AMA RUC reviewed the survey results from 35 (out of a sample size of 118) physicians. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting. The AMA RUC indicated that since the typical patient is kept overnight, the AMA RUC believes that one inpatient hospital visit as well as one discharge day management service should be maintained in the post-operative visits for this service. Using magnitude estimation, the AMA RUC recommended the current work RVU of 12.37 for CPT code 60220.

We disagree with the AMA RUC-recommended work RVU for CPT code 60220. While the survey data show 97 percent (34 out of 35) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 18 percent (6 out of 34) stated that the patient is "discharged the same day," 79 percent (27 out of 34) stated the patient is "kept overnight (less than 24 hours)," and 3 percent (1 out of 34) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. Nevertheless, the survey data show that the majority of responders

indicated CPT code 60220 is typically performed in the hospital setting as an outpatient rather than an inpatient service. The survey data confirm the most recent Medicare PFS claims which show that CPT code 60220 is a code with a Site-of-Service anomaly. Accordingly, in applying the policy for a 23-hour stay service, we removed the hospital visit, reduced the discharge day management service to one-half, and adjusted times. We are proposing an alternative work RVU of 11.19 with refinements in time for CPT code 60220 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 60240 (Thyroidectomy, total or complete), the AMA RUC reviewed the survey results from 35 (out of a sample size of 118) physicians. Using magnitude estimation, the AMA RUC believed that maintaining the current work RVU is appropriate. The AMA RUC ultimately recommended the current work RVU of 16.22 for CPT code 60240.

We disagree with the AMA RUC-recommended work RVU for CPT code 60220. Of the 97 percent of respondents that stated they perform the procedure "in the hospital," 100 percent stated that the patient is either "discharged the same day" or "kept overnight (less than 24 hours)." The survey data confirm the most recent Medicare PFS claims data which show that CPT code 60240 is a code with a Site-of-Service anomaly. Accordingly, we believe it is appropriate to remove the post-procedure inpatient visit remaining in the value and adjust the physician times accordingly. We also reduced the discharge day management service to one-half, consistent with our 23 hour stay service policy. We are proposing an alternative work RVU of 15.04 with refinements in time for CPT code 60240 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 60500 (Parathyroidectomy or exploration of parathyroid(s);), the AMA RUC reviewed the survey results from 35 (out of a sample size of 118) physicians. The AMA RUC recommended that this service be valued as a service performed predominately in the facility setting. The AMA RUC indicated that since the typical patient is kept overnight, the AMA RUC believes that one hospital visit as well as one discharge day management service should be maintained in the post-operative visits for this service. Using magnitude estimation, the AMA RUC ultimately recommended the current work RVU of 16.78 for CPT code 60500.

We disagree with the AMA RUC-recommended work RVU for CPT code 60500. While the survey data show 97 percent (34 out of 35) of survey respondents stated they perform the procedure "in the hospital," of those respondents who stated that they typically perform the procedure in the hospital, 18 percent (6 out of 34) stated that the patient is "discharged the same day," 44 percent (15 out of 34) stated the patient is "kept overnight (less than 24 hours)," and 38 percent (13 out of 34) stated the patient is "admitted (more than 24 hours)." These responses make no distinction between the patient's status as an inpatient or outpatient of the hospital for stays of longer than 24 hours. Nevertheless, the survey data show that the majority of responders indicated CPT code 60500 is typically performed in the hospital setting as an outpatient rather than an inpatient service. The survey data confirm the most recent Medicare PFS claims data which show that CPT code 60500 is a code with a Site-of-Service anomaly. Accordingly, we removed the hospital visit, reduced the discharge day management service to one-half, and adjusted times. We are proposing an alternative work RVU of 15.60 with refinements in time for CPT code 60500 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

22. Implant Neuroelectrodes

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
63655	Implant neuroelectrodes	11.56	11.56	10.92	Disagree	x

In the Fourth Five-Year Review, CMS identified CPT code 63655 (Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural) as potentially misvalued through the Site-of-Service Anomaly screen. CY 2009 Medicare PFS claims data indicated that for the typical case (greater than 50 percent), this service was not performed in the inpatient hospital setting and, therefore, we requested in the CYs 2010 and 2011 PFS final rules that the AMA RUC review this service again.

For CPT code 63655 (Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural), the associated specialty societies indicated that this service was recently surveyed and reviewed by the AMA RUC in April 2009 and concluded that there was no reason to believe another survey would result in different data requiring a change in the AMA RUC's previous discussion and recommendation. Accordingly, the AMA RUC recommended maintaining the current work RVU of 11.56, as well as the current physician time components.

We disagree with the AMA RUC-recommended work RVU for CPT code 63655. We note that according to the survey data provided by the AMA RUC, of the 90 percent of respondents that stated they perform the procedure "in the hospital," 18 percent stated that the patient is "discharged the same day" and 55 percent stated that the patient was "kept overnight (less than 24 hours)." Given that the most recently available Medicare PFS claims data continue to show the typical case is not an inpatient, and that the survey data for this code suggest the typical case is a 23 hour stay service, we believe it is appropriate to apply our established policy and reduce the discharge day management service to one-half. We are thus proposing an alternative work RVU of 10.92 with refinements in time for CPT code 63655 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

23. Injection of Anesthetic Agent

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
64405	N block inj, occipital	1.32	1.00	0.94	Disagree	

In the Fourth Five-Year Review, CMS identified CPT code 64405 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 64405 (Injection, anesthetic agent; greater occipital nerve), the AMA RUC reviewed the survey results and recommended the median survey work RVU of 1.00 for CPT code 64405.

We disagree with the AMA RUC-recommended work RVU for CPT code 64405. We believe this code is comparable to the key reference CPT code 20526 (Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel) (work RVU = 0.94). Accordingly, we are proposing an alternative work RVU of 0.94 for CPT code 64405 for CY 2012.

24. Gastric Emptying Study

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommende d WRVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
78264	Gastric emptying study	0.78	0.95	0.80	Disagree	x

In the Fourth Five-Year Review, we identified CPT code 78264 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 78264 (Gastric emptying study), the AMA RUC reviewed the survey results and recommended the survey median work RVU of 0.95 for CPT code 78264.

We disagree with the AMA RUC-recommended work RVU for CPT code 78264. We believe the 25th percentile survey value is more appropriate based on its similarity in the physician work to other diagnostic tests. Accordingly, we are proposing an alternative work RVU of 0.80 for CPT code 78264 for CY 2012.

25. Nasopharyngoscopy

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
92511	Nasopharyngoscopy	0.84	0.61	0.61	Agree	x

In the Fourth Five-Year Review, we identified CPT code 92511 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen.

For CPT code 92511 (Nasopharyngoscopy with endoscope (separate procedure)), the AMA RUC reviewed the survey results of 30 (out of a sample size of 100) physicians. The AMA RUC noted that there is typically an E/M service furnished on the same day as this service. AMA RUC indicated that it believes the survey data overestimated the physician work involved in the surveyed code and recommended that for CPT code 92511, a direct work RVU crosswalk to CPT code 69210 (Removal impacted cerumen (separate procedure), 1 or both ears) was appropriate. Accordingly, the AMA RUC recommended a work RVU of 0.61 for CPT code 92511.

We agree with the AMA RUC's recommended work RVU and are proposing a work RVU of 0.61 for CPT code 92511 for CY 2012. However, while the AMA RUC noted that there is typically an E/M service furnished on the same day as this service, we are concerned that the times in the surveyed code were not adjusted to account for the overlap in times. The most currently available Medicare PFS claims data continue to show that CPT code 92511 is commonly billed with an E/M visit on the same day; therefore, as described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-third. We believe that 4 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

26. Cardiopulmonary Resuscitation

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommende d Work RVU	CMS Work RVU Decision	CMS Refinements to Time
92950	Heart/lung resuscitation cpr	3.79	4.50	4.00	Disagree	x

In the Fourth Five-Year Review, CMS identified CPT code 92950 as potentially misvalued through the Harvard-Valued—Utilization ≤ 30,000 screen.

For CPT code 92950 (Cardiopulmonary resuscitation (eg, in cardiac arrest)), the AMA RUC reviewed the survey results recommended the median survey work RVU of 4.50 for CPT code 92950.

We disagree with the AMA RUC-recommended work RVU for CPT code 92950. We recognize that patients that undergo this service are very ill; however, we do not believe that the typical patient meets all the criteria for the critical care codes. Furthermore, the most currently available Medicare PFS claims data show that CPT code 92950 is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post service time by one-third. We believe that 1 minute pre-service evaluation time and 20 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

27. Osteopathic Manipulative Treatment

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
98925	Osteopathic manipulation	0.45	0.50	0.46	Disagree	x
98926	Osteopathic manipulation	0.65	0.75	0.71	Disagree	x
98927	Osteopathic manipulation	0.87	1.00	0.96	Disagree	x
98928	Osteopathic manipulation	1.03	1.25	1.21	Disagree	x
98929	Osteopathic manipulation	1.19	1.50	1.46	Disagree	x

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In the Fourth Five-Year Review, we identified CPT codes 98925, 98928 and 98929 as potentially misvalued through the Harvard-Valued—Utilization > 30,000 screen. Additionally, the American Osteopathic Association identified CPT codes 98926 and 98927 to be reviewed as part of this family since these were also identified to be reviewed by the AMA RUC Relativity Assessment Workgroup because these codes were identified through the Harvard-Valued—Utilization > 100,000 screen.

For CPT code 98925 (Osteopathic manipulative treatment (OMT); 1–2 body regions involved), the AMA RUC reviewed the survey results and, based on comparisons to reference codes, recommended a work RVU of 0.50 for CPT code 98925.

We disagree with the AMA RUC-recommended work RVU of 0.50 for CPT code 98925 and believe that a work RVU of 0.46 is more appropriate for this service. We are also refining the time associated with this code. Recent PFS claims data show that this service is typically performed on the same day as an E/M visit. The AMA RUC considered this, and determined that the work associated with the pre- and post-service time for CPT code 98925 is separate from the work conducted during the E/M visit. While we understand that these services have differences, we believe some of the activities conducted during the pre- and post-service times of the osteopathic manipulative treatment code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by ⅓. We believe that 1 minute of pre-service evaluation time and 2 minutes post-service time accurately reflect the time required to conduct the work associated with this service.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU of 0.50. For CPT code 98925, we removed a total of 2 minutes from the AMA RUC-recommended pre- and post-service times, which amounts to the removal of .04 of a work RVU, resulting in a work RVU of 0.46. We noted that 70 percent of the survey respondents indicated that the work of performing this service has not changed in the past 5 years (current RVU = 0.45). We are proposing an alternative work RVU of 0.46, with refinement in time for CPT code 98925 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 98926 (Osteopathic manipulative treatment (OMT); 3–4 body regions involved), the AMA RUC reviewed the survey results and determined that the survey 25th percentile work RVU of 0.75 provides the appropriate incremental difference between this CPT code and others in the family, considering the additional intra-service time required for the additional body regions involved. Therefore, the AMA RUC recommended a work RVU of 0.75 for CPT code 98926.

We disagree with the AMA RUC-recommended work RVU of 0.75 for CPT code 98926 and believe that a work RVU of 0.71 is more appropriate for this service. We are also refining the time associated with this code. Recent PFS claims data show that this service is typically performed on the same day as an E/M visit. The AMA RUC considered this, and determined that the work associated with the pre- and post-service time for CPT code 98926 is separate from the work conducted during the E/M visit. While we understand that these services have differences, we believe some of the activities conducted during the pre- and post-service times of the osteopathic manipulative treatment code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by ⅓. We believe that 1 minute of pre-service evaluation time and 2 minutes post-service time accurately reflect the time required to conduct the work associated with this service.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the

extracted time and subtracted it from the AMA RUC-recommended work RVU of 0.75. For CPT code 98926, we removed a total of 2 minutes from the AMA RUC-recommended pre- and post-service times, which amounts to the removal of .04 of a work RVU, resulting in a work RVU of 0.71. We noted that 81 percent of the survey respondents indicated that the work of performing this service has not changed in the past 5 years (current RVU = 0.65). We are proposing an alternative work RVU of 0.71, with refinement in time for CPT code 98926 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 98927 (Osteopathic manipulative treatment (OMT); 5–6 body regions involved), the AMA RUC reviewed the survey results and determined that a work RVU of 1.00 provides the appropriate incremental difference between this CPT code and others in the family, considering the additional intra-service time required for the additional body regions involved. The AMA RUC stated that this value is supported by the survey 25th percentile work RVU of 0.97. The AMA RUC recommended a work RVU of 1.00 for CPT code 98927.

We disagree with the AMA RUC-recommended work RVU of 1.00 for CPT code 98927 and believe that a work RVU of 0.96 is more appropriate for this service. We are also refining the time associated with this code. Recent PFS claims data show that this service is typically performed on the same day as an E/M visit. The AMA RUC considered this, and determined that the work associated with the pre- and post-service time for CPT code 98927 is separate from the work conducted during the E/M visit. While we understand that these services have differences, we believe some of the activities conducted during the pre- and post-service times of the osteopathic manipulative treatment code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by ⅓. We believe that 1 minute of pre-service evaluation time and 2 minutes post-service time accurately reflect the time required to conduct the work associated with this service.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU of 1.00. For CPT code 98927, we removed a total of 2 minutes from the AMA RUC-recommended pre- and post-service times, which amounts to the removal of .04 of a work RVU, resulting in a work RVU of 0.96. We noted that 77 percent of the survey respondents indicated that the work of performing this service has not changed in the past 5 years (current RVU = 0.87). We are proposing an alternative work RVU of 0.96, with refinement in time for CPT code 98927 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 98928 (Osteopathic manipulative treatment (OMT); 7–8 body regions involved), the AMA RUC reviewed the survey results and determined that a work RVU of 1.25 provides the appropriate incremental difference between this CPT code and others in the family, considering the additional intra-service time required for the additional body regions involved. The AMA RUC stated that this value is supported by the survey 25th percentile work RVU of 1.29. The AMA RUC recommended a work RVU of 1.25 for CPT code 98928.

We disagree with the AMA RUC-recommended work RVU of 1.25 for CPT code 98928 and believe that a work RVU of 1.21 is more appropriate for this service. We are also refining the time associated with this code. Recent PFS claims data show that this service is typically performed on the same day as an E/M visit. The AMA RUC considered this, and determined that the work associated with the pre- and post-service time for CPT code 98928 is separate from the work conducted during the E/M visit. While we understand that these services have differences, we believe some of the activities conducted during the pre- and post-service times of the osteopathic manipulative treatment code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by ⅓. We believe that 1 minute of pre-service evaluation time and 2 minutes post-service time accurately reflect the time required to conduct the work associated with this service.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU of 1.25. For CPT code 98928, we removed a total of 2 minutes from the AMA RUC-recommended pre- and post-service times, which amounts to the removal of .04 of a work RVU, resulting in a work RVU of 1.21. We noted that 67 percent of the survey respondents indicated that the work of performing this service has not changed in the past 5 years (current RVU = 1.03). We are proposing an alternative work RVU of 1.21, with refinement in time for CPT code 98928 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

For CPT code 98929 (Osteopathic manipulative treatment (OMT); 9–10 body regions involved), the AMA RUC reviewed the survey results and determined that the survey 25th percentile work RVU of 1.50 provides the appropriate incremental difference between this CPT code and others in the family, considering the additional intra-service time required for the additional body regions involved. The AMA RUC recommended a work RVU of 1.50 for CPT code 98929.

We disagree with the AMA RUC-recommended work RVU of 1.50 for CPT code 98929 and believe that a work RVU of 1.46 is more appropriate for this service. We are also refining the time associated with this code. Recent PFS claims data show that this service is typically performed on the same day as an E/M visit. The AMA RUC considered this, and determined that the work associated with the pre- and post-service time for CPT code 98929 is separate from the work conducted during the E/M visit. While we understand that these services have differences, we believe some of the activities conducted during the pre- and post-service times of the osteopathic manipulative treatment code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described earlier in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by ⅓. We believe that 1 minute of pre-service evaluation time and 2 minutes post-service time accurately reflect the time required to conduct the work associated with this service.

In order to determine the appropriate work RVU for this service given the time changes, we calculated the value of the extracted time and subtracted it from the AMA RUC-recommended work RVU of 1.50. For CPT code 98929, we removed a total of 2 minutes from the AMA RUC-recommended pre- and post-service times, which amounts to the removal of .04 of a work RVU, resulting in a work RVU of 1.46. We noted that 63 percent of the survey respondents indicated that the work of performing this service has not changed in the past

5 years (current RVU = 1.19). We are proposing an alternative work RVU of 1.46, with refinement in time for CPT code 98929 for CY 2012. A complete list of CMS time refinements can be found in Table 6.

28. Observation Care

CPT Code	Short Descriptor	CY 2011 Work RVU	AMA RUC Recommended WRVU	CMS Recommended WRVU	CMS Work RVU Decision	CMS Refinements to Time
99218	Observation care	1.28	1.92	1.28	Disagree	x
99219	Observation care	2.14	2.60	2.14	Disagree	x
99220	Observation care	2.99	3.56	2.99	Disagree	x
99234	Observ/hosp same date	2.56	2.56	1.92	Disagree	x
99235	Observ/hosp same date	3.41	3.24	2.78	Disagree	x
99236	Observ/hosp same date	4.26	4.20	3.63	Disagree	x

In the Fourth Five-Year Review, CMS identified CPT codes 99218 through 99220 as potentially misvalued through the Harvard-Valued—Utilization >30,000 screen. The American College of Physicians (ACEP) also submitted a public comment identifying CPT codes 99218 through 99220 to be reviewed in the Fourth Five-Year Review. The American College of Emergency Physicians (ACEP) also identified CPT codes 99234 through 99236 as part of the family of services for AMA RUC review.

For CPT codes 99218 (Level 1 initial observation care, per day), 99219 (Level 2 initial observation care, per day), and 99220 (Level 3 initial observation care, per day), the AMA RUC believes that the patient population has changed for the initial observation care codes. The AMA RUC also believes that a rank order anomaly exists within this family of codes as the observation care codes have an analogous relationship to the initial hospital care codes (99221 through 99223). In October 2009, the AMA RUC considered three new CPT codes for subsequent observation care services and recommended a direct crosswalk to the corresponding level of subsequent hospital care codes (99231 through 99233) for the work RVU. The AMA RUC determined that similarly, the initial observation codes should be valued equivalently to the corresponding initial hospital care codes (99221 through 99223), which includes physician times and work RVUs. Accordingly, for CPT codes 99218–99220, the AMA RUC reviewed the survey results and recommended work RVUs of 1.92 for code 99218, 2.60 for code 99219, and 3.56 for code 99220 for CY 2012.

We disagree with the AMA RUC-recommended work RVU for CPT code 99218, 99219, and 99220. We agree with the AMA RUC that appropriate relativity must be maintained within and between the families of similar codes. However, we believe that while the work RVUs of these initial observation care codes (99218, 99219, and 99220) should be greater than those of the subsequent observation care codes (99224, 99225, and 99226), we do not believe the work RVUs of the initial observation care codes (99218, 99219, and 99220) should be equivalent (or close) to the initial hospital care codes (99221, 99222, and 99223). We note that in the CY 2011 PFS final rule with comment period (75 FR 73334), we reviewed the new subsequent observation care codes, assigning the following work RVUs on an interim final basis for CY 2011: 0.54 to CPT code 99224, 0.96 to CPT code 99225, and 1.44 to CPT code 99226. These are all lower work RVUs than the subsequent hospital care codes (99224, 99225, and 99226). Furthermore, we noted that CMS has stated previously that in only rare and exceptional cases would reasonable and necessary outpatient observation services span more than 48 hours. In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours. Consequently, we believe that the acuity level of the typical patient receiving outpatient observation services would generally be lower than that of the inpatient level. We believe that if the patient's acuity level is determined to be at the level of the inpatient, the patient should be admitted to the hospital as an inpatient. We note that CMS has publicly stated in a recent letter to the AHA that "it is not in the hospital's or the beneficiary's interest to extend observation care rather than either releasing the patient from the hospital or admitting the patient as an inpatient * * *" (75 FR 73334).

Consequently, we are not accepting the AMA RUC's recommendation to value the initial observation care codes at (for CPT Codes 99218 and 99219), or close to (for CPT code 99220) the level of initial hospital care services. Instead, we believe the work RVUs of the initial observation care codes should reflect the modest differences in patient acuity between the outpatient and inpatient settings. We compared the current work RVUs of the initial observation care codes to the interim final work RVUs of the subsequent observation care codes and found that the current relativity existing between these codes is acceptable. We also believe that the current work RVUs of the initial observation care codes maintain the proper rank order with the initial hospital care services. Therefore, we are proposing to maintain the following work RVUs for the initial observation care codes for CY 2012: 1.28 for CPT code 99218, 2.14 for CPT code 99219, and 2.99 for CPT code 99220. We note we are accepting the survey median physician times for these codes, as recommended by the AMA RUC. A complete list of CMS time refinements can be found in Table 6.

For CPT codes 99234 (Level 1, observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date); 99235 (Level 2, observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date); and 99236 (Level 3 observation or inpatient hospital care, for the evaluation and management of a patient

including admission and discharge on the same date), the AMA RUC reviewed the survey results from 50 internal medicine, family, geriatric, and emergency physicians. The specialty societies indicated and the AMA RUC agreed that survey results appeared flawed. The specialty societies determined that the inability to accurately survey the physician time and work required to perform this service was due to the fact that observation same day admit/discharge services are typically performed by hospitalists (primarily internists) or emergency physicians who work in shifts. Therefore, the physician performing the admission is typically not the same physician who performs the discharge and the survey respondents were not including the physician time and work for both parts of the service.

Consequently, the AMA RUC used a similar methodology as was established to value these services in 1997, by taking the corresponding initial observation care code of the same level, for example, CPT code 99218 (AMA RUC-recommended work RVU = 1.92) plus half the value of a hospital discharge day management service, CPT code 99238 (work RVU = 1.28). Therefore, for CPT code 99234, the AMA RUC recommended maintaining the current work RVU of 2.56, as using the aforementioned methodology produces the same result. For CPT code 99235, the AMA RUC used the corresponding initial observation care code, CPT code 99219 (AMA RUC-recommended work RVU = 2.6) plus half the value of a hospital discharge day management service, CPT code 99238 (work RVU = 1.28) and recommended the work RVU of 3.24, using the aforementioned methodology. Finally, for CPT code 99236, the AMA RUC used the corresponding initial observation care code, CPT code 99220 (AMA RUC-recommended work RVU = 2.6) plus half the value of a hospital discharge day management service, CPT code 99238 (work RVU = 1.28) and recommended the work RVU of 4.2, using the aforementioned methodology.

We agree with the AMA RUC's approach to valuing these observation same day admit/discharge services; however, we believe that the values for CPT codes 99218, 99219, and 99220 that are incorporated should be the CMS proposed values discussed above rather than the AMA RUC-recommended values. Therefore, using the proposed work RVU of 1.28 for CPT code 99218 and consistent with the aforementioned methodology, we are proposing a work RVU of 1.92 for CPT code 99234 for CY 2012. For CPT code 99235, using the proposed work RVU of 2.14 for CPT code 99219 and applying the methodology, we are proposing a work RVU of 2.78 for CY 2012. Finally, using the proposed work RVU of 2.99 for CPT code 99220 and applying the methodology, we are proposing a work RVU of 3.63 for CPT code 99236 for CY 2012. We also made corresponding physician time changes. A complete list of CMS time refinements can be found in Table 6.

D. HCPAC-Recommended Work RVUs

1. Excision of Nail

CPT Code	Short Descriptor	CY 2011 WRVU	AMA HCPAC Recommended Work RVU	CMS Recommended Work RVU	CMS Work RVU Decision	CMS Refinements to Time
11732	Remove nail plate, add-on	0.57	0.48	0.44	Disagree	x
11765	Excision of nail fold, toe	0.74	1.48	1.22	Disagree	x

In the Fourth Five-Year Review, we identified CPT codes 11732 and 11765 as potentially misvalued through Harvard-Valued—Utilization > 30,000 screen.

For CPT code 11723 (Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure), the HCPAC reviewed the survey data and determined that the survey 25th percentile work RVU with total time of 15 minutes, was appropriate for this service. The HCPAC recommended a work RVU of 0.48 for CPT code 11732.

We disagree with the HCPAC-recommended work RVU for CPT code 11723 and believe that a work RVU of 0.44 is more appropriate for this service. We compared CPT code 11723 to MPC CPT code 92250 and determined that CPT 92250 was the more appropriate crosswalk. Additionally, we find the HCPAC-recommended decrease in work RVU to be too small, given the recommended reduction in time. Therefore, we are proposing an alternative work RVU of 0.44 for CPT code 11723 for CY 2012.

In addition to the work RVU adjustment for CPT code 11723, CMS is refining the time associated with this code. While we agree with the stated rationale justifying the 2 minutes pre-service time, we find the recommended 3 minutes post-service time to be excessive. Upon clinical review, we believe that 1 minute post-service time more accurately reflects the time required to conduct the post-service work associated with this service. A complete list of CMS time refinements can be found in Table 6.

For CPT code 11765 (Wedge excision of skin of nail fold (e.g., for ingrown toenail)), the HCPAC reviewed the survey results and determined that the survey median work RVU with total time of 59 minutes was appropriate for this service. The HCPAC recommended a work RVU of 1.48 for CPT code 11765.

We disagree with the HCPAC-recommended work RVU for CPT code 11765 and believe that a work RVU of 1.22 is more appropriate. We compared CPT code 11765 with reference CPT code 11422, as well as with CPT code 10060 (Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single) (work RVU = 1.22), and determined that CPT code 10060 was more similar in intensity and complexity to CPT code 11765, and thus the better comparator code for this service. Therefore, we are proposing an alternative work RVU of 1.22 for CPT code 11765.

In addition to the work RVU adjustment for CPT code 11765, CMS is refining the time associated with this code. This service is typically performed on the same day as an E/M visit. We believe some of the activities conducted during the pre- and post-service times of the procedure code and the E/M visit overlap and, therefore, should not be counted twice in developing the procedure's work value. As described in section II.A. of this proposed notice, to account for this overlap, we reduced the pre-service evaluation and post-service time by one-

third. We believe that 11 minutes pre-service evaluation time and 3 minutes post-service time accurately reflect the time required to conduct the work associated with this service. A complete list of CMS time refinements can be found in Table 6.

E. CPT Codes Identified Through the Five-Year Review Process, but Not Reviewed by CMS

1. CPT Codes Referred to CPT Editorial Panel

The following table lists the CPT codes that were subsequently sent to the CPT Editorial Panel to consider coding changes. Therefore, the work RVUs for these codes are not addressed in this Five-Year Review proposed notice.

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CPT Code	Short Descriptor	CMS Review Status
15365	Apply cult derm sub f/n/hf/g	Referred to CPT Editorial Panel
15740	Island pedicle flap graft	Referred to CPT Editorial Panel
29590	Application of foot splint	Referred to CPT Editorial Panel
29826	Shoulder arthroscopy/surgery	Referred to CPT Editorial Panel
29880	Knee arthroscopy/surgery	Referred to CPT Editorial Panel
29881	Knee arthroscopy/surgery	Referred to CPT Editorial Panel
36010	Place catheter in vein	Referred to CPT Editorial Panel
36215	Place catheter in artery	Referred to CPT Editorial Panel
36216	Place catheter in artery	Referred to CPT Editorial Panel
37620	Revision of major vein	Referred to CPT Editorial Panel
47000	Needle biopsy of the liver	Referred to CPT Editorial Panel
64622	Destr paravertebrl nerve l/s	Referred to CPT Editorial Panel
64623	Destr paravertebral n add-on	Referred to CPT Editorial Panel
64626	Destr paravertebrl nerve c/t	Referred to CPT Editorial Panel
64627	Destr paravertebral n add-on	Referred to CPT Editorial Panel
67810	Biopsy of eyelid	Referred to CPT Editorial Panel
90801	Psy dx interview	Referred to CPT Editorial Panel
90802	Intac psy dx interview	Referred to CPT Editorial Panel
90804	Psytx, office, 20-30 min	Referred to CPT Editorial Panel
90805	Psytx, off, 20-30 min w/e&m	Referred to CPT Editorial Panel
90806	Psytx, off, 45-50 min	Referred to CPT Editorial Panel
90807	Psytx, off, 45-50 min w/e&m	Referred to CPT Editorial Panel
90808	Psytx, office, 75-80 min	Referred to CPT Editorial Panel
90809	Psytx, off, 75-80, w/e&m	Referred to CPT Editorial Panel
90810	Intac psytx, off, 20-30 min	Referred to CPT Editorial Panel
90811	Intac psytx, 20-30, w/e&m	Referred to CPT Editorial Panel
90812	Intac psytx, off, 45-50 min	Referred to CPT Editorial Panel
90813	Intac psytx, 45-50 min w/e&m	Referred to CPT Editorial Panel
90814	Intac psytx, off, 75-80 min	Referred to CPT Editorial Panel
90815	Intac psytx, 75-80 w/e&m	Referred to CPT Editorial Panel
90816	Psytx, hosp, 20-30 min	Referred to CPT Editorial Panel
90817	Psytx, hosp, 20-30 min w/e&m	Referred to CPT Editorial Panel
90818	Psytx, hosp, 45-50 min	Referred to CPT Editorial Panel
90819	Psytx, hosp, 45-50 min w/e&m	Referred to CPT Editorial Panel
90821	Psytx, hosp, 75-80 min	Referred to CPT Editorial Panel
90822	Psytx, hosp, 75-80 min w/e&m	Referred to CPT Editorial Panel
90823	Intac psytx, hosp, 20-30 min	Referred to CPT Editorial Panel
90824	Intac psytx, hsp 20-30 w/e&m	Referred to CPT Editorial Panel
90826	Intac psytx, hosp, 45-50 min	Referred to CPT Editorial Panel
90827	Intac psytx, hsp 45-50 w/e&m	Referred to CPT Editorial Panel
90828	Intac psytx, hosp, 75-80 min	Referred to CPT Editorial Panel
90829	Intac psytx, hsp 75-80 w/e&m	Referred to CPT Editorial Panel
90845	Psychoanalysis	Referred to CPT Editorial Panel
90846	Family psytx w/o patient	Referred to CPT Editorial Panel
90847	Family psytx w/patient	Referred to CPT Editorial Panel
90853	Group psychotherapy	Referred to CPT Editorial Panel
90857	Intac group psytx	Referred to CPT Editorial Panel
90862	Medication management	Referred to CPT Editorial Panel
92070	Fitting of contact lens	Referred to CPT Editorial Panel
92120	Tonography & eye evaluation	Referred to CPT Editorial Panel
95920	Intraop nerve test add-on	Referred to CPT Editorial Panel
99026	In-hospital on call service	Referred to CPT Editorial Panel
99027	Out-of-hosp on call service	Referred to CPT Editorial Panel

2. CPT Codes Withdrawn From the Five-Year Review

The following table lists the CPT codes that were subsequently withdrawn from the Five-Year Review at the request of the medical specialty societies who submitted the codes for review in their public comments on the CY 2010 PFS final rule with comment period and with the agreement of the AMA RUC. Therefore, the work RVUs for these codes are not addressed in this Five-Year Review proposed notice.

CPT Code	Short Descriptor	CMS Review Status
15240	Skin full grft face/genit/hf	Withdrawn from Review
21365	Treat cheek bone fracture	Withdrawn from Review
21470	Treat lower jaw fracture	Withdrawn from Review
90849	Multiple family group psytx	Withdrawn from Review
90875	Psychophysiological therapy	Withdrawn from Review
90876	Psychophysiological therapy	Withdrawn from Review
90880	Hypnotherapy	Withdrawn from Review
99288	Direct advanced life support	Withdrawn from Review
99341	Home visit, new patient	Withdrawn from Review
99342	Home visit, new patient	Withdrawn from Review
99343	Home visit, new patient	Withdrawn from Review
99344	Home visit, new patient	Withdrawn from Review
99345	Home visit, new patient	Withdrawn from Review
99347	Home visit, est patient	Withdrawn from Review
99348	Home visit, est patient	Withdrawn from Review
99349	Home visit, est patient	Withdrawn from Review
99350	Home visit, est patient	Withdrawn from Review

3. CPT Codes That Are Interim Final for CY 2011

The following table lists the CPT codes that were identified by CMS through the Five-Year Review process, but were recently addressed in the CY 2011 PFS final rule with comment period. The RVUs for these codes are currently interim final in CY 2011, were subject to public comment on the CY 2011 PFS final rule with comment period, and will be finalized in the CY 2012 PFS final rule with comment period. Two CPT codes on this list, 11040 and 11041, were deleted by the CPT Editorial Panel for CY 2011 and replaced by new CPT codes on this list (11042 through 11047). Therefore, the work RVUs for these codes are not addressed in this Five-Year Review proposed notice.

CPT Code	Short Descriptor	CMS Review Status
11040	Debride skin, partial	Deleted from CPT for CY 2011
11041	Debride skin, full	Deleted from CPT for CY 2011
11042	Deb subq tissue 20 sq cm/<	Interim for CY 2011
11043	Deb musc/fascia 20 sq cm/<	Interim for CY 2011
11044	Deb bone 20 sq cm/<	Interim for CY 2011
11045	Deb subq tissue add-on	Interim for CY 2011
11046	Deb musc/fascia add-on	Interim for CY 2011
11047	Deb bone add-on	Interim for CY 2011
11900	Injection into skin lesions	Interim for CY 2011
11901	Added skin lesions injection	Interim for CY 2011
12001	Repair superficial wound(s)	Interim for CY 2011
12002	Repair superficial wound(s)	Interim for CY 2011
12004	Repair superficial wound(s)	Interim for CY 2011
12005	Repair superficial wound(s)	Interim for CY 2011
12006	Repair superficial wound(s)	Interim for CY 2011
12007	Repair superficial wound(s)	Interim for CY 2011
12011	Repair superficial wound(s)	Interim for CY 2011
12013	Repair superficial wound(s)	Interim for CY 2011
12014	Repair superficial wound(s)	Interim for CY 2011
12015	Repair superficial wound(s)	Interim for CY 2011
12016	Repair superficial wound(s)	Interim for CY 2011
12017	Repair superficial wound(s)	Interim for CY 2011
12018	Repair superficial wound(s)	Interim for CY 2011
29540	Strapping of ankle and/or ft	Interim for CY 2011
29550	Strapping of toes	Interim for CY 2011
49418	Insert tun ip cath perc	Interim for CY 2011
49421	Ins tun ip cath for dial opn	Interim for CY 2011
77427	Radiation tx management, x5	Interim for CY 2011
88300	Surgical path, gross	Interim for CY 2011
88302	Tissue exam by pathologist	Interim for CY 2011
88304	Tissue exam by pathologist	Interim for CY 2011
88305	Tissue exam by pathologist	Interim for CY 2011
88307	Tissue exam by pathologist	Interim for CY 2011
88309	Tissue exam by pathologist	Interim for CY 2011
90870	Electroconvulsive therapy	Interim for CY 2011
61885	Insrt/redo neurostim 1 array	Interim for CY 2011

4. CPT Codes for Preventive Medicine Services

The following table lists the CPT codes that were identified through the Five-Year Review process by commenters on the CY 2010 PFS final rule with comment period, but are preventive medicine services not covered by Medicare under the PFS. The AMA RUC-recommended RVUs associated with these codes are published in Addendum B of this proposed notice for public reference, but have not been reviewed by CMS. Therefore, the work RVUs for these codes are not addressed in this Five-Year Review proposed notice. We note that Medicare covers a range of preventive services, including the initial preventive physical examination (IPPE) ("Welcome to Medicare Visit") and the annual wellness visit (AWV), as detailed in the PFS CY 2011 final rule with comment period (75 FR 73412).

CPT Code	Short Descriptor	CMS Review Status
99381	Init pm e/m, new pat, inf	Preventive Medicine
99382	Init pm e/m, new pat 1-4 yrs	Preventive Medicine
99383	Prev visit, new, age 5-11	Preventive Medicine
99384	Prev visit, new, age 12-17	Preventive Medicine
99385	Prev visit, new, age 18-39	Preventive Medicine
99386	Prev visit, new, age 40-64	Preventive Medicine
99387	Init pm e/m, new pat 65+ yrs	Preventive Medicine
99391	Per pm reeval, est pat, inf	Preventive Medicine
99392	Prev visit, est, age 1-4	Preventive Medicine
99393	Prev visit, est, age 5-11	Preventive Medicine
99394	Prev visit, est, age 12-17	Preventive Medicine
99395	Prev visit, est, age 18-39	Preventive Medicine
99396	Prev visit, est, age 40-64	Preventive Medicine
99397	Per pm reeval est pat 65+ yr	Preventive Medicine

BILLING CODE C

F. Resource-Based Practice Expense RVUs

1. Overview

Practice expense (PE) is the portion of the resources used in furnishing the service that reflects the general categories of physician and practitioner expenses, such as office rent and personnel wages but excluding malpractice expenses, as specified in section 1848(c)(1)(B) of the Act. Section 121 of the Social Security Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, required us to develop a methodology for a resource-based system for determining PE RVUs for each physician's service.

This proposed notice sets forth proposed revisions to work RVUs affecting payment for physicians' services. PE RVUs were not subject to similar review. However, the proposed work RVU changes will have an impact on the development of PE RVUs due to the methodology we use to develop PE RVUs by looking at the direct and indirect physician practice resources involved in furnishing each service. Changes in work RVUs, changes in the intra-service portions of the physician time, and changes in the number or level of postoperative evaluation and management (E/M) visits associated with these services and their global periods result in corresponding changes to the direct PE inputs and other components used in the development of PE RVUs.

The sections that follow provide more detailed information about the methodology for translating the resources involved in furnishing each service into service-specific PE RVUs and the ways in which the revisions set forth in this proposed notice alter some of the inputs used in that methodology. We also refer readers to the CY 2010 PFS final rule with comment period (74 FR 61743 through 61748) for a more detailed review of the PE methodology, including examples.

2. Practice Expense Methodology

a. Direct Practice Expense

We use a "bottom-up" approach to determine the direct PE by adding the costs of the resources (that is, the clinical staff, equipment, and supplies) typically involved in furnishing each service. The costs of the resources are calculated using the refined direct PE inputs assigned to each CPT code in our PE database, which are based on our review of recommendations received from the American Medical Association's (AMA's) Relative Value Update Committee (RUC). For a detailed explanation of the bottom-up direct PE methodology, including examples, we refer readers to the Five-Year Review of Work Relative Value Units Under the PFS and Proposed Changes to the Practice Expense Methodology proposed notice (71 FR 37242) and the CY 2007 PFS final rule with comment period (71 FR 69629).

b. Indirect Practice Expense per Hour Data

We use survey data on indirect practice expenses incurred per hour worked (PE/HR) in developing the indirect portion of the PE RVUs. Prior to CY 2010, we primarily used the practice expense per hour (PE/HR) by specialty that was obtained from the AMA's Socioeconomic Monitoring Surveys (SMS). The AMA administered a new survey in CY 2007 and CY 2008, the Physician Practice Expense Information Survey (PPIS), which was expanded (relative to the SMS) to include nonphysician practitioners (NPPs) paid under the PFS.

The PPIS is a multispecialty, nationally representative, PE survey of both physicians and NPPs using a consistent survey instrument and methods highly consistent with those used for the SMS and the supplemental surveys. The PPIS gathered information from 3,656 respondents across 51 physician specialty and healthcare professional groups. We believe the PPIS is the most comprehensive source of PE survey information available to date. Therefore, we used the PPIS data to update the PE/HR data for almost all of the Medicare-recognized specialties that participated in the survey for the CY 2010 PFS.

When we changed over to the PPIS data beginning in CY 2010, we did not change the PE RVU methodology itself or the manner in which the PE/HR data are used in that methodology. We only updated the PE/HR data based on the new survey. Furthermore, as we explained in the CY 2010 PFS final rule with comment period (74 FR 61751), because of the magnitude of payment reductions for some specialties resulting from the use of the PPIS data, we finalized a 4-year transition (75 percent old/25 percent new for CY 2010, 50 percent old/50 percent new for CY 2011, 25 percent old/75 percent new for CY 2012, and 100 percent new for CY 2013) from the previous PE RVUs to the PE RVUs developed using the new PPIS data.

Section 303 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173) added section 1848(c)(2)(H)(i) of the Act, which requires us to use the medical oncology

supplemental survey data submitted in 2003 for oncology drug administration services. Therefore, the PE/HR for medical oncology, hematology, and hematology/oncology reflects the continued use of these supplemental survey data.

We do not use the PPIS data for reproductive endocrinology, sleep medicine, and spine surgery since these specialties are not separately recognized by Medicare, nor do we have a method to blend these data with Medicare-recognized specialty data.

Supplemental survey data on independent labs, from the College of American Pathologists, were implemented for payments in CY 2005. Supplemental survey data from the National Coalition of Quality Diagnostic Imaging Services (NCQDIS), representing independent diagnostic testing facilities (IDTFs), were blended with supplementary survey data from the American College of Radiology (ACR) and implemented for payments in CY 2007. Neither IDTFs nor independent labs participated in the PPIS. Therefore, we continue to use the PE/HR that was developed from their supplemental survey data.

Consistent with our past practice, the previous indirect PE/HR values from the supplemental surveys for medical oncology, independent laboratories, and IDTFs were updated to CY 2006 using the MEI to put them on a comparable basis with the PPIS data.

Previously, we have established PE/HR values for certain specialties without SMS or supplemental survey data by cross-walking them to other similar specialties to estimate a proxy PE/HR. For specialties that were part of the PPIS for which we previously used a crosswalked PE/HR, we instead use the PPIS-based PE/HR. We continue to use the previous crosswalks for specialties that did not participate in the PPIS. However, beginning in CY 2010 we changed the PE/HR crosswalk for portable x-ray suppliers from radiology to IDTF, a more appropriate crosswalk because these specialties are more similar to each other with respect to physician time.

For registered dietician services, the proposed resource-based PE RVUs have been calculated in accordance with the final policy that crosswalks the specialty to the "All Physicians" PE/HR data, as adopted in the CY 2010 PFS final rule with comment period (74 FR 61752) and discussed again in more detail in the CY 2011 PFS final rule with comment period (75 FR 73183).

As provided in the CY 2010 PFS final rule with comment period (74 FR 61751), CY 2012 is the third year of the 4 year transition to the PE RVUs calculated using the PPIS data. Therefore, in general, the CY 2012 PE RVUs are a 25 percent/75 percent blend of the previous PE RVUs based on the SMS and supplemental survey data and the new PE RVUS developed using the PPIS data as described above. Note that the reductions in the PE RVUs for expensive diagnostic imaging equipment attributable to the change in the equipment utilization rate assumption to 75 percent are not subject to the transition, as discussed in the CY 2011 PFS final rule with comment period (75 FR 73189 through 73192).

Additionally, the PPIS PE RVU transition will not apply to CPT codes with changes in global periods. As discussed in the CY 2011 PFS final rule with comment period (75 FR 73183), we believe that a change in the global period of a code results in the CPT code describing a different service to which the previous PE RVUs would no longer be relevant when the code is reported for a service furnished with the new global period. The two CPT codes with proposed changes in global period for CY 2012 are: 51705 (Change of cystostomy tube; simple) and 51710 (Change of cystostomy tube; complicated). The global period for each of these codes changed from a 10-day to a 0-day global period.

c. Allocation of Practice Expense to Services

To establish PE RVUs for specific services, it is necessary to establish the direct and indirect PE associated with each service.

(1) Direct Costs

The relative relationship between the direct cost portions of the PE RVUs for any two services is determined by the relative relationship between the sum of the direct cost resources (that is, the clinical staff, equipment, and supplies) typically required to provide the services. The costs of these resources are calculated from the refined direct PE inputs in our PE database. For example, if one service has a direct PE input cost sum of $400 and another service has a direct PE input cost sum of $200, the direct portion of the PE RVUs of the first service would be twice as much as the direct portion of the PE RVUs for the second service.

(2) Indirect Costs

Section II.F.2.b. of this proposed notice describes the current data sources for specialty-specific indirect costs used in our PE calculations. We allocate the indirect costs to the code level on the basis of the direct costs specifically associated with a code and the greater of either the clinical labor costs or the physician work RVUs. We also incorporate the survey data described earlier in the PE/HR discussion. The general approach to developing the indirect portion of the PE RVUs is described below.

- For a given service, we use the direct portion of the PE RVUs calculated as described above and the average percentage that direct costs represent of total costs (based on survey data) across the specialties that perform the service to determine an initial indirect allocator. For example, if the direct portion of the PE RVUs for a given service were 2.00 and direct costs, on average, represented 25 percent of total costs for the specialties that performed the service, the initial indirect allocator would be 6.00 since 2.00 is 25 percent of 8.00.
- We then add the greater of the work RVUs or clinical labor portion of the direct portion of the PE RVUs to this initial indirect allocator. In our example, if this service had work RVUs of 4.00 and the clinical labor portion of the direct PE RVUs was 1.50, we would add 6.00 plus 4.00 (since the 4.00 work RVUs are greater than the 1.50 clinical labor portion) to get an indirect allocator of 10.00. In the absence of any further use of the survey data, the relative relationship between the indirect cost portions of the PE RVUs for any two services would be determined by the relative relationship between these indirect cost allocators. For example, if one service had an indirect cost allocator of 10.00 and another service had an indirect cost allocator of 5.00, the indirect portion of the PE RVUs of the first service would be twice as great as the indirect portion of the PE RVUs for the second service.
- We next incorporate the specialty-specific indirect PE/HR data into the calculation. As a relatively extreme example for the sake of simplicity, assume in our example above that, based on the survey data, the average indirect cost of the specialties performing the first service with an allocator of 10.00 was half of the average indirect cost of the specialties performing the second service with an indirect allocator of 5.00. In this case, the indirect portion of the PE RVUs of the first service would be equal to that of the second service.

d. Facility and Nonfacility Costs

For procedures that can be furnished in a physician's office, as well as in a hospital or other facility setting, we establish two PE RVUs: Facility and nonfacility. The methodology for

calculating PE RVUs is the same for both the facility and nonfacility RVUs, but is applied independently to yield two separate PE RVUs. Because Medicare makes a separate payment to the facility for its costs of furnishing a service, the facility PE RVUs are generally lower than the nonfacility PE RVUs.

e. Services With Technical Components and Professional Components

Diagnostic services are generally comprised of two components, a professional component (PC) and a technical component (TC), each of which may be performed independently by different providers, or they may be performed together as a "global" service. When services have PC and TC components that can be billed separately, the payment for the global component equals the sum of the payment for the TC and PC. This is a result of using a weighted average of the ratio of indirect to direct costs across all the specialties that furnish the global components, TCs, and PCs; that is, we apply the same weighted average indirect percentage factor to allocate indirect expenses to the global components, PCs, and TCs for a service. (The direct PE RVUs for the TC and PC sum to the global under the bottom-up methodology.)

f. Practice Expense RVU Methodology

For a more detailed description of the PE RVU methodology, we refer readers to the CY 2010 PFS final rule with comment period (74 FR 61745 through 61746).

(1) Setup File

First, we create a setup file for the PE methodology. The setup file contains the direct cost inputs, the utilization for each procedure code at the specialty and facility/nonfacility place of service level, and the specialty-specific PE/HR data from the surveys.

(2) Calculate the Direct Cost PE RVUs

Sum the costs of each direct input as follows:

- Step 1: Sum the direct costs of the inputs for each service.

Apply a scaling adjustment to the direct inputs.

- Step 2: Calculate the current aggregate pool of direct PE costs. This is the product of the current aggregate PE (aggregate direct and indirect) RVUs, the CF, and the average direct PE percentage from the survey data.
- Step 3: Calculate the aggregate pool of direct costs. This is the sum of the product of the direct costs for each service from Step 1 and the utilization data for that service.
- Step 4: Using the results of Step 2 and Step 3 calculate a direct PE scaling adjustment so that the aggregate direct cost pool does not exceed the current aggregate direct cost pool and apply it to the direct costs from Step 1 for each service.
- Step 5: Convert the results of Step 4 to an RVU scale for each service. To do this, divide the results of Step 4 by the CF. Note that the actual value of the CF used in this calculation does not influence the final direct cost PE RVUs, as long as the same CF is used in Steps 2 and 5. Different CFs will result in different direct PE scaling factors, but this has no effect on the final direct cost PE RVUs since changes in the CFs and changes in the associated direct scaling factors offset one another.

(3) Create the Indirect Cost PE RVUs

Create indirect allocators as follows:

- Step 6: Based on the survey data, calculate direct and indirect PE percentages for each physician specialty.
- Step 7: Calculate direct and indirect PE percentages at the service level by taking a weighted average of the results of Step 6 for the specialties that furnish the service. Note that for services with TCs and PCs, the direct and indirect percentages for a given service do not vary by the PC, TC, and global components.
- Step 8: Calculate the service level allocators for the indirect PE RVUs based on the percentages calculated in Step 7. The indirect PE RVUs are allocated based on the three components: The direct PE RVUs, the clinical PE RVUs, and the work RVUs. For most services the indirect allocator is: Indirect percentage * (direct PE RVUs/direct percentage) + work RVUs.

There are two situations where this formula is modified as follows:

- If the service is a global service (that is, a service with global, professional, and technical components), then the indirect allocator is: Indirect percentage (direct PE RVUs/direct percentage) + clinical PE RVUs + work RVUs.
- If the clinical labor PE RVUs exceed the work RVUs (and the service is not a global service), then the indirect allocator is: Indirect percentage (direct PE RVUs/direct percentage) + clinical PE RVUs.

(Note: For global services, the indirect allocator is based on both the work RVUs and the clinical labor PE RVUs. We do this to recognize that, for the PC service, indirect PEs will be allocated using the work RVUs, and for the TC service, indirect PEs will be allocated using the direct PE RVUs and the clinical labor PE RVUs. This also allows the global component RVUs to equal the sum of the PC and TC RVUs.)

Apply a scaling adjustment to the indirect allocators.

- Step 9: Calculate the current aggregate pool of indirect PE RVUs by multiplying the current aggregate pool of PE RVUs by the average indirect PE percentage from the survey data.
- Step 10: Calculate an aggregate pool of indirect PE RVUs for all PFS services by adding the product of the indirect PE allocators for a service from Step 8 and the utilization data for that service.
- Step 11: Using the results of Step 9 and Step 10, calculate an indirect PE adjustment so that the aggregate indirect allocation does not exceed the available aggregate indirect PE RVUs and apply it to indirect allocators calculated in Step 8. Calculate the indirect practice cost index.
- Step 12: Using the results of Step 11, calculate aggregate pools of specialty-specific adjusted indirect PE allocators for all PFS services for a specialty by adding the product of the adjusted indirect PE allocator for each service and the utilization data for that service.
- Step 13: Using the specialty-specific indirect PE/HR data, calculate specialty-specific aggregate pools of indirect PE for all PFS services for that specialty by adding the product of the indirect PE/HR for the specialty, the physician time for the service, and the specialty's utilization for the service across all services performed by the specialty.
- Step 14: Using the results of Step 12 and Step 13, calculate the specialty-specific indirect PE scaling factors.
- Step 15: Using the results of Step 14, calculate an indirect practice cost index at the specialty level by dividing each specialty-specific indirect scaling factor by the average indirect scaling factor for the entire PFS.
- Step 16: Calculate the indirect practice cost index at the service level to ensure the capture of all indirect costs. Calculate a weighted average of the practice cost index values for the specialties that furnish the service. (Note: For services with TCs and PCs, we calculate the indirect practice cost index across the global components, PCs, and TCs. Under this method, the indirect practice cost index for a given service (for example, echocardiogram) does not vary by the PC, TC, and global component.)
- Step 17: Apply the service level indirect practice cost index calculated in Step 16 to the service level adjusted indirect allocators calculated in Step 11 to get the indirect PE RVUs.

(4) Calculate the Final PE RVUs

• Step 18: Add the direct PE RVUs from Step 6 to the indirect PE RVUs from Step 17 and apply the final PE budget neutrality (BN) adjustment.

The final PE BN adjustment is calculated by comparing the results of Step 18 to the current pool of PE RVUs. This final BN adjustment is required primarily because certain specialties are excluded from the PE RVU calculation for ratesetting purposes, but all specialties are included for purposes of calculating the final BN adjustment. (See "Specialties excluded from ratesetting calculation" in this section.)

(5) Setup File Information

Specialties excluded from ratesetting calculation: For the purposes of calculating the PE RVUs, we exclude certain specialties, such as certain nonphysician practitioners paid at a percentage of the PFS and low-volume specialties, from the calculation. These specialties are included for the purposes of calculating the BN adjustment. They are displayed in Table 7.

TABLE 7: SPECIALTIES EXCLUDED FROM RATESETTING CALCULATION

Specialty Code	Specialty Description
42	Certified nurse midwife
49	Ambulatory surgical center
50	Nurse practitioner
51	Medical supply company with certified orthotist
52	Medical supply company with certified prosthetist
53	Medical supply company with certified prosthetist-orthotist
54	Medical supply company not included in 51, 52, or 53.
55	Individual certified orthotist
56	Individual certified prosthestist
57	Individual certified prosthetist-orthotist
58	Individuals not included in 55, 56, or 57
59	Ambulance service supplier, e.g., private ambulance companies, funeral homes, etc.
60	Public health or welfare agencies
61	Voluntary health or charitable agencies
73	Mass immunization roster biller
74	Radiation therapy centers
87	All other suppliers (e.g., drug and department stores)
88	Unknown supplier/provider specialty
89	Certified clinical nurse specialist
95	Competitive Acquisition Program (CAP) Vendor
96	Optician
97	Physician assistant
A0	Hospital
A1	SNF
A2	Intermediate care nursing facility
A3	Nursing facility, other
A4	HHA
A5	Pharmacy
A6	Medical supply company with respiratory therapist
A7	Department store
1	Supplier of oxygen and/or oxygen related equipment
2	Pedorthic personnel
3	Medical supply company with pedorthic personnel

- Crosswalk certain low volume physician specialties: Crosswalk the utilization of certain specialties with relatively low PFS utilization to the associated specialties.
- Physical therapy utilization: Crosswalk the utilization associated with all physical therapy services to the specialty of physical therapy.
- Identify professional and technical services not identified under the usual TC and 26 modifiers: Flag the services that are PC and TC services, but do not use TC and 26 modifiers (for example, electrocardiograms). This flag associates the PC and TC with the associated global code for use in creating the indirect PE RVUs. For example, the professional service, CPT code 93010 (Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only), is associated with the global service, CPT code 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report).
- Payment modifiers: Payment modifiers are accounted for in the creation of the file. For example, services billed with the assistant at surgery modifier are paid 16 percent of the PFS amount for that service; therefore, the utilization file is modified to only account for 16 percent of any service that contains the assistant at surgery modifier.
- Work RVUs: The setup file contains the work RVUs from this proposed notice.

(6) Equipment Cost per Minute

The equipment cost per minute is calculated as:

(1/(minutes per year * usage)) * price * ((interest rate/(1 − (1/((1 + interest rate) − life of equipment)))) + maintenance)

Where:

Minutes per year = maximum minutes per year if usage were continuous (that is, usage = 1); generally 150,000 minutes.

Usage = equipment utilization assumption; 0.75 for certain expensive diagnostic imaging equipment (see 75 FR 73189 through 73192) and 0.5 for others.

Price = price of the particular piece of equipment.

Interest rate = 0.11.

Life of equipment = useful life of the particular piece of equipment.

Maintenance = factor for maintenance; 0.05.

3. Practice Expense RVUs for Codes Included in the Five-Year Review

Some direct PE inputs and other components of the PE methodology are directly affected by the proposed revisions in work RVUs and physician time described in section II.C. of this proposed notice. In the following discussion, we detail how changes in work RVUs, changes in the intra-service portions of the physician time, and changes in the number or level of postoperative visits associated with the global periods result in corresponding changes to direct PE inputs and other components used in the development of PE RVUs.

a. Changes to Direct Practice Expense Inputs

Proposed changes in the intra-service portions of the physician time, and in the number or level of postoperative visits within the global periods associated with particular codes, result in corresponding changes in the values of certain direct PE inputs (clinical labor time, equipment time, and supply quantity). The following sections present the logic we used in making changes in the direct PE inputs based on their association with physician time. These changes are included in the Five-Year Review of Work proposed notice direct PE database, which is available on the CMS Web site under the downloads for this proposed notice at: *http://www.cms.gov/PhysicianFeeSched/.*

(1) Changes in Intra-service Physician Time in the Nonfacility Setting

Clinical Labor: For most codes valued in the nonfacility setting, a portion of the clinical labor time allocated to the intra-service period reflects minutes assigned for assisting the physician with the procedure. To the extent that we are proposing changes in the times associated with the intra-service portion of such procedures, we have adjusted the corresponding intra-service clinical labor minutes in the nonfacility setting.

Equipment Time: For equipment associated with the intra-service period in the nonfacility setting, we generally allocate time based on the typical number of minutes a piece of equipment is being used and, therefore, not available for use with another patient during that period. In general, we allocate these minutes based on the description of typical clinical labor activities. To the extent that we are proposing changes in the clinical labor times associated with the intra-service portion of procedures, we have adjusted the corresponding equipment minutes associated with the codes.

(2) Changes in Hospital Discharge Management Services in the Facility Setting

Clinical Labor: For most codes with 10 or 90 day global periods that are valued in the facility setting, a portion of the clinical labor time allocated to the intra-service period in the facility setting reflects minutes assigned for discharge day management. To the extent that we are proposing changes in the physician times associated with hospital discharge day management, we have adjusted the corresponding intra-service clinical labor minutes in the facility setting.

(3) Changes in the Number or Level of Postoperative Office Visits in the Global Period

Clinical Labor: For codes valued with post-service physician office visits during a global period, most of the clinical labor time allocated to the post-service period reflects a standard number of minutes allocated for each of those visits. To the extent that we are proposing a change in the number or level of postoperative visits, we have modified the clinical staff time in the post-service period to reflect the change.

Equipment Time: For codes valued with post-service physician office visits during a global period, we allocate standard equipment for each of those visits. To the extent that we are proposing a change in the number or level of postoperative visits associated with a code, we have adjusted the corresponding equipment minutes.

Supplies: For codes valued with post-service physician office visits during a global period, a certain number of supply items are allocated for each of those office visits. To the extent that we are proposing a change in the number of postoperative visits, we have adjusted the corresponding supply item quantities associated with the codes. We note that many supply items associated with post-service physician office visits are allocated for each office visit (for example, a minimum multi-specialty visit pack (SA048) in the proposed notice direct PE database). For these supply items, the quantities in the proposed notice direct PE database should reflect the proposed number of office visits associated with the code's global period. However, some supply items are associated with post-service physician office visits but are only allocated once during the global period because they are typically used during only one of the post-service office visits (for example, pack, post-op incision care (suture) (SA054) in the proposed notice direct PE database). For these supply items, the quantities in the proposed notice direct PE database reflect that single quantity.

b. Changes in Components of the Indirect Practice Expense Methodology

(1) Work RVUs, Direct PE RVUs, and Clinical Labor PE RVUs

In calculating the allocations for indirect PE RVUs, as we describe in section II.F.2.f. of this proposed notice, we calculate the service level allocators for the indirect PEs based on the three components: direct PE RVUs, clinical labor PE RVUs, and work RVUs. Therefore, changes in the values of those components result in corresponding changes in the allocation of indirect PE RVUs.

(2) Physician Time

Similarly, in creating the indirect practice cost index, as we describe in section II.F.2.f. of this proposed notice, we calculate specialty-specific aggregate pools of indirect PE for all PFS services for that specialty by adding the product of the indirect PE/HR for the specialty, the physician time for the service, and the specialty's utilization for the service across all services performed by the specialty. Therefore, changes in the physician time result in corresponding changes in the calculation of specialty-specific aggregate pools of indirect PE for all PFS services for that specialty and consequently, the allocation of indirect PE RVUs.

G. Malpractice RVUs

Section 1848(c) of the Act requires that each service paid under the PFS be comprised of three components: Work, PE, and malpractice. From 1992 to 1999, malpractice RVUs were charge-based, using weighted specialty-specific malpractice expense percentages and 1991 average allowed charges. Malpractice RVUs for new codes after 1991 were extrapolated from similar existing codes or as a percentage of the corresponding work RVU. Section 1848(c)(2)(C)(iii) of the Act required us to implement resource-based malpractice RVUs for services furnished beginning in 2000. Therefore, initial implementation of resource-based malpractice RVUs occurred in 2000.

The statute also requires that we review, and if necessary adjust, RVUs no less often than every 5 years. The first review and update of resource-based malpractice RVUs was addressed in the CY 2005 PFS final rule with comment period (69 FR 66263). Minor modifications to the methodology were addressed in the CY 2006 PFS final rule with comment period (70 FR 70153). In the CY 2010 PFS final rule with comment period, we implemented the second review and update of malpractice RVUs. For a discussion of the second review and update of malpractice RVUs, see the CY 2010 PFS proposed rule (74 FR 33537) and final rule with comment period (74 FR 61758).

As established in the CY 2011 PFS final rule with comment period (75 FR 73208), malpractice RVUs for new and revised codes effective before the next Five-Year Review (for example, effective CY 2011 through CY 2014) are determined by a direct crosswalk to a similar "source" code or a modified crosswalk to account for differences in work RVU between the new/revised code and the source code. For the modified crosswalk approach, we adjust the malpractice RVU for the new/revised code to reflect the difference in work RVU between the source code and the new/revised work value (or, if greater, the clinical labor portion of the fully implemented PE RVU) for the new code. For example, if the proposed work RVU for a revised code is 10 percent higher than the work RVU for its source code, the malpractice RVU for the revised code would be increased by 10 percent over the source code RVU. This approach presumes the same risk factor for the new/revised code and source code but uses the work RVU for the new/revised code to adjust for risk-of-service. The assigned malpractice RVUs for new/revised codes effective between updates remain in place until the next Five-Year Review. For this Fourth Five-Year Review, with the exception of 3 CPT codes (33981, 33982, and 33983), the source code for each code reviewed in the Five-Year Review is the code itself. Under this usual circumstance, we calculated the revised malpractice RVU for these codes by scaling the current malpractice RVU by the percent difference in work RVU between the current (CY 2011) work RVU and the work RVU proposed in section II.C. of this proposed notice.

CPT codes 33981 (Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump); 33982 (Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass); and 33983 (Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass) were previously contractor-priced and do not have current work RVUs. Therefore we applied the AMA RUC-recommended crosswalks to obtain the appropriate malpractice RVUs. The crosswalk source code for CPT code 33981 is CPT code 33976 (Insertion of ventricular assist device; extracorporeal, biventricular), and the crosswalk source for CPT code 33982 and 33983 is CPT code 33979 (Insertion of ventricular assist device, implantable intracorporeal, single ventricle). Consistent with the methodology described above, the malpractice RVUs for these three newly-valued codes were developed by adjusting the malpractice RVU of the source code for the difference in work RVU between the source code and the newly-valued code. All malpractice RVUs are listed in Addendum B of this proposed notice.

H. Budget Neutrality

Section 1848(c)(2)(B)(ii) of the Act requires that increases or decreases in RVUs for a year may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we must make adjustments to preserve budget neutrality. We estimate that the net effect on the PFS overall from the Fourth Five-Year Review changes discussed in this proposed notice would be under $20 million for CY 2012, as compared to CY 2011, based on CY 2009 Medicare PFS utilization data. The current law estimate of the CY 2012 CF is $23.9396. Since the net impact on the PFS is under the $20 million threshold, we will not apply a budget neutrality adjustment to the CY 2012 conversion factor (CF). We note that additional changes to PFS payment policies, including the establishment of interim and final RVUs for coding changes that will be announced later this year, may result in the application of budget-neutrality adjustments for CY 2012.

III. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments received by the date and time specified in the **DATES** section of this preamble, and we will respond to the comments in the CY 2012 PFS final rule with comment period.

IV. 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 1995 (44 U.S.C. Chapter 35)

V. Regulatory Impact Analysis

A. Overall Impact

We have examined the impact of this rule as required by Executive Order 12866 on Regulatory Planning and Review (September 30, 1993), Executive Order 13563 on Improving Regulation and Regulatory Review (February 2, 2011), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Act, section 202 of the Unfunded Mandates Reform Act of 1995 (March 22, 1995; Pub. L. 104–4), Executive Order 13132 on Federalism (August 4, 1999) and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if 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 must be prepared for major rules with economically significant effects ($100 million or more in any 1 year). We estimate that this proposed notice will redistribute less than $100 million of PFS expenditures in 1 year. Therefore, we estimate that this rulemaking is not "economically significant" as measured by the $100 million threshold, and hence not a major rule under the Congressional Review Act. Accordingly, we are not including a formal regulatory impact analysis.

While we are not including a formal regulatory impact analysis, we are providing the following discussion for informational purposes. Of the CPT codes reviewed during the Fourth Five-Year Review of Work, there are both proposed increases and decreases in work values and changes in physician time. The changes in work values and physician time values result in corresponding changes to the PE and malpractice RVUs, as discussed in sections II.F.3. and II.G. of this proposed notice. Overall, we estimate that the net effect on PFS spending would be under $20 million for CY 2012, as compared to CY 2011. At the specialty level, this Five-Year Review of Work is estimated to have no significant impact based on the aggregate services that each specialty performed during CY 2009. We note that CY 2009 is the most recent year for which complete PFS utilization data are available at the time of the analysis for this proposed notice.

The RFA requires agencies to analyze options for regulatory relief of small entities, if a rule has a significant impact on a substantial number of small entities. The great majority of hospitals and most other health care providers and suppliers are small entities, either by being nonprofit organizations or by meeting the SBA definition of a small business (having revenues of less than $7.0 million to $34.5 million in any 1 year). For purposes of the RFA, physicians, nonphysician practitioners (NPPs), and other suppliers, including independent diagnostic testing facilities (IDTFs), are considered small businesses if they generate revenues of $10 million or less based on SBA size standards. Approximately 95 percent of physicians are considered to be small entities. There are over 1 million physicians, other practitioners, and medical suppliers that receive Medicare payment under the PFS. Since we estimate that there are no significant impacts at the specialty level due to the proposed changes in RVUs resulting from the Fourth Five-Year Review of Work, the Secretary has determined that this proposed notice will not have a significant impact on the operations of a substantial number of small businesses or other small entities. Therefore, the Secretary has determined that this proposed notice will not have a significant economic impact on a substantial number of 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 603 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 100 beds. We do not believe that there will be significant impacts on small rural hospitals given the overall insignificant impact attributable to proposed RVU changes resulting from this Five-Year Review of Work. Therefore, the Secretary has determined that this proposed notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2011, that threshold is approximately $136 million. This proposed notice will not mandate any requirements for State, local, or Tribal governments in the aggregate, or by the private sector, of $135 million. Medicare beneficiaries are considered to be part of the private sector and as a result a more detailed discussion is presented on the Impact of Beneficiaries in section V.C. of this proposed notice.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have examined this proposed notice in accordance with Executive Order 13132 and have determined that this regulation would not have any substantial direct effect on State or local governments, preempt States, or otherwise have a Federalism implication.

B. Anticipated Effects: Impact on Beneficiaries

Overall, we believe these changes would improve beneficiary access to reasonable and necessary services since services would be more appropriately valued. The payment changes could also affect beneficiary liability. Any changes in aggregate beneficiary liability from a particular work RVU change would be negligible; however, an individual beneficiary's liability would be a function of the coinsurance (20 percent, if applicable, for the particular service after the beneficiary has met the deductible) and the effect of the work RVU changes on the calculation of the Medicare Part B payment rate for the service.

C. Alternatives Considered

This proposed notice discusses the proposed revisions to the work RVUs and corresponding changes to the PE and malpractice RVUs under the PFS. The preamble provides descriptions of the statutory provisions that are addressed, identifies those areas when discretion has been exercised, presents rationale for our decisions, and where relevant, alternatives that were considered.

D. Accounting Statement and Table

As required by OMB Circular A–4 (available at *http://www.whitehouse.gov/sites/default/files/omb/assets/omb/circulars/a004/a-4.pdf*), in Table 8, we have prepared an accounting statement showing the estimated expenditures associated with this proposed notice.

TABLE 8: ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES

CATEGORY	TRANSFERS
CY 2012 Annualized Monetized Transfers	Estimated decrease in expenditures of approximately $0.
From Whom To Whom?	Federal Government to physicians, other practitioners, and providers and suppliers who receive payment under the Medicare PFS.

E. Conclusion

As stated previously, the Secretary determined that the economic impacts of this proposed notice do not meet the level required by section 1102(b) of the Act or the RFA and, therefore, we are not providing a regulatory impact analysis.

In accordance with the provisions of Executive Order 12866, this proposed notice was reviewed by the Office of Management and Budget.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 31, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

Approved: April 28, 2011.

Kathleen Sebelius,

Secretary, Department of Health and Human Services.

ADDENDUM A: EXPLANATION AND USE OF ADDENDA B AND C

The Addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in CY 2012. Addendum B contains the RVUs for work, nonfacility PE, facility PE, and malpractice expense, and other information for all services included in the PFS. We note that for this proposed notice, to create Addendum B, we retained the current CY 2011 RVUs from the CY 2011 payment file for most codes and displayed new RVUs for only those codes involved in the Fourth Five-Year Review of Work. PE RVUs for these Five-Year Review codes were calculated using CY 2009 Medicare utilization data in order to maintain consistency with the current CY 2011 RVUs displayed for all other services. Addendum C contains the list of CPT codes that were reviewed for the Fourth Five-Year Review of Work.

(1) Addendum B: Relative Value Units and Related Information Used in Determining Payments for CY 2012 (Changes from CY 2011 for Services Reviewed in the Fourth Five-Year Review Only)

In previous years, we have listed many services in Addendum B that are not paid under the PFS. To avoid publishing as many pages of codes for these services, we are not including clinical laboratory codes or the alpha-numeric codes (Healthcare Common Procedure Coding System (HCPCS) codes not included in CPT) not paid under the PFS in Addendum B.

Addendum B contains the following information for each CPT code and alpha-numeric HCPCS code, except for: Alpha-numeric 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. Please also note the following:

- An "NA" in the "Nonfacility PE RVUs" column of Addendum B means that CMS has not developed a PE RVU in the nonfacility setting for the service because it is typically performed in the hospital (for example, an open heart surgery is generally performed in the hospital setting and not a physician's office). If there is an "NA" in the nonfacility PE RVU column, and the contractor determines that this service can be performed in the nonfacility setting, the service will be paid at the facility PE RVU rate.
- Services that have an "NA" in the "Facility PE RVUs" column of Addendum B are typically not paid under the PFS when provided in a facility setting. These services (which include "incident to" services and the technical portion of diagnostic tests) are generally paid under either the hospital outpatient prospective payment system or bundled into the hospital inpatient prospective payment system payment. In some cases, these services may be paid in a facility setting at the PFS rate (for example, therapy services), but there would be no payment made to the practitioner under the PFS in these situations.

1. CPT/HCPCS code. This is the CPT or alpha-numeric HCPCS number for the service. Alpha-numeric 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. A code for: the global values (both professional and technical); modifier-26 (PC); and 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, for example, a colonoscopy that is not completed. There will be RVUs for a code with this modifier.

3. Status indicator. This indicator shows whether the CPT/HCPCS code is included in the PFS and whether it is separately payable if the service is covered. An explanation of types of status indicators follows:

A = Active code. These codes are separately payable under the PFS 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 coverage determination regarding the service. Contractors remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payments for covered services are 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 (for example, a telephone call from a hospital nurse regarding care of a patient).

C = Contractors price the code. Contractors establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as an operative report.

E = Excluded from the PFS by regulation. These codes are for items and services that CMS chose to exclude from the PFS by regulation. No RVUs are shown, and no payment may be made under the PFS for these codes. Payment for them, when covered, continues under reasonable charge procedures.

I = Not valid for Medicare purposes. Medicare uses another code for the reporting of, and the payment for these services. (Codes not subject to a 90 day grace period.)

M = Measurement codes, used for reporting purposes only. There are no RVUs and no payment amounts for these codes. CMS uses them to aid with performance measurement. No separate payment is made. These codes should be billed with a zero ($0.00) charge and are denied) on the MPFSDB.

N = Non-covered 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.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is contractor-priced.

T = There are RVUs for these services, but they are only paid if there are no other

services payable under the PFS billed on the same date by the same provider. If any other services payable under the PFS are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Statutory exclusion. These codes represent an item or service that is not within the statutory definition of "physicians' services" for PFS payment purposes. No RVUs are shown for these codes, and no payment may be made under the PFS, (for example, ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is the code's short descriptor, which is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work in CY 2011.

6. *Fully implemented nonfacility PE RVUs.* These are the fully implemented resource-based PE RVUs for nonfacility settings.

7. *CY 2011 transitional nonfacility PE RVUs.* These are the CY 2011 resource-based PE RVUs for nonfacility settings.

8. *Fully implemented facility PE RVUs.* These are the fully implemented resource-based PE RVUs for facility settings.

9. *CY 2011 Transitional facility PE RVUs.* These are the CY 2011 resource-based PE RVUs for facility settings.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for CY 2011.

11. *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 = Code describes a service furnished in uncomplicated maternity cases, including ante partum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the contractor (for example, unlisted surgery codes).

ZZZ = Code related to another service that is always included in the global period of the other service.

(2) Addendum C: Codes With Proposed RVUs Subject to Comment for Fourth Five-Year Review of Work

Addendum C includes the columns and indicators described above for Addendum B for codes with proposed RVUs subject to comment for the Fourth Five-Year Review of Work.

BILLING CODE P

ADDENDUM B. - RELATIVE VALUE UNITS AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR CY 2012 (CHANGES FROM CY 2011 FOR SERVICES REVIEWED IN THE FOURTH FIVE-YEAR REVIEW ONLY)

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0001F		I	Heart failure composite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0005F		I	Osteoarthritis composite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0012F		I	Cap bacterial assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0014F		I	Comp preop assess cat surg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0015F		I	Melan follow-up complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0019T		C	Extracorp shock wv tx ms nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0030T		C	Antiprothrombin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0042T		C	Ct perfusion w/contrast cbf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0048T		C	Implant ventricular device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0050T		C	Removal circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0051T		C	Implant total heart system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0052T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0053T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0054T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0055T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0058T		C	Cryopreservation ovary tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0059T		C	Cryopreservation oocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0071T		C	U/s leiomyomata ablate <200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0072T		C	U/s leiomyomata ablate >200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0073T		A	Delivery comp imrt	0.00	13.27	15.29	NA	NA	0.01	XXX
0075T		C	Perq stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0075T	TC	C	Perq stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0075T	26	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T		C	S&i stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0076T	TC	C	S&i stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0076T	26	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0078T		C	Endovasc aort repr w/device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0079T		C	Endovasc visc extnsn repr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0080T		C	Endovasc aort repr rad s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0081T		C	Endovasc visc extnsn s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0085T		N	Breath test heart reject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0092T		C	Artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0095T		C	Artific diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0098T		C	Rev artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0099T		C	Implant corneal ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0100T		C	Prosth retina receive&gen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0101T		C	Extracorp shockwv tx hi enrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0102T		C	Extracorp shockwv tx anesth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0103T		C	Holotranscobalamin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0106T		C	Touch quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0107T		C	Vibrate quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0108T		C	Cool quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0109T		C	Heat quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0110T		C	Nos quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0111T		C	Rbc membranes fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0123T		C	Scleral fistulization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0124T		C	Conjunctival drug placement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0126T		C	Chd risk imt study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0141T		I	Perq islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0142T		I	Open islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0143T		I	Laparoscopic islet transplnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0155T		C	Lap impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0156T		C	Lap remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0157T		C	Open impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0158T		C	Open remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0159T		C	Cad breast mri	0.00	0.00	0.00	NA	NA	0.00	ZZZ
0159T	TC	C	Cad breast mri	0.00	0.00	0.00	NA	NA	0.00	ZZZ
0159T	26	C	Cad breast mri	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0163T		C	Lumb artif diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0164T		C	Remove lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0165T		C	Revise lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0166T		C	Tcath vsd close w/o bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0167T		C	Tcath vsd close w/bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0168T		C	Rhinophototx light app bilat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0169T		C	Place stereo cath brain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0171T		C	Lumbar spine proces distract	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0172T		C	Lumbar spine process addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0173T		C	Iop monit io pressure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0174T		C	Cad cxr with interp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0175T		C	Cad cxr remote	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0178T		C	64 lead ecg w/i&r	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0179T		C	64 lead ecg w/tracing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0180T		C	64 lead ecg w/i&r only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0181T		C	Corneal hysteresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0182T		C	Hdr elect brachytherapy	0.00	0.00	0.00	NA	NA	0.00	XXX
0182T	TC	C	Hdr elect brachytherapy	0.00	0.00	0.00	NA	NA	0.00	XXX
0182T	26	C	Hdr elect brachytherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0183T		C	Wound ultrasound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0184T		C	Exc rectal tumor endoscopic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0185T		C	Comptr probability analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0186T		C	Suprachoroidal drug delivery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0188T		N	Videoconf crit care 74 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0189T		N	Videoconf crit care addl 30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0190T		C	Place intraoc radiation src	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0191T		C	Insert ant segment drain int	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0192T		C	Insert ant segment drain ext	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0195T		C	Arthrod presac interbody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0196T		C	Arthrod presac interbody eac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0197T		C	Intrafraction track motion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0198T		C	Ocular blood flow measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0199T		C	Physiologic tremor record	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0200T		C	Perq sacral augmt unilat inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0201T		C	Perq sacral augmt bilat inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0202T		C	Post vert arthrplst 1 lumbar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0205T		C	Inirs each vessel add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0206T		C	Remote algorithm analys ecg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0207T		C	Clear eyelid gland w/heat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0208T		C	Audiometry air only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0209T		C	Audiometry air & bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0210T		C	Speech audiometry threshold	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0211T		C	Speech audiom thresh & recog	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0212T		C	Compre audiometry evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0213T		C	Njx paravert w/us cer/thor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0214T		C	Njx paravert w/us cer/thor	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0215T		C	Njx paravert w/us cer/thor	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0216T		C	Njx paravert w/us lumb/sac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0217T		C	Njx paravert w/us lumb/sac	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0218T		C	Njx paravert w/us lumb/sac	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0219T		C	Plmt post facet implt cerv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0220T		C	Plmt post facet implt thor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0221T		C	Plmt post facet implt lumb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0222T		C	Plmt post facet implt addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0223T		C	Acoustic ecg w/i&r	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0224T		C	Acoustic ecg 1+ analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0225T		C	Acoustic ecg analy & reprog	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0226T		C	Anoscopy hra w/spec collect	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0227T		C	Anoscopy hra w/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0228T		C	Njx tfrml eprl w/us cer/thor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0229T		C	Njx tfrml eprl w/us cer/thor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0230T		C	Njx tfrml eprl w/us lumb/sac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0231T		C	Njx tfrml eprl w/us lumb/sac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0232T		C	Njx platelet plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0233T		C	Skin glycation spectroscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0234T		C	Trluml perip athrc renal art	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0235T		C	Trluml perip athrc visceral	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0236T		C	Trluml perip athrc abd aorta	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0237T		C	Trluml perip athrc brchiocph	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0238T		C	Trluml perip athrc iliac art	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0239T		C	Bioimpedance spectroscopy	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0240T		C	Esoph motility 3d topography	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0240T	TC	C	Esoph motility 3d topography	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0240T	26	C	Esoph motility 3d topography	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0241T		C	Esoph motility w/stim/perf	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0241T	TC	C	Esoph motility w/stim/perf	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0241T	26	C	Esoph motility w/stim/perf	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0242T		C	Gi tract transit & pres meas	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0242T	TC	C	Gi tract transit & pres meas	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0242T	26	C	Gi tract transit & pres meas	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0243T		C	Intm msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0243T	TC	C	Intm msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0243T	26	C	Intm msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0244T		C	Cont msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0244T	TC	C	Cont msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0244T	26	C	Cont msr bronchodil wheeze	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0245T		C	Opn tx rib fx 1-2 ribs	0.00	0.00	0.00	0.00	0.00	0.00	YYY

CPT[1]/ HCPCS	Mod	Status	Description	Physi-cian Work RVUs[2]	Fully Imple-mented Non-Facility PE RVUs[2]	Year 2011 Transi-tional Non-Facility PE RVUs[2]	Fully Imple-mented Facility PE RVUs[2]	Year 2011 Transi-tional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
0246T		C	Opn tx rib fx 3-4 ribs	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0247T		C	Opn tx rib fx 5-6 ribs	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0248T		C	Opn tx rib fx 7+ ribs	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0249T		C	Ligation hemorrhoid w/us	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0250T		C	Insert bronchial valve	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0251T		C	Remov bronchial valve addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0252T		C	Bronchscpc rmvl bronch valve	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0253T		C	Insert aqueous drain device	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0254T		C	Evasc rpr iliac art bifur	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0255T		C	Evasc rpr iliac art bifr s&i	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0255T	TC	C	Evasc rpr iliac art bifr s&i	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0255T	26	C	Evasc rpr iliac art bifr s&i	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0256T		C	Evasc aortic hrt valve	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0257T		C	Opn tthrc aortic hrt valve	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0258T		C	Aortic hrt valv w/o card byp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0259T		C	Aortic hrt valve w/card byp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0260T		C	Hypthrm bdy neonate 28d/<	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0261T		C	Hypthrm head neonate 28d/<	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0501F		I	Prenatal flow sheet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0502F		I	Subsequent prenatal care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0503F		I	Postpartum care visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0516F		I	Anemia plan of care docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0519F		I	Pland chemo docd b/4 txmnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0525F		I	Initial visit for episode	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0528F		I	Rcmnd flw-up 10 yrs docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0535F		I	Dyspnea mngmnt plan docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0545F		I	Follow up care plan mdd docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1000F		I	Tobacco use assessed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10021		A	Fna w/o image	1.27	2.77	2.70	0.64	0.58	0.22	XXX
10022		A	Fna w/image	1.27	2.46	2.61	0.52	0.52	0.14	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
1003F		I	Level of activity assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10040		A	Acne surgery	1.21	1.64	1.59	1.28	1.22	0.18	010
1004F		I	Clin symp vol ovrld assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10060		A	Drainage of skin abscess	1.22	1.99	1.86	1.46	1.37	0.12	010
10061		A	Drainage of skin abscess	2.45	2.74	2.59	2.03	1.93	0.30	010
10080		A	Drainage of pilonidal cyst	1.22	3.60	3.48	1.58	1.46	0.20	010
10081		A	Drainage of pilonidal cyst	2.50	4.76	4.61	2.13	1.97	0.45	010
1008F		I	Gi/renal risk assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10120		A	Remove foreign body	1.25	2.65	2.54	1.33	1.25	0.16	010
10121		A	Remove foreign body	2.74	4.79	4.52	2.36	2.21	0.41	010
10140		A	Drainage of hematoma/fluid	1.58	2.97	2.85	1.69	1.65	0.20	010
1015F		I	Copd symptoms assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10160		A	Puncture drainage of lesion	1.25	2.40	2.32	1.41	1.37	0.16	010
10180		A	Complex drainage wound	2.30	4.33	4.11	2.49	2.38	0.48	010
1018F		I	Assess dyspnea not present	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1019F		I	Assess dyspnea present	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1022F		I	Pneumo imm status assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1026F		I	Co-morbid condition assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1030F		I	Influenza imm status assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1034F		I	Current tobacco smoker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1035F		I	Smokeless tobacco user	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1050F		I	History of mole changes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1055F		I	Visual funct status assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1060F		I	Doc perm/cont/parox atr fib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1061F		I	Doc lack perm+cont+parox fib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1065F		I	Ischm stroke symp lt3 hrsb/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1066F		I	Ischm stroke symp ge3 hrsb/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1070F		I	Alarm symp assessed-absent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1071F		I	Alarm symp assessed-1+ prsnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11000		A	Debride infected skin	0.60	0.92	0.88	0.21	0.22	0.05	000

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
11001		A	Debride infected skin add-on	0.30	0.29	0.29	0.10	0.11	0.03	ZZZ
11004		A	Debride genitalia & perineum	10.80	NA	NA	4.70	4.53	1.89	000
11005		A	Debride abdom wall	14.24	NA	NA	6.30	5.87	2.97	000
11006		A	Debride genit/per/abdom wall	13.10	NA	NA	5.82	5.57	2.34	000
11008		A	Remove mesh from abd wall	5.00	NA	NA	2.20	2.06	1.05	ZZZ
11010		A	Debride skin at fx site	4.19	9.41	8.91	3.48	3.27	0.76	010
11011		A	Debride skin musc at fx site	4.94	9.58	9.29	3.10	2.91	0.98	000
11012		A	Deb skin bone at fx site	6.87	12.44	12.23	4.66	4.44	1.31	000
11042		A	Deb subq tissue 20 sq cm/<	0.80	2.12	1.65	0.61	0.49	0.10	000
11043		A	Deb musc/fascia 20 sq cm/<	2.00	3.28	3.28	1.27	1.27	0.33	000
11044		A	Deb bone 20 sq cm/<	3.60	4.33	4.33	2.02	2.02	0.63	000
11045		A	Deb subq tissue add-on	0.33	0.51	0.51	0.13	0.13	0.07	ZZZ
11046		A	Deb musc/fascia add-on	0.70	0.76	0.76	0.30	0.30	0.12	ZZZ
11047		A	Deb bone add-on	1.20	1.18	1.18	0.53	0.53	0.22	ZZZ
11055		R	Trim skin lesion	0.43	1.00	0.95	0.13	0.14	0.03	000
11056		R	Trim skin lesions 2 to 4	0.61	1.09	1.04	0.18	0.20	0.04	000
11057		R	Trim skin lesions over 4	0.79	1.22	1.16	0.24	0.26	0.05	000
11100		A	Biopsy skin lesion	0.81	2.09	2.09	0.58	0.54	0.11	000
11101		A	Biopsy skin add-on	0.41	0.51	0.50	0.30	0.28	0.05	ZZZ
1118F		I	Gerd symps assessed 12 month	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11200		A	Removal of skin tags	0.82	1.60	1.53	1.21	1.14	0.11	010
11201		A	Remove skin tags add-on	0.29	0.24	0.22	0.18	0.16	0.04	ZZZ
11300		A	Shave skin lesion	0.51	1.44	1.41	0.33	0.30	0.07	000
11301		A	Shave skin lesion	0.85	1.77	1.74	0.59	0.54	0.11	000
11302		A	Shave skin lesion	1.05	2.07	2.04	0.74	0.68	0.14	000
11303		A	Shave skin lesion	1.24	2.44	2.39	0.86	0.78	0.18	000
11305		A	Shave skin lesion	0.67	1.32	1.27	0.26	0.27	0.05	000
11306		A	Shave skin lesion	0.99	1.71	1.66	0.52	0.51	0.11	000
11307		A	Shave skin lesion	1.14	2.03	1.99	0.68	0.65	0.14	000
11308		A	Shave skin lesion	1.41	2.14	2.07	0.70	0.68	0.14	000

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11310		A	Shave skin lesion	0.73	1.66	1.63	0.49	0.45	0.10	000
11311		A	Shave skin lesion	1.05	1.94	1.91	0.74	0.68	0.14	000
11312		A	Shave skin lesion	1.20	2.26	2.23	0.86	0.79	0.18	000
11313		A	Shave skin lesion	1.62	2.68	2.62	1.14	1.04	0.24	000
1134F		I	Epsd bk pain for =< 6 wks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1135F		I	Epsd bk pain for > 6 wks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1136F		I	Epsd bk pain for <= 12 wks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1137F		I	Epsd bk pain for > 12 wks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11400		A	Exc tr-ext b9+marg 0.5 < cm	0.90	2.49	2.42	1.31	1.23	0.12	010
11401		A	Exc tr-ext b9+marg 0.6-1 cm	1.28	2.82	2.73	1.60	1.49	0.20	010
11402		A	Exc tr-ext b9+marg 1.1-2 cm	1.45	3.10	3.00	1.70	1.59	0.24	010
11403		A	Exc tr-ext b9+marg 2.1-3 cm	1.84	3.39	3.24	2.20	2.03	0.31	010
11404		A	Exc tr-ext b9+marg 3.1-4 cm	2.11	3.81	3.65	2.32	2.15	0.37	010
11406		A	Exc tr-ext b9+marg > 4.0 cm	3.52	4.88	4.55	3.09	2.79	0.67	010
11420		A	Exc h-f-nk-sp b9+marg 0.5 <	1.03	2.37	2.28	1.26	1.20	0.12	010
11421		A	Exc h-f-nk-sp b9+marg 0.6-1	1.47	2.88	2.77	1.61	1.52	0.22	010
11422		A	Exc h-f-nk-sp b9+marg 1.1-2	1.68	3.15	3.03	2.08	1.95	0.26	010
11423		A	Exc h-f-nk-sp b9+marg 2.1-3	2.06	3.50	3.37	2.29	2.14	0.33	010
11424		A	Exc h-f-nk-sp b9+marg 3.1-4	2.48	3.88	3.73	2.45	2.29	0.41	010
11426		A	Exc h-f-nk-sp b9+marg > 4 cm	4.09	4.93	4.67	3.36	3.10	0.71	010
11440		A	Exc face-mm b9+marg 0.5 < cm	1.05	2.65	2.58	1.81	1.71	0.16	010
11441		A	Exc face-mm b9+marg 0.6-1 cm	1.53	3.10	3.00	2.13	2.01	0.24	010
11442		A	Exc face-mm b9+marg 1.1-2 cm	1.77	3.43	3.32	2.28	2.15	0.29	010
11443		A	Exc face-mm b9+marg 2.1-3 cm	2.34	3.84	3.69	2.61	2.45	0.38	010
11444		A	Exc face-mm b9+marg 3.1-4 cm	3.19	4.56	4.35	3.11	2.88	0.52	010
11446		A	Exc face-mm b9+marg > 4 cm	4.80	5.93	5.50	4.19	3.80	0.80	010
11450		A	Removal sweat gland lesion	3.22	7.02	6.63	3.52	3.20	0.65	090
11451		A	Removal sweat gland lesion	4.43	8.40	8.09	4.16	3.82	0.90	090
11462		A	Removal sweat gland lesion	3.00	7.02	6.71	3.47	3.19	0.60	090
11463		A	Removal sweat gland lesion	4.43	8.61	8.39	4.31	3.99	0.88	090

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11470		A	Removal sweat gland lesion	3.74	7.50	7.03	3.90	3.53	0.71	090
11471		A	Removal sweat gland lesion	4.89	8.89	8.40	4.49	4.07	0.91	090
1150F		I	Doc pt rsk death w/in 1yr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1151F		I	Doc no pt rsk death w/in 1yr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1152F		I	Doc advncd dis comfort 1st	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1153F		I	Doc advncd dis cmfrt not 1st	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1157F		I	Advnc care plan in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1158F		I	Advnc care plan tlk docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1159F		I	Med list docd in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11600		A	Exc tr-ext mlg+marg 0.5 < cm	1.63	3.64	3.47	1.68	1.52	0.26	010
11601		A	Exc tr-ext mlg+marg 0.6-1 cm	2.07	4.28	4.14	2.11	1.96	0.31	010
11602		A	Exc tr-ext mlg+marg 1.1-2 cm	2.27	4.64	4.52	2.34	2.17	0.34	010
11603		A	Exc tr-ext mlg+marg 2.1-3 cm	2.82	5.05	4.86	2.67	2.44	0.42	010
11604		A	Exc tr-ext mlg+marg 3.1-4 cm	3.17	5.51	5.29	2.81	2.56	0.52	010
11606		A	Exc tr-ext mlg+marg > 4 cm	5.02	7.29	6.82	3.76	3.34	0.88	010
1160F		I	Rvw meds by rx/dr in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11620		A	Exc h-f-nk-sp mlg+marg 0.5 <	1.64	3.71	3.56	1.73	1.57	0.26	010
11621		A	Exc h-f-nk-sp mlg+marg 0.6-1	2.08	4.32	4.18	2.14	1.99	0.31	010
11622		A	Exc h-f-nk-sp mlg+marg 1.1-2	2.41	4.74	4.62	2.43	2.27	0.37	010
11623		A	Exc h-f-nk-sp mlg+marg 2.1-3	3.11	5.25	5.05	2.85	2.61	0.49	010
11624		A	Exc h-f-nk-sp mlg+marg 3.1-4	3.62	5.75	5.50	3.07	2.81	0.60	010
11626		A	Exc h-f-nk-sp mlg+mar > 4 cm	4.61	6.64	6.33	3.54	3.26	0.80	010
11640		A	Exc face-mm malig+marg 0.5 <	1.67	3.88	3.74	1.83	1.69	0.26	010
11641		A	Exc face-mm malig+marg 0.6-1	2.17	4.46	4.36	2.25	2.12	0.33	010
11642		A	Exc face-mm malig+marg 1.1-2	2.62	4.96	4.85	2.59	2.43	0.39	010
11643		A	Exc face-mm malig+marg 2.1-3	3.42	5.49	5.30	3.07	2.84	0.54	010
11644		A	Exc face-mm malig+marg 3.1-4	4.34	6.62	6.36	3.66	3.38	0.71	010
11646		A	Exc face-mm mlg+marg > 4 cm	6.26	8.02	7.63	4.80	4.44	1.05	010
11719		R	Trim nail(s)	0.17	0.47	0.44	0.05	0.06	0.01	000
11720		A	Debride nail 1-5	0.32	0.58	0.55	0.10	0.10	0.03	000

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11721		A	Debride nail 6 or more	0.54	0.67	0.65	0.16	0.18	0.04	000
11730		A	Removal of nail plate	1.10	1.65	1.58	0.33	0.36	0.08	000
11732		A	Remove nail plate add-on	0.44	0.56	0.57	0.12	0.14	0.03	ZZZ
11740		A	Drain blood from under nail	0.37	1.00	0.94	0.54	0.52	0.03	000
11750		A	Removal of nail bed	2.50	3.73	3.52	2.37	2.30	0.22	010
11752		A	Remove nail bed/finger tip	3.63	5.36	4.98	3.69	3.57	0.39	010
11755		A	Biopsy nail unit	1.31	2.48	2.39	0.93	0.93	0.11	000
11760		A	Repair of nail bed	1.63	4.69	4.30	2.03	1.94	0.26	010
11762		A	Reconstruction of nail bed	2.94	4.86	4.54	2.22	2.24	0.31	010
11765		A	Excision of nail fold toe	1.22	3.51	3.33	1.42	1.34	0.08	010
11770		A	Removal of pilonidal lesion	2.66	4.75	4.49	2.25	2.06	0.52	010
11771		A	Removal of pilonidal lesion	6.09	9.25	8.58	5.45	4.98	1.24	090
11772		A	Removal of pilonidal lesion	7.35	10.88	10.25	7.80	7.24	1.47	090
1180F		I	Thromboemb risk assessed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11900		A	Injection into skin lesions	0.52	1.04	1.04	0.38	0.34	0.07	000
11901		A	Added skin lesions injection	0.80	1.17	1.15	0.59	0.54	0.11	000
11920		R	Correct skin color defects	1.61	3.11	3.20	1.58	1.48	0.31	000
11921		R	Correct skin color defects	1.93	3.58	3.60	1.84	1.71	0.37	000
11922		R	Correct skin color defects	0.49	1.22	1.20	0.35	0.31	0.08	ZZZ
11950		R	Therapy for contour defects	0.84	1.05	1.12	0.48	0.49	0.10	000
11951		R	Therapy for contour defects	1.19	1.50	1.50	0.74	0.69	0.24	000
11952		R	Therapy for contour defects	1.69	1.61	1.84	0.80	0.88	0.24	000
11954		R	Therapy for contour defects	1.85	2.55	2.49	1.38	1.23	0.35	000
11960		A	Insert tissue expander(s)	11.49	NA	NA	12.99	13.02	1.84	090
11970		A	Replace tissue expander	8.01	NA	NA	9.01	8.32	1.57	090
11971		A	Remove tissue expander(s)	3.41	9.46	9.44	5.35	5.08	0.64	090
11975		N	Insert contraceptive cap	1.48	2.13	2.11	0.65	0.64	0.10	XXX
11976		R	Removal of contraceptive cap	1.78	2.13	2.16	0.83	0.75	0.30	000
11977		N	Removal/reinsert contra cap	3.30	2.96	2.95	1.45	1.43	0.24	XXX
11980		A	Implant hormone pellet(s)	1.48	1.36	1.33	0.73	0.68	0.23	000

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11981		A	Insert drug implant device	1.48	2.17	2.21	0.71	0.74	0.24	XXX
11982		A	Remove drug implant device	1.78	2.23	2.36	0.84	0.90	0.24	XXX
11983		A	Remove/insert drug implant	3.30	2.54	2.86	1.35	1.55	0.35	XXX
12001		A	Repair superficial wound(s)	0.84	1.51	1.83	0.37	0.64	0.14	000
12002		A	Repair superficial wound(s)	1.14	1.71	1.97	0.46	0.75	0.19	000
12004		A	Repair superficial wound(s)	1.44	1.91	2.24	0.55	0.85	0.24	000
12005		A	Repair superficial wound(s)	1.97	2.38	2.75	0.72	1.03	0.33	000
12006		A	Repair superficial wound(s)	2.39	2.86	3.30	0.90	1.27	0.41	000
12007		A	Repair superficial wound(s)	2.90	3.19	3.71	1.07	1.49	0.50	000
1200F		I	Seizure type& frequ docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
12011		A	Repair superficial wound(s)	1.07	1.86	2.11	0.43	0.68	0.19	000
12013		A	Repair superficial wound(s)	1.22	1.87	2.20	0.46	0.77	0.20	000
12014		A	Repair superficial wound(s)	1.57	2.07	2.46	0.57	0.89	0.26	000
12015		A	Repair superficial wound(s)	1.98	2.45	2.95	0.66	1.03	0.33	000
12016		A	Repair superficial wound(s)	2.68	2.91	3.44	0.91	1.29	0.46	000
12017		A	Repair superficial wound(s)	3.18	NA	NA	0.76	1.34	0.56	000
12018		A	Repair superficial wound(s)	3.61	NA	NA	0.85	1.77	0.64	000
12020		A	Closure of split wound	2.67	4.91	4.71	2.46	2.33	0.42	010
12021		A	Closure of split wound	1.89	2.62	2.44	1.93	1.80	0.31	010
12031		A	Intmd wnd repair s/tr/ext	2.00	4.66	4.53	2.24	2.16	0.32	010
12032		A	Intmd wnd repair s/tr/ext	2.52	6.02	5.95	2.91	2.83	0.38	010
12034		A	Intmd wnd repair s/tr/ext	2.97	5.67	5.50	2.65	2.55	0.50	010
12035		A	Intmd wnd repair s/tr/ext	3.50	7.03	6.82	2.97	2.87	0.65	010
12036		A	Intmd wnd repair s/tr/ext	4.23	7.26	7.03	3.26	3.14	0.81	010
12037		A	Intmd wnd repair s/tr/ext	5.00	8.02	7.77	3.74	3.62	0.96	010
12041		A	Intmd wnd repair n-hf/genit	2.10	4.69	4.56	2.24	2.17	0.32	010
12042		A	Intmd wnd repair n-hg/genit	2.79	5.30	5.21	2.77	2.67	0.41	010
12044		A	Intmd wnd repair n-hg/genit	3.19	6.76	6.49	2.64	2.54	0.52	010
12045		A	Intmd wnd repair n-hg/genit	3.75	7.24	6.94	3.58	3.32	0.64	010
12046		A	Intmd wnd repair n-hg/genit	4.30	8.55	8.21	4.02	3.77	0.84	010

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12047		A	Intmd wnd repair n-hg/genit	4.95	9.57	9.07	4.24	4.01	0.96	010
12051		A	Intmd wnd repair face/mm	2.33	4.94	4.85	2.44	2.38	0.36	010
12052		A	Intmd wnd repair face/mm	2.87	5.38	5.35	2.79	2.78	0.42	010
12053		A	Intmd wnd repair face/mm	3.17	6.48	6.28	2.80	2.70	0.50	010
12054		A	Intmd wnd repair face/mm	3.50	6.71	6.48	2.71	2.62	0.59	010
12055		A	Intmd wnd repair face/mm	4.50	8.49	8.02	3.62	3.34	0.73	010
12056		A	Intmd wnd repair face/mm	5.30	10.36	9.70	5.38	4.85	0.67	010
12057		A	Intmd wnd repair face/mm	6.00	12.09	11.21	5.38	5.00	0.76	010
1205F		I	Epi etiol synd rvwd and docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1220F		I	Pt screened for depression	0.00	0.00	0.00	0.00	0.00	0.00	XXX
13100		A	Repair of wound or lesion	3.17	5.53	5.45	3.27	3.20	0.50	010
13101		A	Repair of wound or lesion	3.96	7.13	7.01	3.88	3.79	0.61	010
13102		A	Repair wound/lesion add-on	1.24	1.76	1.68	0.83	0.76	0.23	ZZZ
13120		A	Repair of wound or lesion	3.35	5.68	5.61	3.53	3.36	0.52	010
13121		A	Repair of wound or lesion	4.42	7.97	7.82	4.81	4.56	0.67	010
13122		A	Repair wound/lesion add-on	1.44	1.84	1.78	0.93	0.85	0.26	ZZZ
13131		A	Repair of wound or lesion	3.83	6.14	6.05	3.90	3.73	0.59	010
13132		A	Repair of wound or lesion	6.58	9.67	9.40	6.68	6.34	0.98	010
13133		A	Repair wound/lesion add-on	2.19	2.49	2.39	1.53	1.41	0.34	ZZZ
13150		A	Repair of wound or lesion	3.85	6.06	5.95	3.84	3.63	0.61	010
13151		A	Repair of wound or lesion	4.49	6.82	6.70	4.43	4.23	0.67	010
13152		A	Repair of wound or lesion	6.37	9.31	9.08	5.55	5.28	0.95	010
13153		A	Repair wound/lesion add-on	2.38	2.78	2.64	1.62	1.48	0.38	ZZZ
13160		A	Late closure of wound	12.04	NA	NA	10.00	9.41	2.23	090
14000		A	Skin tissue rearrangement	6.37	10.96	10.64	7.72	7.38	1.13	090
14001		A	Skin tissue rearrangement	8.78	13.51	13.11	9.59	9.22	1.54	090
1400F		I	Prkns diag rviewed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
14020		A	Skin tissue rearrangement	7.22	12.28	11.94	8.83	8.50	1.21	090
14021		A	Skin tissue rearrangement	9.72	14.74	14.33	10.68	10.34	1.55	090
14040		A	Skin tissue rearrangement	8.60	12.92	12.54	9.45	9.12	1.32	090

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14041		A	Skin tissue rearrangement	10.83	15.79	15.39	11.39	11.02	1.62	090
14060		A	Skin tissue rearrangement	9.23	12.64	12.18	9.92	9.50	1.42	090
14061		A	Skin tissue rearrangement	11.48	17.11	16.69	12.26	11.86	1.71	090
14301		A	Skin tissue rearrangement	12.65	17.47	17.47	12.25	12.25	2.14	090
14302		A	Skin tissue rearrange add-on	3.73	2.54	2.54	2.54	2.54	0.63	ZZZ
14350		A	Skin tissue rearrangement	11.05	NA	NA	8.67	8.58	1.55	090
15002		A	Wound prep trk/arm/leg	3.65	5.83	5.48	2.59	2.36	0.65	000
15003		A	Wound prep addl 100 cm	0.80	1.23	1.17	0.42	0.38	0.16	ZZZ
15004		A	Wound prep f/n/hf/g	4.58	6.49	6.25	2.98	2.80	0.67	000
15005		A	Wnd prep f/n/hf/g addl cm	1.60	1.73	1.62	0.85	0.76	0.31	ZZZ
15040		A	Harvest cultured skin graft	2.00	5.03	4.99	1.46	1.37	0.37	000
15050		A	Skin pinch graft	5.57	10.46	9.77	7.09	6.64	0.90	090
15100		A	Skin splt grft trnk/arm/leg	9.90	13.60	13.24	9.76	9.22	1.95	090
15101		A	Skin splt grft t/a/l add-on	1.72	3.33	3.36	1.28	1.22	0.34	ZZZ
15110		A	Epidrm autogrft trnk/arm/leg	10.97	12.14	11.63	9.08	8.48	2.15	090
15111		A	Epidrm autogrft t/a/l add-on	1.85	1.22	1.23	0.90	0.88	0.38	ZZZ
15115		A	Epidrm a-grft face/nck/hf/g	11.28	12.84	12.01	9.83	9.13	1.85	090
15116		A	Epidrm a-grft f/n/hf/g addl	2.50	2.23	1.98	1.80	1.54	0.49	ZZZ
15120		A	Skn splt a-grft fac/nck/hf/g	10.15	13.51	13.44	9.09	9.07	1.76	090
15121		A	Skn splt a-grft f/n/hf/g add	2.00	3.76	3.90	1.58	1.60	0.37	ZZZ
15130		A	Derm autograft trnk/arm/leg	7.53	10.99	10.62	8.00	7.53	1.48	090
15131		A	Derm autograft t/a/l add-on	1.50	1.30	1.16	1.08	0.90	0.31	ZZZ
15135		A	Derm autograft face/nck/hf/g	11.03	13.27	12.41	10.27	9.58	1.88	090
15136		A	Derm autograft f/n/hf/g add	1.50	1.17	0.98	1.00	0.80	0.10	ZZZ
15150		A	Cult epiderm grft t/arm/leg	9.39	8.93	8.81	7.29	7.14	1.99	090
15151		A	Cult epiderm grft t/a/l addl	2.00	1.66	1.45	1.40	1.17	0.42	ZZZ
15152		A	Cult epiderm graft t/a/l +%	2.50	1.37	1.56	1.12	1.26	0.49	ZZZ
15155		A	Cult epiderm graft f/n/hf/g	10.14	6.90	7.90	5.54	6.52	0.76	090
15156		A	Cult epidrm grft f/n/hfg add	2.75	1.46	1.62	1.20	1.34	0.59	ZZZ
15157		A	Cult epiderm grft f/n/hfg +%	3.00	1.20	1.60	0.89	1.24	0.22	ZZZ

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15170		A	Acell graft trunk/arms/legs	5.99	6.07	5.56	4.26	3.80	1.09	090
15171		A	Acell graft t/arm/leg add-on	1.55	0.98	0.90	0.81	0.75	0.31	ZZZ
15175		A	Acellular graft f/n/hf/g	7.99	6.20	6.02	4.51	4.37	1.05	090
15176		A	Acell graft f/n/hf/g add-on	2.45	1.57	1.47	1.26	1.18	0.39	ZZZ
15200		A	Skin full graft trunk	9.15	13.84	13.04	9.57	8.81	1.65	090
15201		A	Skin full graft trunk add-on	1.32	2.80	2.74	0.90	0.80	0.26	ZZZ
15220		A	Skin full graft sclp/arm/leg	8.09	13.46	12.96	9.25	8.79	1.39	090
15221		A	Skin full graft add-on	1.19	2.61	2.58	0.79	0.73	0.23	ZZZ
15240		A	Skin full grft face/genit/hf	10.41	15.76	15.02	12.25	11.53	1.70	090
15241		A	Skin full graft add-on	1.86	3.33	3.20	1.29	1.18	0.33	ZZZ
15260		A	Skin full graft een & lips	11.64	16.71	16.21	12.42	12.08	1.77	090
15261		A	Skin full graft add-on	2.23	3.83	3.69	1.77	1.66	0.37	ZZZ
15300		A	Apply skinallogrft t/arm/lg	4.65	5.03	4.62	3.35	3.05	0.86	090
15301		A	Apply sknallogrft t/a/l addl	1.00	0.68	0.64	0.51	0.48	0.20	ZZZ
15320		A	Apply skin allogrft f/n/hf/g	5.36	4.96	4.77	3.16	3.07	0.73	090
15321		A	Aply sknallogrft f/n/hfg add	1.50	1.03	0.96	0.81	0.75	0.30	ZZZ
15330		A	Aply acell alogrft t/arm/leg	3.99	5.09	4.67	3.36	3.06	0.76	090
15331		A	Aply acell grft t/a/l add-on	1.00	0.75	0.67	0.59	0.53	0.20	ZZZ
15335		A	Apply acell graft f/n/hf/g	4.50	4.43	4.25	2.78	2.70	0.50	090
15336		A	Aply acell grft f/n/hf/g add	1.43	1.33	1.06	1.03	0.80	0.10	ZZZ
15340		A	Apply cult skin substitute	3.82	4.90	4.75	3.56	3.41	0.52	010
15341		A	Apply cult skin sub add-on	0.50	0.82	0.79	0.20	0.20	0.07	ZZZ
15360		A	Apply cult derm sub t/a/l	4.02	5.84	5.75	4.33	4.21	0.60	090
15361		A	Aply cult derm sub t/a/l add	1.15	0.50	0.57	0.34	0.40	0.20	ZZZ
15365		A	Apply cult derm sub f/n/hf/g	4.30	5.31	5.20	3.90	3.80	0.41	090
15366		A	Apply cult derm f/hf/g add	1.45	0.75	0.76	0.53	0.54	0.16	ZZZ
15400		A	Apply skin xenograft t/a/l	4.47	7.09	6.59	5.50	5.22	0.69	090
15401		A	Apply skn xenogrft t/a/l add	1.00	1.36	1.43	0.51	0.47	0.22	ZZZ
15420		A	Apply skin xgraft f/n/hf/g	4.98	7.29	7.11	5.78	5.61	0.67	090
15421		A	Apply skn xgrft f/n/hf/g add	1.50	1.69	1.58	0.82	0.74	0.30	ZZZ

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15430		A	Apply acellular xenograft	6.20	9.01	8.46	8.30	7.82	1.05	090
15431		C	Apply acellular xgraft add	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
15570		A	Form skin pedicle flap	10.21	14.38	13.72	9.63	8.96	2.07	090
15572		A	Form skin pedicle flap	10.12	14.34	13.40	10.60	9.69	1.82	090
15574		A	Form skin pedicle flap	10.70	14.79	13.98	10.84	10.07	1.82	090
15576		A	Form skin pedicle flap	9.37	13.26	12.63	9.63	8.97	1.54	090
15600		A	Skin graft	2.01	6.96	7.04	3.76	3.61	0.38	090
15610		A	Skin graft	2.52	7.35	6.93	4.23	4.05	0.45	090
15620		A	Skin graft	3.75	8.47	8.37	5.39	5.09	0.61	090
15630		A	Skin graft	4.08	8.85	8.73	5.75	5.51	0.65	090
15650		A	Transfer skin pedicle flap	4.77	9.37	9.33	6.05	5.86	0.78	090
15731		A	Forehead flap w/vasc pedicle	14.38	17.56	16.62	14.38	13.43	2.41	090
15732		A	Muscle-skin graft head/neck	16.38	19.29	19.11	14.67	14.45	2.91	090
15734		A	Muscle-skin graft trunk	19.86	21.62	20.86	16.83	15.88	3.99	090
15736		A	Muscle-skin graft arm	17.04	19.62	18.94	14.86	13.81	3.36	090
15738		A	Muscle-skin graft leg	19.04	19.68	19.03	15.19	14.25	3.81	090
15740		A	Island pedicle flap graft	11.80	17.05	16.41	12.77	12.12	1.77	090
15750		A	Neurovascular pedicle graft	12.96	NA	NA	12.47	11.71	2.29	090
15756		A	Free myo/skin flap microvasc	36.94	NA	NA	28.89	26.52	6.36	090
15757		A	Free skin flap microvasc	37.15	NA	NA	28.34	26.05	5.92	090
15758		A	Free fascial flap microvasc	36.90	NA	NA	28.16	26.00	5.92	090
15760		A	Composite skin graft	9.86	14.16	13.44	10.26	9.57	1.58	090
15770		A	Derma-fat-fascia graft	8.96	NA	NA	9.78	9.05	1.63	090
15775		R	Hair transplant punch grafts	3.95	3.83	4.16	1.99	1.97	0.29	000
15776		R	Hair transplant punch grafts	5.53	6.61	6.39	3.36	3.15	0.38	000
15780		A	Abrasion treatment of skin	8.73	14.13	14.03	8.59	8.61	1.20	090
15781		A	Abrasion treatment of skin	5.02	10.41	10.05	7.17	6.90	0.76	090
15782		A	Abrasion treatment of skin	4.44	10.78	11.04	6.37	6.58	0.63	090
15783		A	Abrasion treatment of skin	4.41	9.29	9.15	6.29	5.98	0.63	090
15786		A	Abrasion lesion single	2.08	4.70	4.62	1.74	1.67	0.33	010

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15787		A	Abrasion lesions add-on	0.33	1.00	1.02	0.16	0.15	0.04	ZZZ
15788		R	Chemical peel face epiderm	2.09	11.08	10.58	5.05	4.77	0.35	090
15789		R	Chemical peel face dermal	4.91	10.71	10.75	7.11	6.91	0.68	090
15792		R	Chemical peel nonfacial	1.86	10.56	10.34	5.62	5.54	0.30	090
15793		A	Chemical peel nonfacial	3.96	9.95	9.62	6.49	6.17	0.56	090
15819		A	Plastic surgery neck	10.65	NA	NA	7.58	8.13	2.10	090
15820		A	Revision of lower eyelid	6.27	9.43	8.81	7.98	7.33	1.24	090
15821		A	Revision of lower eyelid	6.84	10.02	9.24	8.37	7.59	1.33	090
15822		A	Revision of upper eyelid	4.62	7.72	7.21	6.29	5.77	0.82	090
15823		A	Revision of upper eyelid	6.81	10.11	9.75	8.45	8.13	1.27	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15830		R	Exc skin abd	17.11	NA	NA	15.07	13.76	3.39	090
15832		A	Excise excessive skin tissue	12.85	NA	NA	13.22	11.70	2.57	090
15833		A	Excise excessive skin tissue	11.90	NA	NA	12.54	11.24	2.33	090
15834		A	Excise excessive skin tissue	12.17	NA	NA	12.73	11.07	2.40	090
15835		A	Excise excessive skin tissue	12.99	NA	NA	13.30	11.58	2.56	090
15836		A	Excise excessive skin tissue	10.61	NA	NA	8.50	8.49	2.08	090
15837		A	Excise excessive skin tissue	9.55	14.45	12.61	10.00	8.91	2.01	090
15838		A	Excise excessive skin tissue	8.25	NA	NA	8.16	7.62	1.06	090
15839		A	Excise excessive skin tissue	10.50	13.44	12.71	9.49	8.88	1.93	090
15840		A	Graft for face nerve palsy	14.99	NA	NA	13.81	12.70	2.40	090
15841		A	Graft for face nerve palsy	25.99	NA	NA	22.80	20.34	3.36	090
15842		A	Flap for face nerve palsy	41.01	NA	NA	29.27	28.26	5.28	090
15845		A	Skin and muscle repair face	14.32	NA	NA	14.17	12.58	1.84	090
15847		C	Exc skin abd add-on	0.00	0.00	0.00	0.00	0.00	0.00	YYY
15850		B	Removal of sutures	0.78	1.61	1.68	0.34	0.34	0.05	XXX

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15851		A	Removal of sutures	0.86	1.84	1.77	0.42	0.37	0.12	000
15852		A	Dressing change not for burn	0.86	NA	NA	0.41	0.38	0.14	000
15860		A	Test for blood flow in graft	1.95	NA	NA	0.90	0.89	0.38	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15920		A	Removal of tail bone ulcer	8.29	NA	NA	8.19	7.54	1.71	090
15922		A	Removal of tail bone ulcer	10.38	NA	NA	11.51	10.18	2.03	090
15931		A	Remove sacrum pressure sore	10.07	NA	NA	8.04	7.49	2.07	090
15933		A	Remove sacrum pressure sore	11.77	NA	NA	10.89	10.14	2.41	090
15934		A	Remove sacrum pressure sore	13.68	NA	NA	11.51	10.57	2.78	090
15935		A	Remove sacrum pressure sore	15.78	NA	NA	13.93	13.04	3.18	090
15936		A	Remove sacrum pressure sore	13.16	NA	NA	11.10	10.26	2.67	090
15937		A	Remove sacrum pressure sore	15.14	NA	NA	13.34	12.33	3.06	090
15940		A	Remove hip pressure sore	10.20	NA	NA	8.63	7.96	2.07	090
15941		A	Remove hip pressure sore	12.41	NA	NA	12.07	11.34	2.48	090
15944		A	Remove hip pressure sore	12.44	NA	NA	12.13	11.15	2.50	090
15945		A	Remove hip pressure sore	13.75	NA	NA	13.57	12.47	2.74	090
15946		A	Remove hip pressure sore	24.12	NA	NA	20.86	19.21	4.82	090
15950		A	Remove thigh pressure sore	8.03	NA	NA	7.38	7.01	1.59	090
15951		A	Remove thigh pressure sore	11.58	NA	NA	13.04	11.20	2.27	090
15952		A	Remove thigh pressure sore	12.31	NA	NA	9.52	9.54	2.63	090
15953		A	Remove thigh pressure sore	13.57	NA	NA	10.45	10.62	2.67	090
15956		A	Remove thigh pressure sore	16.79	NA	NA	14.86	13.63	3.42	090
15958		A	Remove thigh pressure sore	16.75	NA	NA	15.65	14.39	3.39	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	1.02	0.97	0.39	0.34	0.12	000
16020		A	Dress/debrid p-thick burn s	0.80	1.56	1.48	0.82	0.75	0.11	000
16025		A	Dress/debrid p-thick burn m	1.85	2.26	2.13	1.33	1.22	0.31	000

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16030		A	Dress/debrid p-thick burn l	2.08	2.86	2.71	1.52	1.40	0.37	000
16035		A	Incision of burn scab initi	3.74	NA	NA	1.57	1.62	0.63	000
16036		A	Escharotomy addl incision	1.50	NA	NA	0.67	0.65	0.27	ZZZ
17000		A	Destruct premalg lesion	0.65	1.63	1.61	0.94	0.90	0.08	010
17003		A	Destruct premalg les 2-14	0.07	0.12	0.13	0.05	0.05	0.01	ZZZ
17004		A	Destroy premlg lesions 15+	1.85	2.92	2.94	1.85	1.83	0.27	010
17106		A	Destruction of skin lesions	3.69	5.85	5.76	4.02	3.92	0.53	090
17107		A	Destruction of skin lesions	4.79	7.37	7.43	4.94	4.98	0.73	090
17108		A	Destruction of skin lesions	7.49	10.06	9.70	6.85	6.65	1.31	090
17110		A	Destruct b9 lesion 1-14	0.70	2.40	2.41	1.28	1.23	0.08	010
17111		A	Destruct lesion 15 or more	0.97	2.72	2.71	1.46	1.41	0.12	010
17250		A	Chemical cautery tissue	0.50	1.74	1.68	0.51	0.49	0.07	000
17260		A	Destruction of skin lesions	0.96	1.69	1.67	0.99	0.95	0.12	010
17261		A	Destruction of skin lesions	1.22	2.84	2.80	1.34	1.31	0.18	010
17262		A	Destruction of skin lesions	1.63	3.30	3.24	1.62	1.58	0.23	010
17263		A	Destruction of skin lesions	1.84	3.53	3.48	1.75	1.71	0.26	010
17264		A	Destruction of skin lesions	1.99	3.76	3.70	1.83	1.78	0.29	010
17266		A	Destruction of skin lesions	2.39	4.09	4.03	2.06	2.00	0.34	010
17270		A	Destruction of skin lesions	1.37	2.87	2.81	1.41	1.37	0.20	010
17271		A	Destruction of skin lesions	1.54	3.06	3.01	1.56	1.52	0.23	010
17272		A	Destruction of skin lesions	1.82	3.41	3.37	1.75	1.71	0.26	010
17273		A	Destruction of skin lesions	2.10	3.73	3.67	1.92	1.87	0.30	010
17274		A	Destruction of skin lesions	2.64	4.20	4.14	2.24	2.19	0.37	010
17276		A	Destruction of skin lesions	3.25	4.63	4.55	2.58	2.51	0.48	010
17280		A	Destruction of skin lesions	1.22	2.75	2.70	1.32	1.28	0.18	010
17281		A	Destruction of skin lesions	1.77	3.23	3.17	1.71	1.67	0.26	010
17282		A	Destruction of skin lesions	2.09	3.64	3.59	1.92	1.88	0.30	010
17283		A	Destruction of skin lesions	2.69	4.14	4.09	2.30	2.25	0.38	010
17284		A	Destruction of skin lesions	3.20	4.57	4.53	2.60	2.55	0.44	010
17286		A	Destruction of skin lesions	4.48	5.50	5.39	3.35	3.28	0.67	010

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17311		A	Mohs 1 stage h/n/hf/g	6.20	12.16	12.59	4.65	4.32	0.87	000
17312		A	Mohs addl stage	3.30	7.64	7.98	2.47	2.30	0.45	ZZZ
17313		A	Mohs 1 stage t/a/l	5.56	11.18	11.59	4.17	3.88	0.78	000
17314		A	Mohs addl stage t/a/l	3.06	7.08	7.40	2.29	2.13	0.42	ZZZ
17315		A	Mohs surg addl block	0.87	1.36	1.38	0.65	0.61	0.11	ZZZ
17340		A	Cryotherapy of skin	0.77	0.65	0.58	0.59	0.52	0.10	010
17360		A	Skin peel therapy	1.46	2.20	2.18	1.38	1.31	0.22	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	000
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	2.14	2.25	0.33	0.35	0.11	000
19001		A	Drain breast lesion add-on	0.42	0.29	0.31	0.16	0.17	0.05	ZZZ
19020		A	Incision of breast lesion	3.83	8.85	8.42	4.30	3.97	0.78	090
19030		A	Injection for breast x-ray	1.53	2.82	3.08	0.57	0.63	0.14	000
19100		A	Bx breast percut w/o image	1.27	2.76	2.65	0.55	0.50	0.26	000
19101		A	Biopsy of breast open	3.23	5.88	5.63	2.61	2.43	0.67	010
19102		A	Bx breast percut w/image	2.00	3.72	4.04	0.76	0.82	0.22	000
19103		A	Bx breast percut w/device	3.69	11.10	11.92	1.43	1.51	0.48	000
19105		A	Cryosurg ablate fa each	3.69	49.17	55.82	1.61	1.60	0.39	000
19110		A	Nipple exploration	4.44	8.71	8.16	4.68	4.28	0.93	090
19112		A	Excise breast duct fistula	3.81	8.58	8.09	4.50	4.13	0.80	090
19120		A	Removal of breast lesion	5.92	7.14	6.62	4.96	4.54	1.25	090
19125		A	Excision breast lesion	6.69	7.80	7.20	5.39	4.91	1.42	090
19126		A	Excision addl breast lesion	2.93	NA	NA	1.27	1.16	0.63	ZZZ
19260		A	Removal of chest wall lesion	17.78	NA	NA	14.15	13.56	3.96	090
19271		A	Revision of chest wall	22.19	NA	NA	20.89	20.64	5.05	090
19272		A	Extensive chest wall surgery	25.17	NA	NA	22.01	21.89	5.96	090
19290		A	Place needle wire breast	1.27	3.07	3.30	0.48	0.53	0.12	000
19291		A	Place needle wire breast	0.63	1.21	1.31	0.24	0.26	0.05	ZZZ
19295		A	Place breast clip percut	0.00	2.44	2.65	NA	NA	0.01	ZZZ
19296		A	Place po breast cath for rad	3.63	108.19	111.86	1.89	1.75	0.73	000

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
19297		A	Place breast cath for rad	1.72	NA	NA	0.75	0.69	0.35	ZZZ
19298		A	Place breast rad tube/caths	6.00	24.78	28.90	2.83	2.81	0.76	000
19300		A	Removal of breast tissue	5.31	8.53	8.19	5.53	5.07	1.13	090
19301		A	Partical mastectomy	10.13	NA	NA	7.01	6.23	2.15	090
19302		A	P-mastectomy w/ln removal	13.87	NA	NA	9.40	8.93	2.95	090
19303		A	Mast simple complete	15.85	NA	NA	10.66	9.43	3.38	090
19304		A	Mast subq	7.95	NA	NA	7.31	6.68	1.67	090
19305		A	Mast radical	17.46	NA	NA	12.28	11.19	3.73	090
19306		A	Mast rad urban type	18.13	NA	NA	13.42	12.11	3.87	090
19307		A	Mast mod rad	18.23	NA	NA	13.22	12.02	3.87	090
19316		A	Suspension of breast	11.09	NA	NA	10.17	9.46	2.19	090
19318		A	Reduction of large breast	16.03	NA	NA	14.84	13.82	3.16	090
19324		A	Enlarge breast	6.80	NA	NA	6.14	5.84	1.46	090
19325		A	Enlarge breast with implant	8.64	NA	NA	9.41	8.71	1.69	090
19328		A	Removal of breast implant	6.48	NA	NA	7.31	6.76	1.28	090
19330		A	Removal of implant material	8.54	NA	NA	9.06	8.35	1.66	090
19340		A	Immediate breast prosthesis	13.99	NA	NA	14.04	8.94	2.75	090
19342		A	Delayed breast prosthesis	12.63	NA	NA	13.23	12.19	2.44	090
19350		A	Breast reconstruction	9.11	13.79	13.55	9.68	9.02	1.78	090
19355		A	Correct inverted nipple(s)	8.52	10.09	10.10	6.49	6.21	1.82	090
19357		A	Breast reconstruction	18.50	NA	NA	23.69	21.46	3.62	090
19361		A	Breast reconstr w/lat flap	23.36	NA	NA	24.33	21.92	4.60	090
19364		A	Breast reconstruction	42.58	NA	NA	34.42	31.56	8.25	090
19366		A	Breast reconstruction	21.84	NA	NA	15.66	14.35	4.46	090
19367		A	Breast reconstruction	26.80	NA	NA	23.19	21.40	5.27	090
19368		A	Breast reconstruction	33.90	NA	NA	28.01	25.53	6.67	090
19369		A	Breast reconstruction	31.31	NA	NA	26.14	23.56	6.15	090
19370		A	Surgery of breast capsule	9.17	NA	NA	10.00	9.24	1.80	090
19371		A	Removal of breast capsule	10.62	NA	NA	11.33	10.47	2.07	090
19380		A	Revise breast reconstruction	10.41	NA	NA	11.17	10.33	2.03	090

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19396		A	Design custom breast implant	2.17	5.12	4.42	1.58	1.39	0.45	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20005		A	I&d abscess subfascial	3.58	4.62	4.53	2.65	2.61	0.59	010
2001F		I	Weight record	0.00	0.00	0.00	0.00	0.00	0.00	XXX
2002F		I	Clin sign vol ovrld assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
2004F		I	Initial exam involved joints	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20100		A	Explore wound neck	10.38	NA	NA	5.73	5.13	1.96	010
20101		A	Explore wound chest	3.23	7.88	7.71	2.03	1.97	0.69	010
20102		A	Explore wound abdomen	3.98	9.25	8.94	2.78	2.57	0.80	010
20103		A	Explore wound extremity	5.34	10.58	10.17	4.13	3.91	0.99	010
20150		A	Excise epiphyseal bar	14.75	NA	NA	12.53	11.25	2.93	090
2018F		I	Hydration status assess	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20200		A	Muscle biopsy	1.46	4.11	3.94	1.03	0.96	0.33	000
20205		A	Deep muscle biopsy	2.35	5.26	4.98	1.67	1.55	0.56	000
20206		A	Needle biopsy muscle	0.99	5.63	6.18	0.63	0.69	0.10	000
2020F		I	Dilated fundus eval done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20220		A	Bone biopsy trocar/needle	1.27	2.93	3.40	0.74	0.82	0.11	000
20225		A	Bone biopsy trocar/needle	1.87	13.27	15.82	1.14	1.24	0.23	000
20240		A	Bone biopsy excisional	3.28	NA	NA	2.84	2.76	0.52	010
20245		A	Bone biopsy excisional	8.95	NA	NA	8.30	7.84	1.65	010
20250		A	Open bone biopsy	5.19	NA	NA	4.96	4.68	1.22	010
20251		A	Open bone biopsy	5.72	NA	NA	5.26	5.08	1.32	010
2029F		I	Complete phys skin exam done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
2030F		I	H2o stat docd normal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
2031F		I	H2o stat docd dehydrated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
2044F		I	Doc mntl tst b/4 bk trxmnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20500		A	Injection of sinus tract	1.28	1.66	1.79	1.10	1.20	0.12	010
20501		A	Inject sinus tract for x-ray	0.76	2.52	2.79	0.28	0.32	0.07	000
2050F		I	Wound char size etc docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20520		A	Removal of foreign body	1.90	3.61	3.43	2.09	1.98	0.30	010

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20525		A	Removal of foreign body	3.54	9.64	9.46	3.23	3.06	0.64	010
20526		A	Ther injection carp tunnel	0.94	1.13	1.09	0.62	0.59	0.14	000
20550		A	Inj tendon sheath/ligament	0.75	0.85	0.82	0.40	0.37	0.08	000
20551		A	Inj tendon origin/insertion	0.75	0.91	0.85	0.44	0.41	0.08	000
20552		A	Inj trigger point 1/2 muscl	0.66	0.86	0.81	0.40	0.35	0.07	000
20553		A	Inject trigger points =/> 3	0.75	1.00	0.92	0.45	0.39	0.07	000
20555		A	Place ndl musc/tis for rt	6.00	NA	NA	2.81	2.83	0.86	000
20600		A	Drain/inject joint/bursa	0.66	0.86	0.83	0.42	0.41	0.07	000
20605		A	Drain/inject joint/bursa	0.68	0.98	0.94	0.45	0.44	0.08	000
2060F		I	Pt talk eval hlthwkr re mdd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20610		A	Drain/inject joint/bursa	0.79	1.43	1.35	0.58	0.55	0.12	000
20612		A	Aspirate/inj ganglion cyst	0.70	0.96	0.91	0.46	0.44	0.08	000
20615		A	Treatment of bone cyst	2.33	3.76	3.68	2.07	1.99	0.29	010
20650		A	Insert and remove bone pin	2.28	3.30	3.13	1.95	1.88	0.29	010
20660		A	Apply rem fixation device	4.00	NA	NA	2.22	2.09	1.10	000
20661		A	Application of head brace	5.26	NA	NA	7.74	7.33	1.65	090
20662		A	Application of pelvis brace	6.38	NA	NA	4.72	5.59	0.61	090
20663		A	Application of thigh brace	5.74	NA	NA	6.96	6.43	1.14	090
20664		A	Application of halo	10.06	NA	NA	10.58	10.12	3.61	090
20665		A	Removal of fixation device	1.36	1.55	1.73	1.16	1.24	0.11	010
20670		A	Removal of support implant	1.79	8.78	9.12	2.29	2.23	0.30	010
20680		A	Removal of support implant	5.96	11.12	10.63	5.72	5.34	1.06	090
20690		A	Apply bone fixation device	8.78	NA	NA	7.24	6.39	1.62	090
20692		A	Apply bone fixation device	16.27	NA	NA	14.32	12.48	2.80	090
20693		A	Adjust bone fixation device	6.06	NA	NA	6.36	6.14	1.08	090
20694		A	Remove bone fixation device	4.28	7.37	7.23	4.99	4.76	0.76	090
20696		A	Comp multiplane ext fixation	17.56	NA	NA	15.44	12.64	1.25	090
20697		A	Comp ext fixate strut change	0.00	57.76	49.27	NA	NA	0.01	000
20802		A	Replantation arm complete	42.62	NA	NA	23.00	22.04	3.05	090
20805		A	Replant forearm complete	51.46	NA	NA	17.98	22.17	10.14	090

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20808		A	Replantation hand complete	63.09	NA	NA	50.11	47.03	12.43	090
20816		A	Replantation digit complete	31.95	NA	NA	26.83	27.11	3.99	090
20822		A	Replantation digit complete	26.66	NA	NA	23.99	23.80	5.27	090
20824		A	Replantation thumb complete	31.95	NA	NA	24.04	25.52	6.29	090
20827		A	Replantation thumb complete	27.48	NA	NA	24.59	24.97	5.42	090
20838		A	Replantation foot complete	42.88	NA	NA	23.42	23.57	3.06	090
20900		A	Removal of bone for graft	3.00	8.59	8.46	2.76	3.23	0.56	000
20902		A	Removal of bone for graft	4.58	NA	NA	3.73	4.15	0.87	000
20910		A	Remove cartilage for graft	5.53	NA	NA	6.28	6.13	0.71	090
20912		A	Remove cartilage for graft	6.54	NA	NA	7.21	6.79	0.99	090
20920		A	Removal of fascia for graft	5.51	NA	NA	5.86	5.58	0.69	090
20922		A	Removal of fascia for graft	6.93	8.97	9.24	6.19	6.25	1.28	090
20924		A	Removal of tendon for graft	6.68	NA	NA	7.18	6.85	1.20	090
20926		A	Removal of tissue for graft	5.79	NA	NA	5.96	5.80	1.17	090
20930		B	Sp bone algrft morsel add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Sp bone algrft struct add-on	1.81	NA	NA	1.02	0.99	0.56	ZZZ
20936		B	Sp bone agrft local add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Sp bone agrft morsel add-on	2.79	NA	NA	1.62	1.56	0.68	ZZZ
20938		A	Sp bone agrft struct add-on	3.02	NA	NA	1.74	1.67	0.83	ZZZ
20950		A	Fluid pressure muscle	1.26	5.58	5.65	1.21	1.16	0.23	000
20955		A	Fibula bone graft microvasc	40.26	NA	NA	30.82	28.46	6.67	090
20956		A	Iliac bone graft microvasc	41.18	NA	NA	30.52	28.61	8.13	090
20957		A	Mt bone graft microvasc	42.61	NA	NA	28.51	24.83	8.41	090
20962		A	Other bone graft microvasc	39.21	NA	NA	33.05	30.31	7.73	090
20969		A	Bone/skin graft microvasc	45.43	NA	NA	33.65	31.04	6.67	090
20970		A	Bone/skin graft iliac crest	44.58	NA	NA	31.25	29.83	8.81	090
20972		A	Bone/skin graft metatarsal	44.51	NA	NA	17.67	19.65	3.43	090
20973		A	Bone/skin graft great toe	47.27	NA	NA	34.47	28.38	3.38	090
20974		A	Electrical bone stimulation	0.62	1.42	1.28	0.72	0.67	0.12	000
20975		A	Electrical bone stimulation	2.60	NA	NA	2.09	2.01	0.59	000

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20979		A	Us bone stimulation	0.62	0.84	0.82	0.29	0.29	0.08	000
20982		A	Ablate bone tumor(s) perq	7.27	88.57	97.10	3.05	3.30	0.80	000
20985		A	Cptr-asst dir ms px	2.50	NA	NA	1.49	1.39	0.49	ZZZ
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	11.04	NA	NA	9.51	8.76	1.42	090
21011		A	Exc face les sc < 2 cm	2.99	6.23	6.23	3.93	3.93	0.45	090
21012		A	Exc face les sbq 2+ cm	4.45	NA	NA	5.02	5.02	0.72	090
21013		A	Exc face tum deep < 2 cm	5.42	8.70	8.70	5.63	5.63	0.82	090
21014		A	Exc face tum deep 2+ cm	7.13	NA	NA	7.43	7.43	1.16	090
21015		A	Resect face tum < 2 cm	9.89	NA	NA	9.46	7.56	1.86	090
21016		A	Resect face tum + cm	15.26	NA	NA	13.01	13.01	2.91	090
21025		A	Excision of bone lower jaw	10.03	15.10	14.36	11.25	10.46	1.44	090
21026		A	Excision of facial bone(s)	5.70	11.70	11.09	8.38	7.90	0.83	090
21029		A	Contour of face bone lesion	8.39	13.15	12.43	9.52	8.88	1.65	090
21030		A	Excise max/zygoma b9 tumor	4.91	9.67	9.10	6.84	6.37	0.76	090
21031		A	Remove exostosis mandible	3.30	7.77	7.41	5.04	4.70	0.41	090
21032		A	Remove exostosis maxilla	3.34	7.92	7.55	4.92	4.57	0.42	090
21034		A	Excise max/zygoma mlg tumor	17.38	20.51	19.22	15.98	14.74	2.44	090
21040		A	Excise mandible lesion	4.91	9.80	9.22	6.92	6.37	0.75	090
21044		A	Removal of jaw bone lesion	12.80	NA	NA	12.31	11.42	1.78	090
21045		A	Extensive jaw surgery	18.37	NA	NA	16.65	15.34	2.52	090
21046		A	Remove mandible cyst complex	14.21	NA	NA	17.33	15.96	1.82	090
21047		A	Excise lwr jaw cyst w/repair	20.07	NA	NA	17.15	15.59	2.59	090
21048		A	Remove maxilla cyst complex	14.71	NA	NA	17.74	16.11	1.89	090
21049		A	Excis uppr jaw cyst w/repair	19.32	NA	NA	15.75	14.90	2.46	090
21050		A	Removal of jaw joint	11.76	NA	NA	12.40	11.75	2.30	090
21060		A	Remove jaw joint cartilage	11.07	NA	NA	11.65	10.65	2.34	090
21070		A	Remove coronoid process	8.62	NA	NA	9.08	8.62	1.10	090
21073		A	Mnpj of tmj w/anesth	3.45	7.61	7.12	3.68	3.27	0.68	090
21076		A	Prepare face/oral prosthesis	13.40	14.99	13.26	10.44	9.11	1.70	010

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21077		A	Prepare face/oral prosthesis	33.70	37.39	32.64	26.42	23.35	4.33	090
21079		A	Prepare face/oral prosthesis	22.31	25.68	22.81	17.65	15.48	2.87	090
21080		A	Prepare face/oral prosthesis	25.06	28.92	25.90	19.55	17.21	3.23	090
21081		A	Prepare face/oral prosthesis	22.85	26.78	23.93	17.80	15.73	2.95	090
21082		A	Prepare face/oral prosthesis	20.84	26.20	23.14	17.50	15.23	2.67	090
21083		A	Prepare face/oral prosthesis	19.27	25.56	22.66	16.33	14.18	1.37	090
21084		A	Prepare face/oral prosthesis	22.48	28.68	25.71	18.72	16.45	2.90	090
21085		A	Prepare face/oral prosthesis	8.99	12.59	10.82	7.20	6.36	3.35	010
21086		A	Prepare face/oral prosthesis	24.88	27.93	23.82	19.30	16.82	3.20	090
21087		A	Prepare face/oral prosthesis	24.88	27.71	23.72	18.95	16.67	3.20	090
21088		C	Prepare face/oral prosthesis	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	YYY
21100		A	Maxillofacial fixation	4.73	11.81	13.63	4.69	5.45	0.64	090
21110		A	Interdental fixation	5.99	16.65	15.73	13.03	12.24	0.76	090
21116		A	Injection jaw joint x-ray	0.81	3.32	3.41	0.38	0.35	0.05	000
21120		A	Reconstruction of chin	5.10	12.98	12.53	9.44	8.93	1.01	090
21121		A	Reconstruction of chin	7.81	15.00	14.05	11.18	10.44	0.54	090
21122		A	Reconstruction of chin	8.71	NA	NA	11.73	11.12	0.61	090
21123		A	Reconstruction of chin	11.34	NA	NA	15.49	13.41	0.80	090
21125		A	Augmentation lower jaw bone	10.80	74.00	75.92	11.43	10.28	2.14	090
21127		A	Augmentation lower jaw bone	12.44	96.07	94.49	13.18	11.83	1.59	090
21137		A	Reduction of forehead	10.24	NA	NA	9.21	8.87	2.00	090
21138		A	Reduction of forehead	12.87	NA	NA	12.30	11.39	1.82	090
21139		A	Reduction of forehead	15.02	NA	NA	14.11	12.87	1.06	090
21141		A	Reconstruct midface lefort	19.57	NA	NA	18.17	17.01	3.85	090
21142		A	Reconstruct midface lefort	20.28	NA	NA	18.51	16.48	4.00	090
21143		A	Reconstruct midface lefort	21.05	NA	NA	19.67	17.66	4.49	090
21145		A	Reconstruct midface lefort	23.94	NA	NA	20.34	18.27	1.69	090
21146		A	Reconstruct midface lefort	24.87	NA	NA	23.12	20.64	4.90	090
21147		A	Reconstruct midface lefort	26.47	NA	NA	20.90	19.77	1.88	090

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21150		A	Reconstruct midface lefort	25.96	NA	NA	22.65	20.40	1.84	090
21151		A	Reconstruct midface lefort	29.02	NA	NA	24.43	24.96	3.74	090
21154		A	Reconstruct midface lefort	31.29	NA	NA	31.19	27.25	4.01	090
21155		A	Reconstruct midface lefort	35.22	NA	NA	28.50	26.00	2.50	090
21159		A	Reconstruct midface lefort	43.14	NA	NA	39.72	33.69	5.53	090
21160		A	Reconstruct midface lefort	47.19	NA	NA	28.73	28.47	3.36	090
21172		A	Reconstruct orbit/forehead	28.20	NA	NA	23.86	20.75	3.62	090
21175		A	Reconstruct orbit/forehead	33.56	NA	NA	28.70	25.08	12.03	090
21179		A	Reconstruct entire forehead	22.65	NA	NA	20.10	17.84	4.46	090
21180		A	Reconstruct entire forehead	25.58	NA	NA	22.30	20.06	3.29	090
21181		A	Contour cranial bone lesion	10.28	NA	NA	10.54	9.35	1.31	090
21182		A	Reconstruct cranial bone	32.58	NA	NA	22.59	21.74	4.18	090
21183		A	Reconstruct cranial bone	35.70	NA	NA	24.42	23.80	7.02	090
21184		A	Reconstruct cranial bone	38.62	NA	NA	30.48	27.00	7.62	090
21188		A	Reconstruction of midface	23.15	NA	NA	22.12	21.32	2.98	090
21193		A	Reconst lwr jaw w/o graft	18.90	NA	NA	17.86	15.70	4.04	090
21194		A	Reconst lwr jaw w/graft	21.82	NA	NA	17.50	16.51	2.80	090
21195		A	Reconst lwr jaw w/o fixation	19.16	NA	NA	19.33	17.94	2.45	090
21196		A	Reconst lwr jaw w/fixation	20.83	NA	NA	21.71	19.78	2.67	090
21198		A	Reconstr lwr jaw segment	15.71	NA	NA	17.54	16.30	2.18	090
21199		A	Reconstr lwr jaw w/advance	16.73	NA	NA	12.27	11.25	2.15	090
21206		A	Reconstruct upper jaw bone	15.59	NA	NA	19.43	17.12	3.09	090
21208		A	Augmentation of facial bones	11.42	40.95	39.19	11.44	11.05	2.25	090
21209		A	Reduction of facial bones	7.82	15.66	15.11	10.65	10.03	1.54	090
21210		A	Face bone graft	11.69	52.78	50.02	12.81	11.50	1.51	090
21215		A	Lower jaw bone graft	12.23	100.91	95.64	13.08	11.74	2.40	090
21230		A	Rib cartilage graft	11.17	NA	NA	10.20	9.54	2.19	090
21235		A	Ear cartilage graft	7.50	13.27	12.81	8.75	8.26	1.10	090
21240		A	Reconstruction of jaw joint	16.07	NA	NA	15.56	14.19	2.04	090
21242		A	Reconstruction of jaw joint	14.59	NA	NA	14.20	13.16	1.88	090

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21243		A	Reconstruction of jaw joint	24.53	NA	NA	23.17	21.08	3.16	090
21244		A	Reconstruction of lower jaw	13.62	NA	NA	16.73	15.62	1.93	090
21245		A	Reconstruction of jaw	13.12	19.00	18.33	12.48	11.87	1.67	090
21246		A	Reconstruction of jaw	12.92	NA	NA	10.74	10.07	1.65	090
21247		A	Reconstruct lower jaw bone	24.37	NA	NA	19.67	18.76	4.82	090
21248		A	Reconstruction of jaw	12.74	18.55	17.16	12.86	11.56	1.63	090
21249		A	Reconstruction of jaw	18.77	24.30	22.21	17.84	15.61	2.40	090
21255		A	Reconstruct lower jaw bone	18.46	NA	NA	19.71	19.79	2.35	090
21256		A	Reconstruction of orbit	17.66	NA	NA	16.50	14.90	2.26	090
21260		A	Revise eye sockets	17.90	NA	NA	21.70	19.86	1.27	090
21261		A	Revise eye sockets	34.07	NA	NA	23.56	24.21	6.72	090
21263		A	Revise eye sockets	31.01	NA	NA	22.22	22.29	2.20	090
21267		A	Revise eye sockets	20.69	NA	NA	24.03	22.45	4.08	090
21268		A	Revise eye sockets	27.07	NA	NA	20.50	21.64	5.34	090
21270		A	Augmentation cheek bone	10.63	17.21	15.63	10.57	9.26	1.51	090
21275		A	Revision orbitofacial bones	11.76	NA	NA	11.79	10.58	2.30	090
21280		A	Revision of eyelid	7.13	NA	NA	8.86	8.00	1.40	090
21282		A	Revision of eyelid	4.27	NA	NA	6.34	5.83	0.78	090
21295		A	Revision of jaw muscle/bone	1.90	NA	NA	2.89	2.91	0.37	090
21296		A	Revision of jaw muscle/bone	4.78	NA	NA	5.91	6.37	0.61	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21310		A	Treatment of nose fracture	0.58	2.72	2.59	0.16	0.15	0.10	000
21315		A	Treatment of nose fracture	1.83	6.01	5.77	2.44	2.32	0.29	010
21320		A	Treatment of nose fracture	1.88	5.49	5.29	1.99	1.88	0.27	010
21325		A	Treatment of nose fracture	4.18	NA	NA	9.11	9.02	0.67	090
21330		A	Treatment of nose fracture	5.79	NA	NA	10.49	10.22	0.73	090
21335		A	Treatment of nose fracture	9.02	NA	NA	11.81	11.34	1.22	090
21336		A	Treat nasal septal fracture	6.77	NA	NA	11.87	11.39	0.91	090
21337		A	Treat nasal septal fracture	3.39	8.08	7.78	4.99	4.69	0.52	090
21338		A	Treat nasoethmoid fracture	6.87	NA	NA	14.21	13.74	1.36	090

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21339		A	Treat nasoethmoid fracture	8.50	NA	NA	13.36	13.51	1.66	090
21340		A	Treatment of nose fracture	11.49	NA	NA	10.10	9.93	1.48	090
21343		A	Treatment of sinus fracture	14.32	NA	NA	17.05	16.77	2.83	090
21344		A	Treatment of sinus fracture	21.57	NA	NA	22.00	19.88	7.74	090
21345		A	Treat nose/jaw fracture	9.06	13.05	12.81	8.72	8.53	1.17	090
21346		A	Treat nose/jaw fracture	11.45	NA	NA	14.75	14.46	1.48	090
21347		A	Treat nose/jaw fracture	13.53	NA	NA	18.39	17.21	1.71	090
21348		A	Treat nose/jaw fracture	17.52	NA	NA	16.50	14.40	2.25	090
21355		A	Treat cheek bone fracture	4.45	8.45	8.01	5.14	4.71	0.56	010
21356		A	Treat cheek bone fracture	4.83	9.27	8.93	5.83	5.51	0.71	010
21360		A	Treat cheek bone fracture	7.19	NA	NA	8.12	7.50	0.91	090
21365		A	Treat cheek bone fracture	16.77	NA	NA	14.60	13.34	2.80	090
21366		A	Treat cheek bone fracture	18.60	NA	NA	17.29	15.07	3.67	090
21385		A	Treat eye socket fracture	9.57	NA	NA	10.14	9.74	1.22	090
21386		A	Treat eye socket fracture	9.57	NA	NA	8.44	8.16	1.88	090
21387		A	Treat eye socket fracture	10.11	NA	NA	10.45	9.99	1.97	090
21390		A	Treat eye socket fracture	11.23	NA	NA	11.26	10.21	1.89	090
21395		A	Treat eye socket fracture	14.70	NA	NA	13.68	12.08	1.88	090
21400		A	Treat eye socket fracture	1.50	3.79	3.60	2.78	2.62	0.27	090
21401		A	Treat eye socket fracture	3.68	9.52	9.47	4.59	4.41	0.72	090
21406		A	Treat eye socket fracture	7.42	NA	NA	8.69	7.79	0.95	090
21407		A	Treat eye socket fracture	9.02	NA	NA	9.18	8.47	1.59	090
21408		A	Treat eye socket fracture	12.78	NA	NA	12.55	11.30	2.52	090
21421		A	Treat mouth roof fracture	6.02	15.22	14.66	11.93	11.43	1.18	090
21422		A	Treat mouth roof fracture	8.73	NA	NA	10.25	9.63	1.13	090
21423		A	Treat mouth roof fracture	10.85	NA	NA	12.35	11.20	2.14	090
21431		A	Treat craniofacial fracture	7.90	NA	NA	12.48	12.36	1.55	090
21432		A	Treat craniofacial fracture	8.82	NA	NA	11.29	10.12	1.71	090
21433		A	Treat craniofacial fracture	26.29	NA	NA	18.87	18.31	5.19	090
21435		A	Treat craniofacial fracture	20.26	NA	NA	16.14	15.53	2.60	090

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21436		A	Treat craniofacial fracture	30.30	NA	NA	27.24	24.22	5.97	090
21440		A	Treat dental ridge fracture	3.44	12.52	12.04	9.55	9.21	0.67	090
21445		A	Treat dental ridge fracture	6.26	15.50	14.99	11.49	11.03	0.80	090
21450		A	Treat lower jaw fracture	3.71	13.23	12.57	9.90	9.55	0.65	090
21451		A	Treat lower jaw fracture	5.65	16.56	15.59	12.67	12.03	0.72	090
21452		A	Treat lower jaw fracture	2.40	13.35	14.13	7.20	7.08	0.48	090
21453		A	Treat lower jaw fracture	6.64	19.09	17.96	15.44	14.71	1.05	090
21454		A	Treat lower jaw fracture	7.36	NA	NA	8.72	8.03	0.93	090
21461		A	Treat lower jaw fracture	9.31	51.58	48.52	17.48	16.62	1.40	090
21462		A	Treat lower jaw fracture	11.01	53.07	50.40	18.68	17.55	1.42	090
21465		A	Treat lower jaw fracture	13.12	NA	NA	13.70	12.26	2.59	090
21470		A	Treat lower jaw fracture	17.54	NA	NA	16.63	15.09	2.90	090
21480		A	Reset dislocated jaw	0.61	2.01	1.97	0.26	0.24	0.10	000
21485		A	Reset dislocated jaw	4.77	15.22	14.36	11.91	11.28	0.61	090
21490		A	Repair dislocated jaw	12.95	NA	NA	12.84	11.92	2.56	090
21495		A	Treat hyoid bone fracture	6.79	NA	NA	13.77	12.98	0.86	090
21497		A	Interdental wiring	4.64	14.66	14.25	11.66	11.33	0.90	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	3.98	8.59	8.28	4.86	4.65	0.75	090
21502		A	Drain chest lesion	7.55	NA	NA	5.71	5.85	1.61	090
21510		A	Drainage of bone lesion	6.20	NA	NA	6.32	6.16	1.46	090
21550		A	Biopsy of neck/chest	2.11	5.19	5.09	2.29	2.23	0.30	010
21552		A	Exc neck les sc 3+ cm	6.49	NA	NA	5.61	5.61	1.28	090
21554		A	Exc neck tum deep 5+ cm	11.13	NA	NA	8.75	8.75	2.08	090
21555		A	Exc neck les sc < 3 cm	3.96	7.42	7.22	4.36	4.27	0.78	090
21556		A	Exc neck tum deep < 5 cm	7.66	NA	NA	6.89	6.02	1.44	090
21557		A	Resect neck tum < 5 cm	14.75	NA	NA	11.35	8.69	2.79	090
21558		A	Resect neck tum 5+ cm	21.58	NA	NA	15.18	15.18	4.08	090
21600		A	Partial removal of rib	7.26	NA	NA	8.08	7.67	1.57	090
21610		A	Partial removal of rib	15.91	NA	NA	14.01	12.44	5.72	090

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21615		A	Removal of rib	10.45	NA	NA	6.49	6.64	2.46	090
21616		A	Removal of rib and nerves	12.69	NA	NA	6.92	8.16	3.04	090
21620		A	Partial removal of sternum	7.28	NA	NA	6.71	6.55	1.62	090
21627		A	Sternal debridement	7.30	NA	NA	7.33	7.24	1.65	090
21630		A	Extensive sternum surgery	19.18	NA	NA	14.84	14.23	4.04	090
21632		A	Extensive sternum surgery	19.68	NA	NA	12.81	12.65	4.94	090
21685		A	Hyoid myotomy & suspension	15.26	NA	NA	13.48	12.43	1.96	090
21700		A	Revision of neck muscle	6.31	NA	NA	4.69	4.86	1.50	090
21705		A	Revision of neck muscle/rib	9.92	NA	NA	4.71	5.67	2.34	090
21720		A	Revision of neck muscle	5.80	NA	NA	5.84	5.30	2.07	090
21725		A	Revision of neck muscle	7.19	NA	NA	7.42	6.99	1.42	090
21740		A	Reconstruction of sternum	17.57	NA	NA	9.32	9.76	3.47	090
21742		C	Repair stern/nuss w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21743		C	Repair sternum/nuss w/scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21750		A	Repair of sternum separation	11.40	NA	NA	6.65	6.83	2.71	090
21800		A	Treatment of rib fracture	1.01	1.91	1.78	2.00	1.85	0.18	090
21805		A	Treatment of rib fracture	2.88	NA	NA	4.21	4.14	0.67	090
21810		A	Treatment of rib fracture(s)	7.03	NA	NA	7.23	6.62	1.63	090
21820		A	Treat sternum fracture	1.36	2.49	2.32	2.58	2.39	0.26	090
21825		A	Treat sternum fracture	7.76	NA	NA	7.10	7.07	1.82	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.11	5.12	5.06	2.41	2.29	0.34	010
21925		A	Biopsy soft tissue of back	4.63	7.34	6.94	4.82	4.48	0.93	090
21930		A	Exc back les sc < 3 cm	4.94	7.76	7.53	4.76	4.66	1.02	090
21931		A	Exc back les sc 3+ cm	6.88	NA	NA	5.68	5.68	1.42	090
21932		A	Exc back tum deep < 5 cm	9.82	NA	NA	8.05	8.05	2.08	090
21933		A	Exc back tum deep 5+ cm	11.13	NA	NA	8.50	8.50	2.35	090
21935		A	Resect back tum < 5 cm	15.72	NA	NA	11.67	11.36	3.21	090
21936		A	Resect back tum 5+ cm	22.55	NA	NA	15.43	15.43	4.60	090
22010		A	I&d p-spine c/t/cerv-thor	12.75	NA	NA	11.97	11.31	3.29	090

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22015		A	I&d p-spine l/s/ls	12.64	NA	NA	11.74	11.20	3.08	090
22100		A	Remove part of neck vertebra	11.00	NA	NA	11.28	10.57	3.96	090
22101		A	Remove part thorax vertebra	11.08	NA	NA	10.02	9.94	3.97	090
22102		A	Remove part lumbar vertebra	11.08	NA	NA	10.72	10.26	2.67	090
22103		A	Remove extra spine segment	2.34	NA	NA	1.36	1.31	0.64	ZZZ
22110		A	Remove part of neck vertebra	14.00	NA	NA	13.05	12.36	5.04	090
22112		A	Remove part thorax vertebra	14.07	NA	NA	12.88	11.84	5.05	090
22114		A	Remove part lumbar vertebra	14.07	NA	NA	12.75	12.11	2.78	090
22116		A	Remove extra spine segment	2.32	NA	NA	1.32	1.27	0.60	ZZZ
22206		A	Cut spine 3 col thor	37.18	NA	NA	26.32	24.60	7.32	090
22207		A	Cut spine 3 col lumb	36.68	NA	NA	26.02	24.34	9.20	090
22208		A	Cut spine 3 col addl seg	9.66	NA	NA	5.60	5.25	2.59	ZZZ
22210		A	Revision of neck spine	25.38	NA	NA	20.66	19.65	6.75	090
22212		A	Revision of thorax spine	20.99	NA	NA	17.94	16.96	4.97	090
22214		A	Revision of lumbar spine	21.02	NA	NA	17.90	17.06	5.12	090
22216		A	Revise extra spine segment	6.03	NA	NA	3.50	3.38	1.51	ZZZ
22220		A	Revision of neck spine	22.94	NA	NA	18.96	17.77	6.42	090
22222		A	Revision of thorax spine	23.09	NA	NA	19.26	16.09	4.55	090
22224		A	Revision of lumbar spine	23.09	NA	NA	18.80	17.71	5.38	090
22226		A	Revise extra spine segment	6.03	NA	NA	3.47	3.34	1.58	ZZZ
22305		A	Treat spine process fracture	2.13	3.06	2.88	2.59	2.43	0.41	090
22310		A	Treat spine fracture	3.89	4.35	4.01	3.70	3.40	0.78	090
22315		A	Treat spine fracture	10.11	13.50	12.76	10.42	9.79	2.55	090
22318		A	Treat odontoid fx w/o graft	22.72	NA	NA	18.20	17.36	7.68	090
22319		A	Treat odontoid fx w/graft	25.33	NA	NA	20.03	18.76	9.11	090
22325		A	Treat spine fracture	19.87	NA	NA	17.09	16.18	5.69	090
22326		A	Treat neck spine fracture	20.84	NA	NA	17.09	16.22	6.30	090
22327		A	Treat thorax spine fracture	20.77	NA	NA	17.81	16.67	5.62	090
22328		A	Treat each add spine fx	4.60	NA	NA	2.61	2.51	1.36	ZZZ
22505		A	Manipulation of spine	1.87	NA	NA	1.42	1.30	0.29	010

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22520		A	Percut vertebroplasty thor	9.22	55.61	55.64	4.57	4.75	1.06	010
22521		A	Percut vertebroplasty lumb	8.01	55.13	55.03	4.24	4.45	0.94	010
22522		A	Percut vertebroplasty addl	4.30	NA	NA	1.75	1.81	0.54	ZZZ
22523		A	Percut kyphoplasty thor	8.62	NA	NA	5.60	5.72	1.69	010
22524		A	Percut kyphoplasty lumbar	8.22	NA	NA	5.44	5.55	1.61	010
22525		A	Percut kyphoplasty add-on	4.47	NA	NA	2.17	2.19	0.95	ZZZ
22526		N	Idet single level	6.10	58.74	54.88	3.48	2.92	0.54	010
22527		N	Idet 1 or more levels	3.03	50.43	46.21	1.33	1.02	0.24	ZZZ
22532		A	Lat thorax spine fusion	25.99	NA	NA	19.82	18.75	7.57	090
22533		A	Lat lumbar spine fusion	24.79	NA	NA	19.15	18.11	6.38	090
22534		A	Lat thor/lumb addl seg	5.99	NA	NA	3.41	3.30	1.59	ZZZ
22548		A	Neck spine fusion	27.06	NA	NA	21.72	20.26	9.72	090
22551		A	Neck spine fuse&remove addl	25.00	NA	NA	18.57	18.57	7.57	090
22552		A	Addl neck spine fusion	6.50	NA	NA	3.64	3.64	1.78	ZZZ
22554		A	Neck spine fusion	17.69	NA	NA	14.64	14.22	5.47	090
22556		A	Thorax spine fusion	24.70	NA	NA	18.56	17.70	6.63	090
22558		A	Lumbar spine fusion	23.53	NA	NA	17.08	16.12	5.66	090
22585		A	Additional spinal fusion	5.52	NA	NA	3.09	2.98	1.59	ZZZ
22590		A	Spine & skull spinal fusion	21.76	NA	NA	18.18	17.30	7.05	090
22595		A	Neck spinal fusion	20.64	NA	NA	17.48	16.62	6.57	090
22600		A	Neck spine fusion	17.40	NA	NA	15.47	14.71	5.32	090
22610		A	Thorax spine fusion	17.28	NA	NA	15.28	14.53	4.86	090
22612		A	Lumbar spine fusion	23.53	NA	NA	17.97	17.15	6.23	090
22614		A	Spine fusion extra segment	6.43	NA	NA	3.67	3.56	1.77	ZZZ
22630		A	Lumbar spine fusion	22.09	NA	NA	17.60	16.84	6.27	090
22632		A	Spine fusion extra segment	5.22	NA	NA	2.97	2.87	1.50	ZZZ
22800		A	Fusion of spine	19.50	NA	NA	15.99	15.30	4.90	090
22802		A	Fusion of spine	32.11	NA	NA	23.55	22.55	7.51	090
22804		A	Fusion of spine	37.50	NA	NA	26.80	25.63	8.53	090
22808		A	Fusion of spine	27.51	NA	NA	20.13	19.27	7.27	090

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22810		A	Fusion of spine	31.50	NA	NA	21.62	20.69	7.93	090
22812		A	Fusion of spine	34.25	NA	NA	25.73	23.99	6.75	090
22818		A	Kyphectomy 1-2 segments	34.33	NA	NA	24.74	23.17	6.76	090
22819		A	Kyphectomy 3 or more	39.38	NA	NA	28.59	26.77	14.15	090
22830		A	Exploration of spinal fusion	11.22	NA	NA	9.95	9.54	2.90	090
22840		A	Insert spine fixation device	12.52	NA	NA	7.14	6.91	3.48	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.56	NA	NA	7.18	6.95	3.44	ZZZ
22843		A	Insert spine fixation device	13.44	NA	NA	7.74	7.43	3.50	ZZZ
22844		A	Insert spine fixation device	16.42	NA	NA	9.58	9.31	3.69	ZZZ
22845		A	Insert spine fixation device	11.94	NA	NA	6.73	6.50	3.66	ZZZ
22846		A	Insert spine fixation device	12.40	NA	NA	6.99	6.76	3.77	ZZZ
22847		A	Insert spine fixation device	13.78	NA	NA	7.68	7.48	4.95	ZZZ
22848		A	Insert pelv fixation device	5.99	NA	NA	3.50	3.40	1.39	ZZZ
22849		A	Reinsert spinal fixation	19.17	NA	NA	14.59	13.99	5.14	090
22850		A	Remove spine fixation device	9.82	NA	NA	8.96	8.58	2.61	090
22851		A	Apply spine prosth device	6.70	NA	NA	3.81	3.67	1.89	ZZZ
22852		A	Remove spine fixation device	9.37	NA	NA	8.69	8.30	2.41	090
22855		A	Remove spine fixation device	15.86	NA	NA	12.74	12.19	4.75	090
22856		A	Cerv artific diskectomy	24.05	NA	NA	18.08	17.40	7.28	090
22857		R	Lumbar artif diskectomy	27.13	NA	NA	16.12	16.47	5.78	090
22861		A	Revise cerv artific disc	33.36	NA	NA	17.36	16.97	9.12	090
22862		R	Revise lumbar artif disc	32.63	NA	NA	17.53	17.17	6.42	090
22864		A	Remove cerv artif disc	29.40	NA	NA	21.67	18.37	8.04	090
22865		R	Remove lumb artif disc	31.75	NA	NA	21.07	21.67	6.25	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Exc back tum deep < 5 cm	8.32	NA	NA	6.58	5.46	1.71	090
22901		A	Exc back tum deep 5+ cm	10.11	NA	NA	7.36	7.36	2.10	090
22902		A	Exc abd les sc < 3 cm	4.42	7.72	7.72	4.93	4.93	0.71	090
22903		A	Exc abd les sc > 3 cm	6.39	NA	NA	5.54	5.54	1.21	090

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22904		A	Resect abd tum < 5 cm	16.69	NA	NA	10.36	10.36	3.55	090
22905		A	Resect abd tum > 5 cm	21.58	NA	NA	13.62	13.62	4.60	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.48	11.32	10.62	5.56	5.23	0.86	090
23020		A	Release shoulder joint	9.36	NA	NA	9.21	8.83	1.80	090
23030		A	Drain shoulder lesion	3.47	8.55	8.27	3.45	3.30	0.68	010
23031		A	Drain shoulder bursa	2.79	8.66	8.24	3.10	2.91	0.53	010
23035		A	Drain shoulder bone lesion	9.16	NA	NA	9.17	8.88	1.80	090
23040		A	Exploratory shoulder surgery	9.75	NA	NA	9.70	9.25	1.91	090
23044		A	Exploratory shoulder surgery	7.59	NA	NA	7.79	7.49	1.50	090
23065		A	Biopsy shoulder tissues	2.30	3.70	3.58	2.35	2.23	0.38	010
23066		A	Biopsy shoulder tissues	4.30	10.45	9.94	5.13	4.85	0.84	090
23071		A	Exc shoulder les sc > 3 cm	5.91	NA	NA	5.34	5.34	1.21	090
23073		A	Exc shoulder tum deep > 5 cm	10.13	NA	NA	8.47	8.47	2.04	090
23075		A	Exc shoulder les sc < 3 cm	4.21	8.46	6.51	4.51	3.35	0.86	090
23076		A	Exc shoulder tum deep < 5 cm	7.41	NA	NA	6.99	6.82	1.51	090
23077		A	Resect shoulder tum < 5 cm	17.66	NA	NA	13.10	12.66	3.59	090
23078		A	Resect shoulder tum > 5 cm	22.55	NA	NA	14.04	14.04	4.82	090
23100		A	Biopsy of shoulder joint	6.20	NA	NA	7.34	6.91	1.22	090
23101		A	Shoulder joint surgery	5.72	NA	NA	6.42	6.17	1.13	090
23105		A	Remove shoulder joint lining	8.48	NA	NA	8.74	8.35	1.66	090
23106		A	Incision of collarbone joint	6.13	NA	NA	7.30	6.77	1.21	090
23107		A	Explore treat shoulder joint	8.87	NA	NA	8.99	8.59	1.71	090
23120		A	Partial removal collar bone	7.39	NA	NA	8.41	7.98	1.46	090
23125		A	Removal of collar bone	9.64	NA	NA	9.53	8.98	1.89	090
23130		A	Remove shoulder bone part	7.77	NA	NA	8.72	8.31	1.52	090
23140		A	Removal of bone lesion	7.12	NA	NA	6.98	6.55	1.42	090
23145		A	Removal of bone lesion	9.40	NA	NA	9.39	8.91	1.85	090
23146		A	Removal of bone lesion	8.08	NA	NA	8.71	8.06	1.59	090
23150		A	Removal of humerus lesion	8.91	NA	NA	8.87	8.46	1.71	090

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23155		A	Removal of humerus lesion	10.86	NA	NA	10.59	10.04	2.14	090
23156		A	Removal of humerus lesion	9.11	NA	NA	9.22	8.73	1.80	090
23170		A	Remove collar bone lesion	7.21	NA	NA	7.94	7.21	1.42	090
23172		A	Remove shoulder blade lesion	7.31	NA	NA	8.00	7.43	1.46	090
23174		A	Remove humerus lesion	10.05	NA	NA	10.47	9.95	1.97	090
23180		A	Remove collar bone lesion	8.99	NA	NA	9.09	8.94	1.81	090
23182		A	Remove shoulder blade lesion	8.61	NA	NA	9.36	8.99	1.69	090
23184		A	Remove humerus lesion	9.90	NA	NA	9.95	9.68	1.91	090
23190		A	Partial removal of scapula	7.47	NA	NA	7.99	7.46	1.48	090
23195		A	Removal of head of humerus	10.36	NA	NA	10.07	9.53	2.03	090
23200		A	Resect clavicle tumor	22.71	NA	NA	18.34	14.19	4.48	090
23210		A	Resect scapula tumor	27.21	NA	NA	21.02	15.85	5.36	090
23220		A	Resect prox humerus tumor	30.21	NA	NA	22.49	17.29	5.96	090
23330		A	Remove shoulder foreign body	1.90	4.52	4.36	2.17	2.09	0.35	010
23331		A	Remove shoulder foreign body	7.63	NA	NA	8.36	7.98	1.50	090
23332		A	Remove shoulder foreign body	12.37	NA	NA	11.47	10.96	2.40	090
23350		A	Injection for shoulder x-ray	1.00	2.97	3.26	0.40	0.42	0.10	000
23395		A	Muscle transfer shoulder/arm	18.54	NA	NA	16.23	15.44	3.59	090
23397		A	Muscle transfers	16.76	NA	NA	14.10	13.42	3.31	090
23400		A	Fixation of shoulder blade	13.87	NA	NA	12.38	11.82	2.74	090
23405		A	Incision of tendon & muscle	8.54	NA	NA	8.37	8.06	1.66	090
23406		A	Incise tendon(s) & muscle(s)	11.01	NA	NA	9.97	9.58	2.16	090
23410		A	Repair rotator cuff acute	11.39	NA	NA	10.82	10.42	2.22	090
23412		A	Repair rotator cuff chronic	11.93	NA	NA	11.14	10.76	2.31	090
23415		A	Release of shoulder ligament	9.23	NA	NA	9.60	9.17	1.81	090
23420		A	Repair of shoulder	13.54	NA	NA	12.68	12.17	2.65	090
23430		A	Repair biceps tendon	10.17	NA	NA	10.03	9.47	1.97	090
23440		A	Remove/transplant tendon	10.64	NA	NA	9.75	9.35	2.07	090
23450		A	Repair shoulder capsule	13.70	NA	NA	11.87	11.32	2.71	090
23455		A	Repair shoulder capsule	14.67	NA	NA	12.47	11.93	2.86	090

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23460		A	Repair shoulder capsule	15.82	NA	NA	13.65	13.05	3.13	090
23462		A	Repair shoulder capsule	15.72	NA	NA	13.27	12.61	3.12	090
23465		A	Repair shoulder capsule	16.30	NA	NA	13.86	13.21	3.21	090
23466		A	Repair shoulder capsule	15.80	NA	NA	14.45	13.76	3.12	090
23470		A	Reconstruct shoulder joint	17.89	NA	NA	14.75	14.12	3.51	090
23472		A	Reconstruct shoulder joint	22.65	NA	NA	17.76	16.94	4.42	090
23480		A	Revision of collar bone	11.54	NA	NA	10.66	10.13	2.26	090
23485		A	Revision of collar bone	13.91	NA	NA	12.00	11.48	2.72	090
23490		A	Reinforce clavicle	12.16	NA	NA	12.09	10.93	2.40	090
23491		A	Reinforce shoulder bones	14.54	NA	NA	12.84	12.25	2.87	090
23500		A	Treat clavicle fracture	2.21	3.66	3.48	3.75	3.51	0.41	090
23505		A	Treat clavicle fracture	3.83	5.65	5.36	5.12	4.83	0.72	090
23515		A	Treat clavicle fracture	9.69	NA	NA	10.05	9.36	1.89	090
23520		A	Treat clavicle dislocation	2.29	3.97	3.68	4.06	3.75	0.44	090
23525		A	Treat clavicle dislocation	3.79	6.89	5.98	5.83	5.13	0.73	090
23530		A	Treat clavicle dislocation	7.48	NA	NA	7.99	7.19	1.48	090
23532		A	Treat clavicle dislocation	8.20	NA	NA	8.67	8.25	1.61	090
23540		A	Treat clavicle dislocation	2.36	3.61	3.44	3.71	3.45	0.42	090
23545		A	Treat clavicle dislocation	3.43	5.40	5.08	4.58	4.31	0.60	090
23550		A	Treat clavicle dislocation	7.59	NA	NA	7.85	7.52	1.47	090
23552		A	Treat clavicle dislocation	8.82	NA	NA	9.00	8.59	1.70	090
23570		A	Treat shoulder blade fx	2.36	3.89	3.69	4.08	3.83	0.44	090
23575		A	Treat shoulder blade fx	4.23	6.62	6.17	5.92	5.50	0.83	090
23585		A	Treat scapula fracture	14.23	NA	NA	12.35	11.43	2.76	090
23600		A	Treat humerus fracture	3.11	5.65	5.40	5.09	4.77	0.60	090
23605		A	Treat humerus fracture	5.06	7.54	7.20	6.48	6.16	0.98	090
23615		A	Treat humerus fracture	12.30	NA	NA	11.67	11.03	2.40	090
23616		A	Treat humerus fracture	18.37	NA	NA	15.25	14.80	3.58	090
23620		A	Treat humerus fracture	2.55	4.74	4.49	4.38	4.10	0.49	090
23625		A	Treat humerus fracture	4.10	6.19	5.89	5.48	5.20	0.78	090

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23630		A	Treat humerus fracture	10.57	NA	NA	10.63	9.84	2.07	090
23650		A	Treat shoulder dislocation	3.53	4.56	4.34	3.92	3.65	0.61	090
23655		A	Treat shoulder dislocation	4.76	NA	NA	5.98	5.57	0.88	090
23660		A	Treat shoulder dislocation	7.66	NA	NA	8.12	7.72	1.50	090
23665		A	Treat dislocation/fracture	4.66	6.80	6.47	6.02	5.72	0.88	090
23670		A	Treat dislocation/fracture	12.28	NA	NA	11.40	10.53	2.40	090
23675		A	Treat dislocation/fracture	6.27	8.63	8.17	7.30	6.91	1.20	090
23680		A	Treat dislocation/fracture	13.15	NA	NA	11.96	11.18	2.57	090
23700		A	Fixation of shoulder	2.57	NA	NA	2.69	2.57	0.49	010
23800		A	Fusion of shoulder joint	14.73	NA	NA	13.00	12.36	2.93	090
23802		A	Fusion of shoulder joint	18.42	NA	NA	16.33	15.08	3.62	090
23900		A	Amputation of arm & girdle	20.72	NA	NA	16.83	14.96	4.10	090
23920		A	Amputation at shoulder joint	16.23	NA	NA	14.27	12.87	3.20	090
23921		A	Amputation follow-up surgery	5.72	NA	NA	6.94	5.73	1.36	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.99	6.66	6.59	2.82	2.70	0.61	010
23931		A	Drainage of arm bursa	1.84	6.00	5.88	2.51	2.40	0.34	010
23935		A	Drain arm/elbow bone lesion	6.38	NA	NA	7.40	6.94	1.24	090
24000		A	Exploratory elbow surgery	6.08	NA	NA	6.88	6.52	1.17	090
24006		A	Release elbow joint	9.74	NA	NA	9.62	9.12	1.82	090
24065		A	Biopsy arm/elbow soft tissue	2.13	5.03	4.91	2.56	2.44	0.34	010
24066		A	Biopsy arm/elbow soft tissue	5.35	11.40	10.86	5.72	5.33	1.08	090
24071		A	Exc arm/elbow les sc 3+ cm	5.70	NA	NA	5.29	5.29	1.16	090
24073		A	Ex arm/elbow tum deep > 5 cm	10.13	NA	NA	8.57	8.57	2.01	090
24075		A	Exc arm/elbow les sc < 3 cm	4.24	9.11	8.96	4.64	4.37	0.84	090
24076		A	Ex arm/elbow tum deep < 5 cm	7.41	NA	NA	7.14	6.47	1.48	090
24077		A	Resect arm/elbow tum < 5 cm	15.72	NA	NA	12.10	10.47	3.18	090
24079		A	Resect arm/elbow tum > 5 cm	20.61	NA	NA	13.20	13.20	4.38	090
24100		A	Biopsy elbow joint lining	5.07	NA	NA	6.23	5.81	1.01	090
24101		A	Explore/treat elbow joint	6.30	NA	NA	7.28	6.94	1.21	090

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24102		A	Remove elbow joint lining	8.26	NA	NA	8.44	8.01	1.55	090
24105		A	Removal of elbow bursa	3.78	NA	NA	5.74	5.41	0.72	090
24110		A	Remove humerus lesion	7.58	NA	NA	8.30	7.88	1.50	090
24115		A	Remove/graft bone lesion	10.12	NA	NA	9.82	9.24	1.99	090
24116		A	Remove/graft bone lesion	12.23	NA	NA	11.07	10.51	2.41	090
24120		A	Remove elbow lesion	6.82	NA	NA	7.53	7.10	1.29	090
24125		A	Remove/graft bone lesion	8.14	NA	NA	8.64	8.10	1.59	090
24126		A	Remove/graft bone lesion	8.62	NA	NA	8.92	8.47	1.69	090
24130		A	Removal of head of radius	6.42	NA	NA	7.36	7.02	1.20	090
24134		A	Removal of arm bone lesion	10.22	NA	NA	9.99	9.60	2.00	090
24136		A	Remove radius bone lesion	8.40	NA	NA	8.65	7.76	1.65	090
24138		A	Remove elbow bone lesion	8.50	NA	NA	9.76	9.25	1.66	090
24140		A	Partial removal of arm bone	9.55	NA	NA	9.59	9.32	1.78	090
24145		A	Partial removal of radius	7.81	NA	NA	8.19	8.02	1.54	090
24147		A	Partial removal of elbow	7.84	NA	NA	9.09	8.81	1.51	090
24149		A	Radical resection of elbow	16.22	NA	NA	15.86	14.84	2.98	090
24150		A	Resect distal humerus tumor	23.46	NA	NA	18.67	14.97	4.63	090
24152		A	Resect radius tumor	19.99	NA	NA	16.61	12.70	3.93	090
24155		A	Removal of elbow joint	12.09	NA	NA	10.98	10.36	2.38	090
24160		A	Remove elbow joint implant	8.00	NA	NA	8.51	8.07	1.50	090
24164		A	Remove radius head implant	6.43	NA	NA	7.02	6.71	1.27	090
24200		A	Removal of arm foreign body	1.81	3.84	3.67	2.02	1.88	0.31	010
24201		A	Removal of arm foreign body	4.70	10.49	10.30	5.19	4.96	0.93	090
24220		A	Injection for elbow x-ray	1.31	2.99	3.31	0.57	0.59	0.12	000
24300		A	Manipulate elbow w/anesth	4.04	NA	NA	7.20	6.84	0.72	090
24301		A	Muscle/tendon transfer	10.38	NA	NA	9.90	9.47	2.03	090
24305		A	Arm tendon lengthening	7.62	NA	NA	8.23	7.81	1.36	090
24310		A	Revision of arm tendon	6.12	NA	NA	6.81	6.49	1.18	090
24320		A	Repair of arm tendon	10.86	NA	NA	10.25	9.67	2.14	090
24330		A	Revision of arm muscles	9.79	NA	NA	9.61	9.15	1.92	090

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24331		A	Revision of arm muscles	10.95	NA	NA	11.21	10.33	2.16	090
24332		A	Tenolysis triceps	7.91	NA	NA	8.66	8.22	1.55	090
24340		A	Repair of biceps tendon	8.08	NA	NA	8.53	8.14	1.58	090
24341		A	Repair arm tendon/muscle	9.49	NA	NA	10.78	10.13	1.85	090
24342		A	Repair of ruptured tendon	10.86	NA	NA	10.24	9.78	2.07	090
24343		A	Repr elbow lat ligmnt w/tiss	9.16	NA	NA	10.05	9.58	1.67	090
24344		A	Reconstruct elbow lat ligmnt	15.21	NA	NA	14.51	13.73	3.01	090
24345		A	Repr elbw med ligmnt w/tissu	9.16	NA	NA	9.95	9.46	1.67	090
24346		A	Reconstruct elbow med ligmnt	15.21	NA	NA	14.51	13.78	3.01	090
24357		A	Repair elbow perc	5.44	NA	NA	6.69	6.40	1.03	090
24358		A	Repair elbow w/deb open	6.66	NA	NA	7.62	7.24	1.25	090
24359		A	Repair elbow deb/attch open	8.98	NA	NA	9.01	8.41	1.67	090
24360		A	Reconstruct elbow joint	12.67	NA	NA	11.65	11.11	2.48	090
24361		A	Reconstruct elbow joint	14.41	NA	NA	12.79	12.24	2.84	090
24362		A	Reconstruct elbow joint	15.32	NA	NA	13.33	12.68	3.04	090
24363		A	Replace elbow joint	22.65	NA	NA	18.11	17.03	4.21	090
24365		A	Reconstruct head of radius	8.62	NA	NA	8.65	8.28	1.69	090
24366		A	Reconstruct head of radius	9.36	NA	NA	9.16	8.73	1.77	090
24400		A	Revision of humerus	11.33	NA	NA	10.83	10.37	2.19	090
24410		A	Revision of humerus	15.11	NA	NA	13.48	12.62	2.99	090
24420		A	Revision of humerus	13.73	NA	NA	13.08	12.45	2.71	090
24430		A	Repair of humerus	15.25	NA	NA	13.47	12.66	2.95	090
24435		A	Repair humerus with graft	14.99	NA	NA	14.27	13.47	2.93	090
24470		A	Revision of elbow joint	8.93	NA	NA	9.21	8.21	1.77	090
24495		A	Decompression of forearm	8.41	NA	NA	9.04	8.94	1.80	090
24498		A	Reinforce humerus	12.28	NA	NA	11.15	10.66	2.41	090
24500		A	Treat humerus fracture	3.41	6.20	5.89	5.34	5.00	0.64	090
24505		A	Treat humerus fracture	5.39	8.14	7.77	6.85	6.52	1.05	090
24515		A	Treat humerus fracture	12.12	NA	NA	11.62	11.07	2.34	090
24516		A	Treat humerus fracture	12.19	NA	NA	11.08	10.58	2.38	090

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24530		A	Treat humerus fracture	3.69	6.60	6.27	5.63	5.29	0.69	090
24535		A	Treat humerus fracture	7.11	9.58	9.16	8.30	7.90	1.37	090
24538		A	Treat humerus fracture	9.77	NA	NA	10.35	9.92	1.92	090
24545		A	Treat humerus fracture	13.15	NA	NA	12.04	11.27	2.56	090
24546		A	Treat humerus fracture	14.91	NA	NA	13.27	12.72	2.90	090
24560		A	Treat humerus fracture	2.98	5.66	5.39	4.76	4.44	0.56	090
24565		A	Treat humerus fracture	5.78	8.64	7.99	7.44	6.83	1.14	090
24566		A	Treat humerus fracture	9.06	NA	NA	10.35	9.81	1.80	090
24575		A	Treat humerus fracture	9.71	NA	NA	10.15	9.70	1.88	090
24576		A	Treat humerus fracture	3.06	6.15	5.82	5.21	4.88	0.59	090
24577		A	Treat humerus fracture	6.01	8.84	8.24	7.58	7.01	1.18	090
24579		A	Treat humerus fracture	11.44	NA	NA	11.21	10.64	2.20	090
24582		A	Treat humerus fracture	10.14	NA	NA	11.75	11.03	1.99	090
24586		A	Treat elbow fracture	15.78	NA	NA	13.64	13.02	3.05	090
24587		A	Treat elbow fracture	15.79	NA	NA	13.78	13.07	2.93	090
24600		A	Treat elbow dislocation	4.37	5.24	5.08	4.46	4.22	0.76	090
24605		A	Treat elbow dislocation	5.64	NA	NA	7.02	6.63	1.09	090
24615		A	Treat elbow dislocation	9.83	NA	NA	9.50	9.07	1.84	090
24620		A	Treat elbow fracture	7.22	NA	NA	7.76	7.39	1.36	090
24635		A	Treat elbow fracture	8.80	NA	NA	9.47	9.98	1.67	090
24640		A	Treat elbow dislocation	1.25	2.35	2.13	1.18	1.07	0.23	010
24650		A	Treat radius fracture	2.31	4.76	4.53	4.18	3.90	0.42	090
24655		A	Treat radius fracture	4.62	7.09	6.83	6.08	5.80	0.86	090
24665		A	Treat radius fracture	8.36	NA	NA	9.37	8.90	1.59	090
24666		A	Treat radius fracture	9.86	NA	NA	10.04	9.56	1.86	090
24670		A	Treat ulnar fracture	2.69	5.17	4.93	4.40	4.13	0.50	090
24675		A	Treat ulnar fracture	4.91	7.45	7.13	6.38	6.08	0.93	090
24685		A	Treat ulnar fracture	8.37	NA	NA	9.36	8.90	1.62	090
24800		A	Fusion of elbow joint	11.41	NA	NA	11.02	10.07	2.25	090
24802		A	Fusion/graft of elbow joint	14.32	NA	NA	12.75	12.08	2.83	090

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24900		A	Amputation of upper arm	10.18	NA	NA	9.59	8.97	2.01	090
24920		A	Amputation of upper arm	10.13	NA	NA	9.67	8.93	1.99	090
24925		A	Amputation follow-up surgery	7.30	NA	NA	7.99	7.57	1.44	090
24930		A	Amputation follow-up surgery	10.83	NA	NA	10.09	9.34	2.14	090
24931		A	Amputate upper arm & implant	13.44	NA	NA	8.38	8.14	0.95	090
24935		A	Revision of amputation	16.45	NA	NA	7.55	8.53	3.24	090
24940		C	Revision of upper arm	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	YYY
25000		A	Incision of tendon sheath	3.55	NA	NA	5.65	5.73	0.64	090
25001		A	Incise flexor carpi radialis	3.79	NA	NA	5.67	5.31	0.67	090
25020		A	Decompress forearm 1 space	6.06	NA	NA	9.85	9.56	1.06	090
25023		A	Decompress forearm 1 space	13.83	NA	NA	16.15	15.54	2.74	090
25024		A	Decompress forearm 2 spaces	10.79	NA	NA	10.23	9.72	2.12	090
25025		A	Decompress forearm 2 spaces	17.94	NA	NA	15.21	13.97	3.54	090
25028		A	Drainage of forearm lesion	5.39	NA	NA	8.78	8.54	1.03	090
25031		A	Drainage of forearm bursa	4.26	NA	NA	5.12	5.41	0.83	090
25035		A	Treat forearm bone lesion	7.65	NA	NA	8.16	8.76	1.48	090
25040		A	Explore/treat wrist joint	7.50	NA	NA	7.81	7.58	1.36	090
25065		A	Biopsy forearm soft tissues	2.04	5.09	4.98	2.57	2.48	0.33	010
25066		A	Biopsy forearm soft tissues	4.27	NA	NA	5.46	5.59	0.80	090
25071		A	Exc forearm les sc > 3 cm	5.91	NA	NA	5.69	5.69	1.17	090
25073		A	Exc forearm tum deep 3+ cm	7.13	NA	NA	7.47	7.47	1.36	090
25075		A	Exc forearm les sc < 3 cm	3.96	9.16	9.16	4.64	4.75	0.76	090
25076		A	Exc forearm tum deep < 3 cm	6.74	NA	NA	7.25	7.01	1.28	090
25077		A	Resect forearm/wrist tum<3cm	12.93	NA	NA	10.88	10.20	2.61	090
25078		A	Resect forearm/wrist tum3+cm	17.69	NA	NA	11.93	11.93	3.78	090
25085		A	Incision of wrist capsule	5.64	NA	NA	6.59	6.55	1.10	090
25100		A	Biopsy of wrist joint	4.02	NA	NA	5.34	5.21	0.78	090
25101		A	Explore/treat wrist joint	4.83	NA	NA	6.18	6.01	0.90	090
25105		A	Remove wrist joint lining	6.02	NA	NA	7.15	7.02	1.10	090

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25107		A	Remove wrist joint cartilage	7.70	NA	NA	9.23	8.87	1.36	090
25109		A	Excise tendon forearm/wrist	6.94	NA	NA	7.80	7.25	1.24	090
25110		A	Remove wrist tendon lesion	4.04	NA	NA	5.20	5.36	0.75	090
25111		A	Remove wrist tendon lesion	3.53	NA	NA	5.17	4.99	0.67	090
25112		A	Reremove wrist tendon lesion	4.67	NA	NA	5.85	5.61	0.87	090
25115		A	Remove wrist/forearm lesion	10.09	NA	NA	10.78	10.99	1.80	090
25116		A	Remove wrist/forearm lesion	7.56	NA	NA	8.91	9.35	1.33	090
25118		A	Excise wrist tendon sheath	4.51	NA	NA	5.95	5.78	0.80	090
25119		A	Partial removal of ulna	6.21	NA	NA	7.26	7.17	1.22	090
25120		A	Removal of forearm lesion	6.27	NA	NA	7.29	7.88	1.17	090
25125		A	Remove/graft forearm lesion	7.67	NA	NA	8.36	8.91	1.51	090
25126		A	Remove/graft forearm lesion	7.74	NA	NA	8.40	8.90	1.52	090
25130		A	Removal of wrist lesion	5.43	NA	NA	6.85	6.64	0.99	090
25135		A	Remove & graft wrist lesion	7.08	NA	NA	8.00	7.80	1.39	090
25136		A	Remove & graft wrist lesion	6.14	NA	NA	7.19	6.98	1.21	090
25145		A	Remove forearm bone lesion	6.54	NA	NA	7.43	8.00	1.28	090
25150		A	Partial removal of ulna	7.38	NA	NA	8.00	7.88	1.36	090
25151		A	Partial removal of radius	7.68	NA	NA	8.14	8.68	1.51	090
25170		A	Resect radius/ulnar tumor	22.21	NA	NA	17.82	14.83	4.37	090
25210		A	Removal of wrist bone	6.12	NA	NA	7.29	7.05	1.08	090
25215		A	Removal of wrist bones	8.14	NA	NA	8.83	8.61	1.40	090
25230		A	Partial removal of radius	5.37	NA	NA	6.49	6.29	0.90	090
25240		A	Partial removal of ulna	5.31	NA	NA	6.43	6.37	0.91	090
25246		A	Injection for wrist x-ray	1.45	2.93	3.23	0.59	0.62	0.14	000
25248		A	Remove forearm foreign body	5.31	NA	NA	5.79	6.07	1.05	090
25250		A	Removal of wrist prosthesis	6.77	NA	NA	7.55	7.20	1.32	090
25251		A	Removal of wrist prosthesis	9.82	NA	NA	9.62	9.17	1.93	090
25259		A	Manipulate wrist w/anesthes	4.04	NA	NA	7.28	6.91	0.72	090
25260		A	Repair forearm tendon/muscle	8.04	NA	NA	9.21	9.61	1.48	090
25263		A	Repair forearm tendon/muscle	8.04	NA	NA	8.92	9.44	1.58	090

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25265		A	Repair forearm tendon/muscle	10.10	NA	NA	10.13	10.59	1.97	090
25270		A	Repair forearm tendon/muscle	6.17	NA	NA	7.26	7.81	1.16	090
25272		A	Repair forearm tendon/muscle	7.21	NA	NA	7.90	8.47	1.32	090
25274		A	Repair forearm tendon/muscle	8.94	NA	NA	9.11	9.65	1.77	090
25275		A	Repair forearm tendon sheath	8.96	NA	NA	9.28	8.89	1.77	090
25280		A	Revise wrist/forearm tendon	7.39	NA	NA	8.06	8.57	1.28	090
25290		A	Incise wrist/forearm tendon	5.43	NA	NA	6.50	7.64	0.98	090
25295		A	Release wrist/forearm tendon	6.72	NA	NA	7.62	8.15	1.18	090
25300		A	Fusion of tendons at wrist	9.02	NA	NA	9.48	9.17	1.78	090
25301		A	Fusion of tendons at wrist	8.59	NA	NA	8.97	8.65	1.57	090
25310		A	Transplant forearm tendon	8.08	NA	NA	8.90	9.32	1.39	090
25312		A	Transplant forearm tendon	9.82	NA	NA	9.80	10.22	1.78	090
25315		A	Revise palsy hand tendon(s)	10.68	NA	NA	10.14	10.65	2.10	090
25316		A	Revise palsy hand tendon(s)	12.90	NA	NA	11.80	12.05	1.61	090
25320		A	Repair/revise wrist joint	12.75	NA	NA	14.40	13.58	2.26	090
25332		A	Revise wrist joint	11.74	NA	NA	11.30	10.70	2.18	090
25335		A	Realignment of hand	13.39	NA	NA	8.58	10.00	0.95	090
25337		A	Reconstruct ulna/radioulnar	11.73	NA	NA	12.76	12.17	2.01	090
25350		A	Revision of radius	9.09	NA	NA	9.31	9.82	1.61	090
25355		A	Revision of radius	10.53	NA	NA	10.17	10.66	2.07	090
25360		A	Revision of ulna	8.74	NA	NA	9.00	9.57	1.65	090
25365		A	Revise radius & ulna	12.91	NA	NA	11.81	12.08	2.55	090
25370		A	Revise radius or ulna	14.10	NA	NA	13.10	13.30	2.78	090
25375		A	Revise radius & ulna	13.55	NA	NA	12.19	12.60	0.95	090
25390		A	Shorten radius or ulna	10.70	NA	NA	10.37	10.77	1.88	090
25391		A	Lengthen radius or ulna	14.28	NA	NA	12.63	12.93	2.83	090
25392		A	Shorten radius & ulna	14.58	NA	NA	12.80	13.12	2.90	090
25393		A	Lengthen radius & ulna	16.56	NA	NA	15.42	14.99	3.28	090
25394		A	Repair carpal bone shorten	10.85	NA	NA	10.32	9.80	2.14	090
25400		A	Repair radius or ulna	11.28	NA	NA	10.61	11.08	2.07	090

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25405		A	Repair/graft radius or ulna	15.01	NA	NA	13.20	13.52	2.74	090
25415		A	Repair radius & ulna	13.80	NA	NA	12.84	13.12	2.72	090
25420		A	Repair/graft radius & ulna	17.04	NA	NA	14.52	14.84	3.38	090
25425		A	Repair/graft radius or ulna	13.72	NA	NA	12.29	13.39	2.71	090
25426		A	Repair/graft radius & ulna	16.45	NA	NA	13.92	13.13	3.24	090
25430		A	Vasc graft into carpal bone	9.71	NA	NA	10.06	9.46	1.21	090
25431		A	Repair nonunion carpal bone	10.89	NA	NA	10.43	9.82	2.15	090
25440		A	Repair/graft wrist bone	10.68	NA	NA	10.26	9.89	1.89	090
25441		A	Reconstruct wrist joint	13.29	NA	NA	13.13	12.09	1.65	090
25442		A	Reconstruct wrist joint	11.12	NA	NA	11.04	10.46	1.39	090
25443		A	Reconstruct wrist joint	10.66	NA	NA	10.45	10.01	2.10	090
25444		A	Reconstruct wrist joint	11.42	NA	NA	11.82	10.88	0.80	090
25445		A	Reconstruct wrist joint	9.88	NA	NA	9.78	9.29	1.80	090
25446		A	Wrist replacement	17.30	NA	NA	14.88	14.04	2.95	090
25447		A	Repair wrist joint(s)	11.14	NA	NA	11.54	10.83	1.96	090
25449		A	Remove wrist joint implant	14.94	NA	NA	13.45	12.64	2.95	090
25450		A	Revision of wrist joint	8.06	NA	NA	6.03	6.80	1.58	090
25455		A	Revision of wrist joint	9.71	NA	NA	6.97	7.72	0.68	090
25490		A	Reinforce radius	9.73	NA	NA	8.80	9.51	1.25	090
25491		A	Reinforce ulna	10.15	NA	NA	9.84	10.35	1.99	090
25492		A	Reinforce radius and ulna	12.66	NA	NA	11.77	12.08	2.48	090
25500		A	Treat fracture of radius	2.60	4.73	4.43	4.13	3.80	0.45	090
25505		A	Treat fracture of radius	5.45	8.10	7.75	6.98	6.64	1.03	090
25515		A	Treat fracture of radius	8.80	NA	NA	9.33	8.88	1.67	090
25520		A	Treat fracture of radius	6.50	8.85	8.17	8.04	7.39	1.28	090
25525		A	Treat fracture of radius	10.55	NA	NA	10.72	10.41	2.01	090
25526		A	Treat fracture of radius	13.15	NA	NA	12.66	12.55	2.60	090
25530		A	Treat fracture of ulna	2.24	4.84	4.60	4.17	3.90	0.41	090
25535		A	Treat fracture of ulna	5.36	7.88	7.47	6.91	6.54	1.02	090
25545		A	Treat fracture of ulna	7.94	NA	NA	8.96	8.59	1.51	090

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25560		A	Treat fracture radius & ulna	2.59	4.81	4.53	4.11	3.78	0.48	090
25565		A	Treat fracture radius & ulna	5.85	8.26	7.91	6.94	6.62	1.10	090
25574		A	Treat fracture radius & ulna	8.80	NA	NA	9.41	8.90	1.70	090
25575		A	Treat fracture radius/ulna	12.29	NA	NA	12.08	11.47	2.34	090
25600		A	Treat fracture radius/ulna	2.64	6.27	5.82	5.76	5.24	0.49	090
25605		A	Treat fracture radius/ulna	6.00	8.67	8.57	7.73	7.64	1.15	090
25606		A	Treat fx distal radial	8.31	NA	NA	9.66	9.35	1.61	090
25607		A	Treat fx rad extra-articul	9.56	NA	NA	10.41	9.73	1.82	090
25608		A	Treat fx rad intra-articul	11.07	NA	NA	11.32	10.58	2.07	090
25609		A	Treat fx radial 3+ frag	14.38	NA	NA	14.14	13.18	2.69	090
25622		A	Treat wrist bone fracture	2.79	5.44	5.15	4.71	4.37	0.52	090
25624		A	Treat wrist bone fracture	4.77	7.69	7.42	6.57	6.28	0.88	090
25628		A	Treat wrist bone fracture	9.67	NA	NA	9.98	9.46	1.74	090
25630		A	Treat wrist bone fracture	3.03	5.23	4.98	4.56	4.23	0.56	090
25635		A	Treat wrist bone fracture	4.61	7.72	7.17	6.63	5.96	0.90	090
25645		A	Treat wrist bone fracture	7.42	NA	NA	7.95	7.57	1.47	090
25650		A	Treat wrist bone fracture	3.23	5.44	5.16	4.91	4.53	0.60	090
25651		A	Pin ulnar styloid fracture	5.82	NA	NA	7.42	6.97	1.10	090
25652		A	Treat fracture ulnar styloid	8.06	NA	NA	8.93	8.45	1.47	090
25660		A	Treat wrist dislocation	4.98	NA	NA	5.90	5.67	0.90	090
25670		A	Treat wrist dislocation	8.09	NA	NA	8.30	7.97	1.50	090
25671		A	Pin radioulnar dislocation	6.46	NA	NA	7.97	7.51	1.27	090
25675		A	Treat wrist dislocation	4.89	6.82	6.50	5.81	5.51	0.87	090
25676		A	Treat wrist dislocation	8.29	NA	NA	8.90	8.47	1.54	090
25680		A	Treat wrist fracture	6.23	NA	NA	6.34	5.96	1.08	090
25685		A	Treat wrist fracture	10.09	NA	NA	9.79	9.26	1.97	090
25690		A	Treat wrist dislocation	5.72	NA	NA	7.27	6.77	1.14	090
25695		A	Treat wrist dislocation	8.51	NA	NA	8.60	8.21	1.66	090
25800		A	Fusion of wrist joint	10.07	NA	NA	9.91	9.57	1.81	090
25805		A	Fusion/graft of wrist joint	11.73	NA	NA	11.10	10.79	2.30	090

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25810		A	Fusion/graft of wrist joint	11.95	NA	NA	11.82	11.24	2.12	090
25820		A	Fusion of hand bones	7.64	NA	NA	9.16	8.76	1.37	090
25825		A	Fuse hand bones with graft	9.69	NA	NA	11.08	10.56	1.69	090
25830		A	Fusion radioulnar jnt/ulna	10.88	NA	NA	14.94	14.60	2.15	090
25900		A	Amputation of forearm	9.61	NA	NA	9.72	9.92	1.82	090
25905		A	Amputation of forearm	9.59	NA	NA	9.36	9.56	1.89	090
25907		A	Amputation follow-up surgery	8.09	NA	NA	8.47	8.73	1.59	090
25909		A	Amputation follow-up surgery	9.31	NA	NA	9.19	9.45	1.84	090
25915		A	Amputation of forearm	17.52	NA	NA	10.13	12.55	3.10	090
25920		A	Amputate hand at wrist	9.03	NA	NA	9.80	9.30	1.78	090
25922		A	Amputate hand at wrist	7.65	NA	NA	6.20	6.81	0.53	090
25924		A	Amputation follow-up surgery	8.81	NA	NA	7.63	8.10	1.71	090
25927		A	Amputation of hand	9.09	NA	NA	12.86	12.25	1.80	090
25929		A	Amputation follow-up surgery	7.82	NA	NA	8.90	7.79	1.54	090
25931		A	Amputation follow-up surgery	8.04	NA	NA	9.96	10.43	1.70	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.59	5.50	5.44	2.15	2.03	0.27	010
26011		A	Drainage of finger abscess	2.24	8.47	8.43	2.83	2.69	0.39	010
26020		A	Drain hand tendon sheath	5.08	NA	NA	6.82	6.44	0.93	090
26025		A	Drainage of palm bursa	5.08	NA	NA	6.45	6.09	0.91	090
26030		A	Drainage of palm bursa(s)	6.25	NA	NA	7.22	6.82	1.16	090
26034		A	Treat hand bone lesion	6.63	NA	NA	8.03	7.61	1.22	090
26035		A	Decompress fingers/hand	11.37	NA	NA	11.82	10.92	2.23	090
26037		A	Decompress fingers/hand	7.57	NA	NA	8.00	7.55	1.44	090
26040		A	Release palm contracture	3.46	NA	NA	5.14	4.86	0.56	090
26045		A	Release palm contracture	5.73	NA	NA	6.97	6.64	1.09	090
26055		A	Incise finger tendon sheath	3.11	12.26	12.42	5.39	5.07	0.56	090
26060		A	Incision of finger tendon	2.91	NA	NA	4.43	4.20	0.54	090
26070		A	Explore/treat hand joint	3.81	NA	NA	4.66	4.31	0.65	090
26075		A	Explore/treat finger joint	3.91	NA	NA	4.93	4.63	0.67	090

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26080		A	Explore/treat finger joint	4.47	NA	NA	6.22	5.87	0.78	090
26100		A	Biopsy hand joint lining	3.79	NA	NA	5.27	4.93	0.73	090
26105		A	Biopsy finger joint lining	3.83	NA	NA	5.29	5.01	0.75	090
26110		A	Biopsy finger joint lining	3.65	NA	NA	5.18	4.89	0.64	090
26111		A	Exc hand les sc > 1.5 cm	5.42	NA	NA	6.06	6.06	0.99	090
26113		A	Exc hand tum deep > 1.5 cm	7.13	NA	NA	7.96	7.96	1.25	090
26115		A	Exc hand les sc < 1.5 cm	3.96	9.88	11.38	5.15	5.26	0.71	090
26116		A	Exc hand tum deep < 1.5 cm	6.74	NA	NA	7.72	7.26	1.20	090
26117		A	Exc hand tum ra < 3 cm	10.13	NA	NA	10.48	9.25	1.85	090
26118		A	Exc hand tum ra > 3 cm	14.81	NA	NA	14.22	14.22	2.94	090
26121		A	Release palm contracture	7.73	NA	NA	8.62	8.17	1.40	090
26123		A	Release palm contracture	10.88	NA	NA	12.02	11.24	1.92	090
26125		A	Release palm contracture	4.60	NA	NA	2.94	2.77	0.82	ZZZ
26130		A	Remove wrist joint lining	5.59	NA	NA	7.02	6.59	1.06	090
26135		A	Revise finger joint each	7.13	NA	NA	7.97	7.55	1.27	090
26140		A	Revise finger joint each	6.34	NA	NA	7.49	7.10	1.14	090
26145		A	Tendon excision palm/finger	6.49	NA	NA	7.52	7.13	1.18	090
26160		A	Remove tendon sheath lesion	3.57	12.22	12.10	5.58	5.25	0.65	090
26170		A	Removal of palm tendon each	4.91	NA	NA	6.24	5.92	0.86	090
26180		A	Removal of finger tendon	5.35	NA	NA	6.75	6.44	0.90	090
26185		A	Remove finger bone	6.52	NA	NA	8.38	7.87	1.28	090
26200		A	Remove hand bone lesion	5.65	NA	NA	6.65	6.33	1.03	090
26205		A	Remove/graft bone lesion	7.93	NA	NA	8.33	7.98	1.57	090
26210		A	Removal of finger lesion	5.32	NA	NA	6.80	6.45	0.95	090
26215		A	Remove/graft finger lesion	7.27	NA	NA	7.93	7.52	1.44	090
26230		A	Partial removal of hand bone	6.47	NA	NA	7.20	6.85	1.13	090
26235		A	Partial removal finger bone	6.33	NA	NA	7.26	6.86	1.10	090
26236		A	Partial removal finger bone	5.46	NA	NA	6.61	6.28	0.98	090
26250		A	Extensive hand surgery	15.21	NA	NA	13.76	10.62	3.01	090
26260		A	Resect prox finger tumor	11.16	NA	NA	11.49	9.25	2.19	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
26262		A	Resect distal finger tumor	8.29	NA	NA	8.86	7.46	1.62	090
26320		A	Removal of implant from hand	4.10	NA	NA	5.45	5.16	0.71	090
26340		A	Manipulate finger w/anesth	2.80	NA	NA	6.40	6.05	0.52	090
26350		A	Repair finger/hand tendon	6.21	NA	NA	13.07	13.12	1.13	090
26352		A	Repair/graft hand tendon	7.87	NA	NA	14.02	13.95	1.55	090
26356		A	Repair finger/hand tendon	10.62	NA	NA	19.12	18.68	1.92	090
26357		A	Repair finger/hand tendon	8.77	NA	NA	14.55	14.48	1.71	090
26358		A	Repair/graft hand tendon	9.36	NA	NA	15.74	15.45	1.85	090
26370		A	Repair finger/hand tendon	7.28	NA	NA	13.35	13.39	1.36	090
26372		A	Repair/graft hand tendon	9.01	NA	NA	14.70	14.74	1.78	090
26373		A	Repair finger/hand tendon	8.41	NA	NA	14.34	14.33	1.65	090
26390		A	Revise hand/finger tendon	9.43	NA	NA	12.96	12.71	1.86	090
26392		A	Repair/graft hand tendon	10.50	NA	NA	15.59	15.42	2.07	090
26410		A	Repair hand tendon	4.77	NA	NA	10.53	10.60	0.87	090
26412		A	Repair/graft hand tendon	6.48	NA	NA	12.07	12.05	1.16	090
26415		A	Excision hand/finger tendon	8.51	NA	NA	10.23	10.41	1.17	090
26416		A	Graft hand or finger tendon	9.56	NA	NA	14.31	12.69	1.88	090
26418		A	Repair finger tendon	4.47	NA	NA	11.17	11.19	0.82	090
26420		A	Repair/graft finger tendon	6.94	NA	NA	12.04	12.12	1.37	090
26426		A	Repair finger/hand tendon	6.32	NA	NA	7.39	8.12	1.14	090
26428		A	Repair/graft finger tendon	7.40	NA	NA	12.87	12.79	1.47	090
26432		A	Repair finger tendon	4.16	NA	NA	9.36	9.36	0.73	090
26433		A	Repair finger tendon	4.70	NA	NA	9.67	9.69	0.86	090
26434		A	Repair/graft finger tendon	6.26	NA	NA	11.07	10.95	1.24	090
26437		A	Realignment of tendons	5.99	NA	NA	10.91	10.81	1.03	090
26440		A	Release palm/finger tendon	5.16	NA	NA	11.68	11.80	0.90	090
26442		A	Release palm & finger tendon	9.75	NA	NA	16.49	16.12	1.74	090
26445		A	Release hand/finger tendon	4.45	NA	NA	11.25	11.38	0.78	090
26449		A	Release forearm/hand tendon	8.59	NA	NA	10.63	11.15	1.51	090
26450		A	Incision of palm tendon	3.79	NA	NA	7.19	7.10	0.68	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
26455		A	Incision of finger tendon	3.76	NA	NA	7.20	7.08	0.69	090
26460		A	Incise hand/finger tendon	3.58	NA	NA	7.14	7.01	0.63	090
26471		A	Fusion of finger tendons	5.90	NA	NA	10.83	10.69	1.03	090
26474		A	Fusion of finger tendons	5.49	NA	NA	10.83	10.62	1.08	090
26476		A	Tendon lengthening	5.35	NA	NA	10.73	10.42	1.06	090
26477		A	Tendon shortening	5.32	NA	NA	10.46	10.36	1.02	090
26478		A	Lengthening of hand tendon	5.97	NA	NA	10.86	10.86	1.09	090
26479		A	Shortening of hand tendon	5.91	NA	NA	10.86	10.79	1.17	090
26480		A	Transplant hand tendon	6.90	NA	NA	13.53	13.51	1.21	090
26483		A	Transplant/graft hand tendon	8.48	NA	NA	14.27	14.26	1.57	090
26485		A	Transplant palm tendon	7.89	NA	NA	13.99	13.99	1.40	090
26489		A	Transplant/graft palm tendon	9.86	NA	NA	15.20	14.35	1.93	090
26490		A	Revise thumb tendon	8.60	NA	NA	12.86	12.56	1.69	090
26492		A	Tendon transfer with graft	9.84	NA	NA	13.78	13.54	1.93	090
26494		A	Hand tendon/muscle transfer	8.66	NA	NA	12.75	12.58	1.69	090
26496		A	Revise thumb tendon	9.78	NA	NA	13.51	13.22	1.65	090
26497		A	Finger tendon transfer	9.76	NA	NA	13.40	13.20	1.92	090
26498		A	Finger tendon transfer	14.21	NA	NA	16.39	16.05	2.80	090
26499		A	Revision of finger	9.17	NA	NA	13.05	12.83	1.81	090
26500		A	Hand tendon reconstruction	6.13	NA	NA	10.87	10.75	1.14	090
26502		A	Hand tendon reconstruction	7.31	NA	NA	12.09	11.76	1.46	090
26508		A	Release thumb contracture	6.18	NA	NA	11.02	10.82	1.10	090
26510		A	Thumb tendon transfer	5.60	NA	NA	10.53	10.52	0.98	090
26516		A	Fusion of knuckle joint	7.32	NA	NA	11.64	11.51	1.29	090
26517		A	Fusion of knuckle joints	9.08	NA	NA	13.00	12.86	1.80	090
26518		A	Fusion of knuckle joints	9.27	NA	NA	13.34	13.06	1.82	090
26520		A	Release knuckle contracture	5.47	NA	NA	12.22	12.29	0.99	090
26525		A	Release finger contracture	5.50	NA	NA	12.22	12.31	0.95	090
26530		A	Revise knuckle joint	6.88	NA	NA	7.81	7.39	1.22	090
26531		A	Revise knuckle with implant	8.13	NA	NA	9.02	8.51	1.39	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
26535		A	Revise finger joint	5.41	NA	NA	6.05	5.53	0.83	090
26536		A	Revise/implant finger joint	6.56	NA	NA	12.88	12.17	1.13	090
26540		A	Repair hand joint	6.60	NA	NA	11.23	11.15	1.18	090
26541		A	Repair hand joint with graft	8.81	NA	NA	12.77	12.65	1.52	090
26542		A	Repair hand joint with graft	6.95	NA	NA	11.50	11.39	1.25	090
26545		A	Reconstruct finger joint	7.11	NA	NA	11.83	11.63	1.27	090
26546		A	Repair nonunion hand	10.83	NA	NA	16.11	15.66	1.85	090
26548		A	Reconstruct finger joint	8.22	NA	NA	12.48	12.27	1.50	090
26550		A	Construct thumb replacement	21.68	NA	NA	22.42	19.65	4.26	090
26551		A	Great toe-hand transfer	48.48	NA	NA	28.76	30.75	9.55	090
26553		A	Single transfer toe-hand	48.17	NA	NA	44.59	35.13	3.43	090
26554		A	Double transfer toe-hand	57.01	NA	NA	32.81	34.07	4.06	090
26555		A	Positional change of finger	17.08	NA	NA	19.68	19.23	3.38	090
26556		A	Toe joint transfer	49.75	NA	NA	32.40	29.36	3.96	090
26560		A	Repair of web finger	5.52	NA	NA	10.54	10.13	1.09	090
26561		A	Repair of web finger	11.10	NA	NA	14.96	13.86	2.35	090
26562		A	Repair of web finger	16.68	NA	NA	19.31	18.62	1.18	090
26565		A	Correct metacarpal flaw	6.91	NA	NA	11.35	11.25	1.36	090
26567		A	Correct finger deformity	6.99	NA	NA	11.39	11.31	1.24	090
26568		A	Lengthen metacarpal/finger	9.27	NA	NA	14.85	14.71	1.82	090
26580		A	Repair hand deformity	19.75	NA	NA	15.15	15.82	3.89	090
26587		A	Reconstruct extra finger	14.50	NA	NA	14.76	12.47	3.10	090
26590		A	Repair finger deformity	18.67	NA	NA	15.11	14.34	3.70	090
26591		A	Repair muscles of hand	3.38	NA	NA	8.45	8.54	0.61	090
26593		A	Release muscles of hand	5.50	NA	NA	10.82	10.71	0.93	090
26596		A	Excision constricting tissue	9.14	NA	NA	11.29	10.60	1.81	090
26600		A	Treat metacarpal fracture	2.60	5.35	4.99	4.89	4.46	0.48	090
26605		A	Treat metacarpal fracture	3.03	5.70	5.43	4.93	4.64	0.56	090
26607		A	Treat metacarpal fracture	5.48	NA	NA	6.93	6.35	1.06	090
26608		A	Treat metacarpal fracture	5.55	NA	NA	7.47	7.14	1.03	090

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26615		A	Treat metacarpal fracture	7.07	NA	NA	8.71	8.00	1.29	090
26641		A	Treat thumb dislocation	4.13	5.42	5.33	4.64	4.50	0.72	090
26645		A	Treat thumb fracture	4.58	6.98	6.47	6.02	5.53	0.88	090
26650		A	Treat thumb fracture	5.35	NA	NA	7.68	7.37	1.02	090
26665		A	Treat thumb fracture	7.94	NA	NA	9.16	8.57	1.47	090
26670		A	Treat hand dislocation	3.83	5.04	4.80	4.25	3.95	0.67	090
26675		A	Treat hand dislocation	4.83	7.46	6.92	6.46	5.94	0.95	090
26676		A	Pin hand dislocation	5.74	NA	NA	7.89	7.57	1.06	090
26685		A	Treat hand dislocation	7.07	NA	NA	8.62	8.07	1.39	090
26686		A	Treat hand dislocation	8.17	NA	NA	8.67	8.24	1.61	090
26700		A	Treat knuckle dislocation	3.83	4.66	4.41	4.17	3.86	0.65	090
26705		A	Treat knuckle dislocation	4.38	7.02	6.50	6.04	5.53	0.82	090
26706		A	Pin knuckle dislocation	5.31	NA	NA	6.77	6.32	0.95	090
26715		A	Treat knuckle dislocation	7.03	NA	NA	8.59	7.95	1.31	090
26720		A	Treat finger fracture each	1.76	3.56	3.38	3.19	2.96	0.33	090
26725		A	Treat finger fracture each	3.48	5.67	5.44	4.79	4.50	0.64	090
26727		A	Treat finger fracture each	5.42	NA	NA	7.43	7.10	0.99	090
26735		A	Treat finger fracture each	7.42	NA	NA	8.90	8.20	1.37	090
26740		A	Treat finger fracture each	2.07	4.19	3.94	3.81	3.55	0.35	090
26742		A	Treat finger fracture each	3.99	5.90	5.69	4.98	4.75	0.72	090
26746		A	Treat finger fracture each	9.80	NA	NA	10.50	9.51	1.78	090
26750		A	Treat finger fracture each	1.80	3.11	2.96	3.12	2.90	0.33	090
26755		A	Treat finger fracture each	3.23	5.18	4.98	4.11	3.88	0.59	090
26756		A	Pin finger fracture each	4.58	NA	NA	6.86	6.55	0.83	090
26765		A	Treat finger fracture each	5.86	NA	NA	7.88	7.16	1.09	090
26770		A	Treat finger dislocation	3.15	4.09	3.88	3.58	3.31	0.54	090
26775		A	Treat finger dislocation	3.90	6.46	6.16	5.47	5.12	0.69	090
26776		A	Pin finger dislocation	4.99	NA	NA	7.10	6.79	0.91	090
26785		A	Treat finger dislocation	6.60	NA	NA	8.38	7.58	1.21	090
26820		A	Thumb fusion with graft	8.45	NA	NA	12.62	12.51	1.66	090

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26841		A	Fusion of thumb	7.35	NA	NA	12.32	12.22	1.39	090
26842		A	Thumb fusion with graft	8.49	NA	NA	12.67	12.58	1.66	090
26843		A	Fusion of hand joint	7.78	NA	NA	11.97	11.84	1.54	090
26844		A	Fusion/graft of hand joint	8.98	NA	NA	12.94	12.79	1.78	090
26850		A	Fusion of knuckle	7.14	NA	NA	11.65	11.53	1.24	090
26852		A	Fusion of knuckle with graft	8.71	NA	NA	12.90	12.67	1.47	090
26860		A	Fusion of finger joint	4.88	NA	NA	10.45	10.39	0.84	090
26861		A	Fusion of finger jnt add-on	1.74	NA	NA	1.10	1.03	0.31	ZZZ
26862		A	Fusion/graft of finger joint	7.56	NA	NA	12.15	11.96	1.31	090
26863		A	Fuse/graft added joint	3.89	NA	NA	2.32	2.25	0.75	ZZZ
26910		A	Amputate metacarpal bone	7.79	NA	NA	11.54	11.32	1.50	090
26951		A	Amputation of finger/thumb	6.04	NA	NA	11.62	11.21	1.14	090
26952		A	Amputation of finger/thumb	6.48	NA	NA	11.03	10.94	1.21	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.95	NA	NA	8.91	8.49	1.58	090
26991		A	Drainage of pelvis bursa	7.06	12.18	11.81	7.15	6.74	1.39	090
26992		A	Drainage of bone lesion	13.48	NA	NA	12.48	11.88	2.67	090
27000		A	Incision of hip tendon	5.74	NA	NA	6.04	5.93	1.08	090
27001		A	Incision of hip tendon	7.14	NA	NA	7.47	7.13	1.40	090
27003		A	Incision of hip tendon	7.81	NA	NA	8.30	7.81	1.54	090
27005		A	Incision of hip tendon	10.07	NA	NA	9.57	9.13	1.97	090
27006		A	Incision of hip tendons	10.11	NA	NA	9.86	9.38	1.96	090
27025		A	Incision of hip/thigh fascia	12.89	NA	NA	11.77	11.02	2.57	090
27027		A	Buttock fasciotomy	13.04	NA	NA	11.40	10.35	0.91	090
27030		A	Drainage of hip joint	13.65	NA	NA	11.52	11.09	2.67	090
27033		A	Exploration of hip joint	14.11	NA	NA	12.19	11.64	2.78	090
27035		A	Denervation of hip joint	17.37	NA	NA	14.47	12.68	3.43	090
27036		A	Excision of hip joint/muscle	14.38	NA	NA	12.86	12.22	2.79	090
27040		A	Biopsy of soft tissues	2.92	6.35	6.39	2.44	2.43	0.48	010
27041		A	Biopsy of soft tissues	10.18	NA	NA	7.96	7.78	1.81	090

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27043		A	Exc hip pelvis les sc > 3 cm	6.88	NA	NA	5.68	5.68	1.42	090
27045		A	Exc hip/pelv tum deep > 5 cm	11.13	NA	NA	8.79	8.79	2.26	090
27047		A	Exc hip/pelvis les sc < 3 cm	4.94	7.70	8.16	4.76	5.20	1.02	090
27048		A	Exc hip/pelv tum deep < 5 cm	8.85	NA	NA	7.50	6.66	1.81	090
27049		A	Resect hip/pelv tum < 5 cm	21.55	NA	NA	14.88	12.62	4.33	090
27050		A	Biopsy of sacroiliac joint	4.74	NA	NA	6.14	5.27	0.93	090
27052		A	Biopsy of hip joint	7.42	NA	NA	8.15	7.61	1.47	090
27054		A	Removal of hip joint lining	9.21	NA	NA	9.30	8.84	1.81	090
27057		A	Buttock fasciotomy w/dbrdmt	14.91	NA	NA	12.52	11.37	1.06	090
27059		A	Resect hip/pelv tum > 5 cm	29.35	NA	NA	19.17	19.17	5.78	090
27060		A	Removal of ischial bursa	5.87	NA	NA	6.70	6.01	1.17	090
27062		A	Remove femur lesion/bursa	5.75	NA	NA	6.62	6.27	1.13	090
27065		A	Remove hip bone les super	6.55	NA	NA	7.11	6.79	1.28	090
27066		A	Remove hip bone les deep	11.20	NA	NA	10.76	10.22	2.20	090
27067		A	Remove/graft hip bone lesion	14.72	NA	NA	13.25	12.61	2.91	090
27070		A	Part remove hip bone super	11.56	NA	NA	11.47	10.95	2.27	090
27071		A	Part removal hip bone deep	12.39	NA	NA	12.23	11.71	2.44	090
27075		A	Resect hip tumor	32.71	NA	NA	23.19	22.51	6.44	090
27076		A	Resect hip tum incl acetabul	40.21	NA	NA	28.11	22.44	7.93	090
27077		A	Resect hip tum w/innom bone	45.21	NA	NA	31.64	28.61	8.91	090
27078		A	Rsect hip tum incl femur	32.21	NA	NA	23.89	17.82	6.34	090
27080		A	Removal of tail bone	6.89	NA	NA	6.83	6.36	1.42	090
27086		A	Remove hip foreign body	1.92	4.89	4.84	2.12	2.04	0.31	010
27087		A	Remove hip foreign body	8.83	NA	NA	8.10	7.80	1.70	090
27090		A	Removal of hip prosthesis	11.69	NA	NA	10.75	10.25	2.29	090
27091		A	Removal of hip prosthesis	24.35	NA	NA	18.88	17.81	4.80	090
27093		A	Injection for hip x-ray	1.30	4.02	4.13	0.66	0.63	0.14	000
27095		A	Injection for hip x-ray	1.50	5.05	5.14	0.78	0.73	0.18	000
27096		A	Inject sacroiliac joint	1.40	4.14	3.91	0.68	0.56	0.12	000
27097		A	Revision of hip tendon	9.27	NA	NA	9.16	8.51	1.82	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
27098		A	Transfer tendon to pelvis	9.32	NA	NA	9.44	8.21	1.84	090
27100		A	Transfer of abdominal muscle	11.35	NA	NA	10.98	10.42	2.23	090
27105		A	Transfer of spinal muscle	12.04	NA	NA	11.39	10.84	2.35	090
27110		A	Transfer of iliopsoas muscle	13.77	NA	NA	12.42	11.65	2.72	090
27111		A	Transfer of iliopsoas muscle	12.60	NA	NA	11.73	10.54	2.46	090
27120		A	Reconstruction of hip socket	19.25	NA	NA	15.93	14.91	3.80	090
27122		A	Reconstruction of hip socket	16.09	NA	NA	13.70	13.06	3.16	090
27125		A	Partial hip replacement	16.64	NA	NA	14.02	13.24	3.28	090
27130		A	Total hip arthroplasty	21.79	NA	NA	17.19	16.31	4.29	090
27132		A	Total hip arthroplasty	25.69	NA	NA	19.69	18.74	5.06	090
27134		A	Revise hip joint replacement	30.28	NA	NA	21.62	20.68	5.96	090
27137		A	Revise hip joint replacement	22.70	NA	NA	17.20	16.41	4.46	090
27138		A	Revise hip joint replacement	23.70	NA	NA	17.79	16.97	4.67	090
27140		A	Transplant femur ridge	12.78	NA	NA	11.35	10.89	2.52	090
27146		A	Incision of hip bone	18.92	NA	NA	15.86	14.77	3.74	090
27147		A	Revision of hip bone	22.07	NA	NA	17.74	16.75	4.34	090
27151		A	Incision of hip bones	24.12	NA	NA	18.96	16.93	4.76	090
27156		A	Revision of hip bones	26.23	NA	NA	20.22	18.98	5.16	090
27158		A	Revision of pelvis	21.04	NA	NA	16.90	15.69	4.15	090
27161		A	Incision of neck of femur	17.89	NA	NA	14.94	14.27	3.51	090
27165		A	Incision/fixation of femur	20.29	NA	NA	16.92	15.99	3.99	090
27170		A	Repair/graft femur head/neck	17.61	NA	NA	14.22	13.53	3.47	090
27175		A	Treat slipped epiphysis	9.38	NA	NA	8.65	8.19	1.85	090
27176		A	Treat slipped epiphysis	12.92	NA	NA	11.92	11.25	2.56	090
27177		A	Treat slipped epiphysis	16.09	NA	NA	14.06	13.32	3.17	090
27178		A	Treat slipped epiphysis	12.92	NA	NA	11.92	11.16	2.56	090
27179		A	Revise head/neck of femur	13.97	NA	NA	12.43	11.78	2.75	090
27181		A	Treat slipped epiphysis	16.18	NA	NA	14.23	13.34	3.20	090
27185		A	Revision of femur epiphysis	9.79	NA	NA	6.78	7.05	0.69	090
27187		A	Reinforce hip bones	14.23	NA	NA	12.56	12.01	2.80	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
27193		A	Treat pelvic ring fracture	6.09	6.64	6.28	6.82	6.43	1.20	090
27194		A	Treat pelvic ring fracture	10.20	NA	NA	8.52	8.34	1.66	090
27200		A	Treat tail bone fracture	1.92	2.96	2.77	3.16	2.92	0.35	090
27202		A	Treat tail bone fracture	7.31	NA	NA	7.82	8.75	1.46	090
27215		I	Treat pelvic fracture(s)	10.45	NA	NA	6.55	7.37	0.73	090
27216		I	Treat pelvic ring fracture	15.73	NA	NA	9.48	10.56	1.13	090
27217		I	Treat pelvic ring fracture	14.65	NA	NA	9.01	10.18	1.05	090
27218		I	Treat pelvic ring fracture	20.93	NA	NA	11.76	13.01	1.50	090
27220		A	Treat hip socket fracture	6.83	7.52	7.11	7.39	6.99	1.33	090
27222		A	Treat hip socket fracture	14.11	NA	NA	12.22	11.68	2.76	090
27226		A	Treat hip wall fracture	15.57	NA	NA	13.13	12.08	3.08	090
27227		A	Treat hip fracture(s)	25.41	NA	NA	19.64	18.63	5.01	090
27228		A	Treat hip fracture(s)	29.33	NA	NA	21.92	20.89	5.78	090
27230		A	Treat thigh fracture	5.81	7.00	6.66	6.91	6.53	1.14	090
27232		A	Treat thigh fracture	11.72	NA	NA	8.85	8.46	2.25	090
27235		A	Treat thigh fracture	13.00	NA	NA	11.63	11.08	2.56	090
27236		A	Treat thigh fracture	17.61	NA	NA	14.78	13.95	3.47	090
27238		A	Treat thigh fracture	5.75	NA	NA	6.63	6.30	1.13	090
27240		A	Treat thigh fracture	13.81	NA	NA	12.00	11.41	2.69	090
27244		A	Treat thigh fracture	18.18	NA	NA	15.15	14.29	3.57	090
27245		A	Treat thigh fracture	18.18	NA	NA	15.17	14.68	3.57	090
27246		A	Treat thigh fracture	4.83	5.57	5.31	5.62	5.34	0.93	090
27248		A	Treat thigh fracture	10.78	NA	NA	9.30	8.97	2.12	090
27250		A	Treat hip dislocation	3.82	NA	NA	0.98	1.53	0.67	000
27252		A	Treat hip dislocation	11.03	NA	NA	9.33	8.88	2.14	090
27253		A	Treat hip dislocation	13.58	NA	NA	11.87	11.34	2.67	090
27254		A	Treat hip dislocation	18.94	NA	NA	15.26	14.52	3.73	090
27256		A	Treat hip dislocation	4.28	3.52	3.42	1.78	1.85	0.75	010
27257		A	Treat hip dislocation	5.38	NA	NA	3.57	3.39	0.98	010
27258		A	Treat hip dislocation	16.18	NA	NA	13.86	13.11	3.20	090

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27259		A	Treat hip dislocation	23.26	NA	NA	18.78	17.73	4.57	090
27265		A	Treat hip dislocation	5.24	NA	NA	5.28	5.14	0.93	090
27266		A	Treat hip dislocation	7.78	NA	NA	7.95	7.56	1.52	090
27267		A	Cltx thigh fx	5.50	NA	NA	6.23	5.74	1.09	090
27268		A	Cltx thigh fx w/mnpj	7.12	NA	NA	7.44	6.75	1.40	090
27269		A	Optx thigh fx	18.89	NA	NA	14.53	13.34	3.70	090
27275		A	Manipulation of hip joint	2.32	NA	NA	2.53	2.44	0.39	010
27280		A	Fusion of sacroiliac joint	14.64	NA	NA	13.05	12.42	3.04	090
27282		A	Fusion of pubic bones	11.85	NA	NA	11.28	10.10	2.31	090
27284		A	Fusion of hip joint	25.06	NA	NA	18.77	16.60	4.95	090
27286		A	Fusion of hip joint	25.17	NA	NA	19.59	18.64	4.97	090
27290		A	Amputation of leg at hip	24.55	NA	NA	19.43	17.67	4.85	090
27295		A	Amputation of leg at hip	19.66	NA	NA	14.42	13.64	4.01	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.78	11.38	11.03	6.71	6.35	1.37	090
27303		A	Drainage of bone lesion	8.63	NA	NA	8.66	8.25	1.69	090
27305		A	Incise thigh tendon & fascia	6.18	NA	NA	6.77	6.33	1.22	090
27306		A	Incision of thigh tendon	4.74	NA	NA	5.35	5.20	0.93	090
27307		A	Incision of thigh tendons	6.06	NA	NA	6.92	6.44	1.20	090
27310		A	Exploration of knee joint	10.00	NA	NA	9.78	9.27	1.96	090
27323		A	Biopsy thigh soft tissues	2.33	5.21	5.06	2.59	2.49	0.41	010
27324		A	Biopsy thigh soft tissues	5.04	NA	NA	5.52	5.20	1.05	090
27325		A	Neurectomy hamstring	7.20	NA	NA	7.86	7.15	1.42	090
27326		A	Neurectomy popliteal	6.47	NA	NA	7.43	6.77	1.27	090
27327		A	Exc thigh/knee les sc < 3 cm	3.96	8.45	7.92	4.42	4.45	0.80	090
27328		A	Exc thigh/knee tum deep <5cm	8.85	NA	NA	7.75	6.48	1.81	090
27329		A	Resect thigh/knee tum < 5 cm	15.72	NA	NA	12.26	11.56	3.18	090
27330		A	Biopsy knee joint lining	5.11	NA	NA	6.11	5.68	0.95	090
27331		A	Explore/treat knee joint	6.02	NA	NA	6.85	6.53	1.18	090
27332		A	Removal of knee cartilage	8.46	NA	NA	8.88	8.46	1.65	090

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27333		A	Removal of knee cartilage	7.55	NA	NA	8.29	7.87	1.50	090
27334		A	Remove knee joint lining	9.19	NA	NA	9.31	8.82	1.81	090
27335		A	Remove knee joint lining	10.55	NA	NA	10.08	9.63	2.07	090
27337		A	Exc thigh/knee les sc 3+ cm	5.91	NA	NA	5.38	5.38	1.21	090
27339		A	Exc thigh/knee tum deep 5+cm	11.13	NA	NA	9.09	9.09	2.26	090
27340		A	Removal of kneecap bursa	4.32	NA	NA	5.76	5.47	0.84	090
27345		A	Removal of knee cyst	6.09	NA	NA	6.91	6.62	1.20	090
27347		A	Remove knee cyst	6.73	NA	NA	7.57	7.12	1.32	090
27350		A	Removal of kneecap	8.66	NA	NA	8.98	8.56	1.69	090
27355		A	Remove femur lesion	8.00	NA	NA	8.28	7.92	1.58	090
27356		A	Remove femur lesion/graft	10.09	NA	NA	9.81	9.36	1.97	090
27357		A	Remove femur lesion/graft	11.16	NA	NA	10.86	10.33	2.20	090
27358		A	Remove femur lesion/fixation	4.73	NA	NA	2.82	2.72	0.91	ZZZ
27360		A	Partial removal leg bone(s)	11.46	NA	NA	11.56	11.04	2.26	090
27364		A	Resect thigh/knee tum 5+ cm	24.49	NA	NA	17.23	17.23	4.97	090
27365		A	Resect femur/knee tumor	32.21	NA	NA	23.74	18.72	6.36	090
27370		A	Injection for knee x-ray	0.96	3.83	3.84	0.51	0.47	0.12	000
27372		A	Removal of foreign body	5.21	11.37	11.06	5.77	5.51	1.03	090
27380		A	Repair of kneecap tendon	7.45	NA	NA	8.58	8.25	1.47	090
27381		A	Repair/graft kneecap tendon	10.76	NA	NA	10.79	10.37	2.12	090
27385		A	Repair of thigh muscle	6.93	NA	NA	8.72	8.54	1.36	090
27386		A	Repair/graft of thigh muscle	11.13	NA	NA	11.34	10.86	2.19	090
27390		A	Incision of thigh tendon	5.53	NA	NA	6.60	6.24	1.09	090
27391		A	Incision of thigh tendons	7.49	NA	NA	8.10	7.69	1.48	090
27392		A	Incision of thigh tendons	9.63	NA	NA	9.63	9.04	1.89	090
27393		A	Lengthening of thigh tendon	6.59	NA	NA	7.06	6.78	1.29	090
27394		A	Lengthening of thigh tendons	8.79	NA	NA	8.73	8.38	1.70	090
27395		A	Lengthening of thigh tendons	12.24	NA	NA	11.51	10.97	2.41	090
27396		A	Transplant of thigh tendon	8.15	NA	NA	8.49	8.11	1.61	090
27397		A	Transplants of thigh tendons	12.66	NA	NA	12.13	11.45	2.48	090

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27400		A	Revise thigh muscles/tendons	9.33	NA	NA	9.45	8.95	1.84	090
27403		A	Repair of knee cartilage	8.62	NA	NA	8.70	8.32	1.67	090
27405		A	Repair of knee ligament	9.08	NA	NA	9.21	8.80	1.80	090
27407		A	Repair of knee ligament	10.85	NA	NA	10.57	9.77	2.14	090
27409		A	Repair of knee ligaments	13.71	NA	NA	12.39	11.77	2.71	090
27412		A	Autochondrocyte implant knee	24.74	NA	NA	19.87	18.79	4.89	090
27415		A	Osteochondral knee allograft	20.00	NA	NA	17.22	16.19	3.93	090
27416		A	Osteochondral knee autograft	14.16	NA	NA	12.36	11.50	2.79	090
27418		A	Repair degenerated kneecap	11.60	NA	NA	10.87	10.41	2.26	090
27420		A	Revision of unstable kneecap	10.26	NA	NA	9.91	9.47	2.00	090
27422		A	Revision of unstable kneecap	10.21	NA	NA	9.88	9.44	1.99	090
27424		A	Revision/removal of kneecap	10.24	NA	NA	9.82	9.43	2.00	090
27425		A	Lat retinacular release open	5.39	NA	NA	6.74	6.42	1.06	090
27427		A	Reconstruction knee	9.79	NA	NA	9.60	9.17	1.92	090
27428		A	Reconstruction knee	15.58	NA	NA	14.53	13.77	3.09	090
27429		A	Reconstruction knee	17.54	NA	NA	16.06	15.28	3.47	090
27430		A	Revision of thigh muscles	10.16	NA	NA	9.84	9.39	1.99	090
27435		A	Incision of knee joint	10.88	NA	NA	10.92	10.36	2.15	090
27437		A	Revise kneecap	8.93	NA	NA	8.94	8.52	1.77	090
27438		A	Revise kneecap with implant	11.89	NA	NA	10.83	10.30	2.33	090
27440		A	Revision of knee joint	11.09	NA	NA	10.49	9.57	2.18	090
27441		A	Revision of knee joint	11.54	NA	NA	10.76	9.78	2.26	090
27442		A	Revision of knee joint	12.37	NA	NA	11.15	10.57	2.42	090
27443		A	Revision of knee joint	11.41	NA	NA	10.68	10.15	2.25	090
27445		A	Revision of knee joint	18.66	NA	NA	15.19	14.49	3.70	090
27446		A	Revision of knee joint	16.38	NA	NA	13.48	12.93	3.23	090
27447		A	Total knee arthroplasty	23.25	NA	NA	18.37	17.49	4.57	090
27448		A	Incision of thigh	11.60	NA	NA	10.51	10.02	2.29	090
27450		A	Incision of thigh	14.61	NA	NA	12.75	12.22	2.90	090
27454		A	Realignment of thigh bone	19.17	NA	NA	16.01	14.94	3.78	090

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27455		A	Realignment of knee	13.36	NA	NA	12.13	11.54	2.63	090
27457		A	Realignment of knee	14.03	NA	NA	12.01	11.47	2.76	090
27465		A	Shortening of thigh bone	18.60	NA	NA	15.32	14.19	3.69	090
27466		A	Lengthening of thigh bone	17.28	NA	NA	14.47	13.87	3.42	090
27468		A	Shorten/lengthen thighs	19.97	NA	NA	16.37	15.39	3.93	090
27470		A	Repair of thigh	17.14	NA	NA	14.75	14.05	3.39	090
27472		A	Repair/graft of thigh	18.72	NA	NA	15.45	14.79	3.70	090
27475		A	Surgery to stop leg growth	8.93	NA	NA	6.31	7.18	1.77	090
27477		A	Surgery to stop leg growth	10.14	NA	NA	9.68	9.21	1.99	090
27479		A	Surgery to stop leg growth	13.16	NA	NA	11.73	11.19	0.93	090
27485		A	Surgery to stop leg growth	9.13	NA	NA	9.00	8.59	1.81	090
27486		A	Revise/replace knee joint	21.12	NA	NA	16.98	16.16	4.15	090
27487		A	Revise/replace knee joint	27.11	NA	NA	20.50	19.56	5.34	090
27488		A	Removal of knee prosthesis	17.60	NA	NA	14.90	14.16	3.47	090
27495		A	Reinforce thigh	16.54	NA	NA	13.96	13.34	3.25	090
27496		A	Decompression of thigh/knee	6.78	NA	NA	7.93	7.12	1.33	090
27497		A	Decompression of thigh/knee	7.79	NA	NA	7.95	7.09	1.54	090
27498		A	Decompression of thigh/knee	8.66	NA	NA	9.05	7.84	1.69	090
27499		A	Decompression of thigh/knee	9.43	NA	NA	9.51	8.49	1.86	090
27500		A	Treatment of thigh fracture	6.30	7.73	7.33	6.67	6.28	1.22	090
27501		A	Treatment of thigh fracture	6.45	7.18	6.84	7.06	6.68	1.27	090
27502		A	Treatment of thigh fracture	11.36	NA	NA	9.65	9.27	2.19	090
27503		A	Treatment of thigh fracture	11.27	NA	NA	10.49	9.95	2.20	090
27506		A	Treatment of thigh fracture	19.65	NA	NA	16.59	15.71	3.87	090
27507		A	Treatment of thigh fracture	14.48	NA	NA	11.85	11.34	2.86	090
27508		A	Treatment of thigh fracture	6.20	7.98	7.62	7.14	6.77	1.20	090
27509		A	Treatment of thigh fracture	8.14	NA	NA	9.37	8.99	1.59	090
27510		A	Treatment of thigh fracture	9.80	NA	NA	8.80	8.51	1.88	090
27511		A	Treatment of thigh fracture	15.11	NA	NA	11.90	11.57	2.98	090
27513		A	Treatment of thigh fracture	19.25	NA	NA	14.35	14.02	3.80	090

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27514		A	Treatment of thigh fracture	14.60	NA	NA	11.58	11.63	2.87	090
27516		A	Treat thigh fx growth plate	5.59	8.18	7.67	7.32	6.84	1.10	090
27517		A	Treat thigh fx growth plate	9.12	NA	NA	9.43	8.95	1.80	090
27519		A	Treat thigh fx growth plate	13.25	NA	NA	10.87	10.77	2.61	090
27520		A	Treat kneecap fracture	3.04	5.70	5.43	4.94	4.62	0.59	090
27524		A	Treat kneecap fracture	10.37	NA	NA	10.00	9.55	2.03	090
27530		A	Treat knee fracture	2.65	5.74	5.77	5.10	5.10	0.51	090
27532		A	Treat knee fracture	7.55	9.17	8.71	8.13	7.71	1.48	090
27535		A	Treat knee fracture	13.41	NA	NA	10.89	10.57	2.63	090
27536		A	Treat knee fracture	17.39	NA	NA	14.88	14.10	3.43	090
27538		A	Treat knee fracture(s)	5.09	7.73	7.36	6.91	6.53	0.99	090
27540		A	Treat knee fracture	11.30	NA	NA	10.72	10.36	2.22	090
27550		A	Treat knee dislocation	5.98	7.44	7.10	6.46	6.12	1.10	090
27552		A	Treat knee dislocation	8.18	NA	NA	8.79	8.33	1.61	090
27556		A	Treat knee dislocation	13.00	NA	NA	10.72	10.62	2.57	090
27557		A	Treat knee dislocation	15.90	NA	NA	12.45	12.31	3.14	090
27558		A	Treat knee dislocation	18.39	NA	NA	13.93	13.56	3.62	090
27560		A	Treat kneecap dislocation	3.99	6.34	5.95	5.62	5.10	0.76	090
27562		A	Treat kneecap dislocation	5.98	NA	NA	7.10	6.53	1.18	090
27566		A	Treat kneecap dislocation	12.71	NA	NA	11.36	10.85	2.50	090
27570		A	Fixation of knee joint	1.79	NA	NA	2.30	2.18	0.34	010
27580		A	Fusion of knee	21.10	NA	NA	17.83	17.04	4.15	090
27590		A	Amputate leg at thigh	13.47	NA	NA	8.41	8.08	2.95	090
27591		A	Amputate leg at thigh	13.94	NA	NA	10.13	9.91	2.91	090
27592		A	Amputate leg at thigh	10.98	NA	NA	7.79	7.48	2.34	090
27594		A	Amputation follow-up surgery	7.29	NA	NA	6.42	6.23	1.55	090
27596		A	Amputation follow-up surgery	11.29	NA	NA	8.33	8.04	2.40	090
27598		A	Amputate lower leg at knee	11.22	NA	NA	8.82	8.48	2.33	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	6.03	NA	NA	5.12	5.07	1.27	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
27601		A	Decompression of lower leg	6.05	NA	NA	5.98	5.76	1.27	090
27602		A	Decompression of lower leg	7.82	NA	NA	5.66	5.63	1.74	090
27603		A	Drain lower leg lesion	5.23	9.60	9.17	5.51	5.21	1.01	090
27604		A	Drain lower leg bursa	4.59	8.60	8.11	4.68	4.49	0.78	090
27605		A	Incision of achilles tendon	2.92	6.53	6.78	2.19	2.26	0.34	010
27606		A	Incision of achilles tendon	4.18	NA	NA	3.66	3.58	0.72	010
27607		A	Treat lower leg bone lesion	8.62	NA	NA	8.11	7.72	1.58	090
27610		A	Explore/treat ankle joint	9.13	NA	NA	8.71	8.32	1.63	090
27612		A	Exploration of ankle joint	8.15	NA	NA	7.34	7.07	1.16	090
27613		A	Biopsy lower leg soft tissue	2.22	4.90	4.75	2.38	2.30	0.31	010
27614		A	Biopsy lower leg soft tissue	5.80	10.09	9.62	5.28	5.12	1.03	090
27615		A	Resect leg/ankle tum < 5 cm	15.72	NA	NA	12.21	10.98	3.14	090
27616		A	Resect leg/ankle tum 5+ cm	19.63	NA	NA	14.60	14.60	3.91	090
27618		A	Exc leg/ankle tum < 3 cm	3.96	8.32	8.04	4.38	4.57	0.73	090
27619		A	Exc leg/ankle tum deep <5 cm	6.91	NA	NA	6.31	6.49	1.22	090
27620		A	Explore/treat ankle joint	6.15	NA	NA	6.41	6.18	1.05	090
27625		A	Remove ankle joint lining	8.49	NA	NA	7.31	7.15	1.27	090
27626		A	Remove ankle joint lining	9.10	NA	NA	8.09	7.82	1.52	090
27630		A	Removal of tendon lesion	4.94	10.59	10.04	5.16	4.99	0.78	090
27632		A	Exc leg/ankle les sc 3+ cm	5.91	NA	NA	5.33	5.33	1.13	090
27634		A	Exc leg/ankle tum deep 5+ cm	10.13	NA	NA	8.13	8.13	1.80	090
27635		A	Remove lower leg bone lesion	8.03	NA	NA	8.13	7.78	1.50	090
27637		A	Remove/graft leg bone lesion	10.31	NA	NA	10.37	9.82	2.01	090
27638		A	Remove/graft leg bone lesion	10.99	NA	NA	9.89	9.56	2.16	090
27640		A	Partial removal of tibia	12.24	NA	NA	10.69	10.48	2.20	090
27641		A	Partial removal of fibula	9.84	NA	NA	8.45	8.34	1.67	090
27645		A	Resect tibia tumor	27.21	NA	NA	21.02	16.69	5.36	090
27646		A	Resect fibula tumor	23.21	NA	NA	18.64	14.73	4.57	090
27647		A	Resect talus/calcaneus tum	20.26	NA	NA	10.84	9.49	2.03	090
27648		A	Injection for ankle x-ray	0.96	3.62	3.64	0.49	0.46	0.12	000

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27650		A	Repair achilles tendon	9.21	NA	NA	9.15	8.80	1.51	090
27652		A	Repair/graft achilles tendon	10.78	NA	NA	8.57	8.50	1.51	090
27654		A	Repair of achilles tendon	10.53	NA	NA	9.15	8.78	1.51	090
27656		A	Repair leg fascia defect	4.71	12.62	11.28	6.04	5.29	0.91	090
27658		A	Repair of leg tendon each	5.12	NA	NA	5.28	5.13	0.78	090
27659		A	Repair of leg tendon each	7.10	NA	NA	6.42	6.23	0.99	090
27664		A	Repair of leg tendon each	4.73	NA	NA	5.37	5.15	0.75	090
27665		A	Repair of leg tendon each	5.57	NA	NA	5.71	5.58	0.88	090
27675		A	Repair lower leg tendons	7.35	NA	NA	6.16	6.08	1.02	090
27676		A	Repair lower leg tendons	8.73	NA	NA	8.10	7.80	1.70	090
27680		A	Release of lower leg tendon	5.88	NA	NA	6.04	5.77	0.98	090
27681		A	Release of lower leg tendons	7.05	NA	NA	7.74	7.11	1.39	090
27685		A	Revision of lower leg tendon	6.69	11.82	11.01	6.23	6.06	0.91	090
27686		A	Revise lower leg tendons	7.75	NA	NA	7.46	7.23	1.29	090
27687		A	Revision of calf tendon	6.41	NA	NA	6.19	5.98	0.99	090
27690		A	Revise lower leg tendon	9.17	NA	NA	8.52	8.08	1.32	090
27691		A	Revise lower leg tendon	10.49	NA	NA	10.15	9.66	1.82	090
27692		A	Revise additional leg tendon	1.87	NA	NA	1.05	1.01	0.34	ZZZ
27695		A	Repair of ankle ligament	6.70	NA	NA	6.49	6.39	1.08	090
27696		A	Repair of ankle ligaments	8.58	NA	NA	7.00	6.88	1.16	090
27698		A	Repair of ankle ligament	9.61	NA	NA	8.08	7.83	1.51	090
27700		A	Revision of ankle joint	9.66	NA	NA	6.78	6.67	1.20	090
27702		A	Reconstruct ankle joint	14.42	NA	NA	12.13	11.77	2.65	090
27703		A	Reconstruction ankle joint	16.94	NA	NA	13.72	13.29	3.18	090
27704		A	Removal of ankle implant	7.81	NA	NA	7.97	7.49	1.42	090
27705		A	Incision of tibia	10.86	NA	NA	9.91	9.47	2.01	090
27707		A	Incision of fibula	4.78	NA	NA	6.33	6.00	0.90	090
27709		A	Incision of tibia & fibula	17.48	NA	NA	14.60	13.27	3.38	090
27712		A	Realignment of lower leg	15.87	NA	NA	14.05	13.30	3.14	090
27715		A	Revision of lower leg	15.50	NA	NA	12.98	12.54	3.08	090

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27720		A	Repair of tibia	12.36	NA	NA	11.37	10.91	2.40	090
27722		A	Repair/graft of tibia	12.45	NA	NA	11.64	10.96	2.44	090
27724		A	Repair/graft of tibia	19.31	NA	NA	15.06	14.39	3.80	090
27725		A	Repair of lower leg	17.41	NA	NA	15.63	14.72	3.44	090
27726		A	Repair fibula nonunion	14.34	NA	NA	12.08	10.88	2.78	090
27727		A	Repair of lower leg	14.84	NA	NA	13.21	11.66	2.94	090
27730		A	Repair of tibia epiphysis	7.70	NA	NA	8.15	7.74	1.52	090
27732		A	Repair of fibula epiphysis	5.46	NA	NA	6.65	5.85	1.08	090
27734		A	Repair lower leg epiphyses	8.83	NA	NA	8.91	7.76	0.63	090
27740		A	Repair of leg epiphyses	9.61	NA	NA	6.73	7.08	1.89	090
27742		A	Repair of leg epiphyses	10.63	NA	NA	8.98	8.07	2.08	090
27745		A	Reinforce tibia	10.49	NA	NA	9.89	9.49	2.04	090
27750		A	Treatment of tibia fracture	3.37	6.01	5.72	5.23	4.93	0.64	090
27752		A	Treatment of tibia fracture	6.27	8.34	7.96	7.22	6.86	1.21	090
27756		A	Treatment of tibia fracture	7.45	NA	NA	8.12	7.73	1.46	090
27758		A	Treatment of tibia fracture	12.54	NA	NA	11.61	11.03	2.45	090
27759		A	Treatment of tibia fracture	14.45	NA	NA	12.60	12.03	2.84	090
27760		A	Cltx medial ankle fx	3.21	5.87	5.60	5.07	4.77	0.59	090
27762		A	Cltx med ankle fx w/mnpj	5.47	7.57	7.30	6.45	6.20	1.01	090
27766		A	Optx medial ankle fx	7.89	NA	NA	8.74	8.35	1.51	090
27767		A	Cltx post ankle fx	2.64	5.05	4.65	5.10	4.69	0.50	090
27768		A	Cltx post ankle fx w/mnpj	5.14	NA	NA	6.78	6.10	1.02	090
27769		A	Optx post ankle fx	10.14	NA	NA	9.81	8.80	1.99	090
27780		A	Treatment of fibula fracture	2.83	5.45	5.15	4.70	4.38	0.53	090
27781		A	Treatment of fibula fracture	4.59	6.95	6.61	6.11	5.78	0.87	090
27784		A	Treatment of fibula fracture	9.67	NA	NA	9.84	9.15	1.88	090
27786		A	Treatment of ankle fracture	3.02	5.59	5.33	4.77	4.48	0.54	090
27788		A	Treatment of ankle fracture	4.64	6.86	6.58	5.87	5.61	0.84	090
27792		A	Treatment of ankle fracture	8.75	NA	NA	8.97	8.79	1.66	090
27808		A	Treatment of ankle fracture	3.03	6.04	5.77	5.12	4.83	0.56	090

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27810		A	Treatment of ankle fracture	5.32	7.41	7.16	6.26	6.04	1.01	090
27814		A	Treatment of ankle fracture	10.62	NA	NA	10.39	9.94	2.04	090
27816		A	Treatment of ankle fracture	3.07	5.60	5.28	4.70	4.39	0.54	090
27818		A	Treatment of ankle fracture	5.69	7.30	7.09	6.00	5.82	1.05	090
27822		A	Treatment of ankle fracture	11.21	NA	NA	11.71	11.36	2.16	090
27823		A	Treatment of ankle fracture	13.16	NA	NA	12.86	12.42	2.55	090
27824		A	Treat lower leg fracture	3.31	5.18	4.93	4.93	4.64	0.61	090
27825		A	Treat lower leg fracture	6.69	8.13	7.79	6.75	6.45	1.28	090
27826		A	Treat lower leg fracture	11.10	NA	NA	11.72	11.08	2.14	090
27827		A	Treat lower leg fracture	14.79	NA	NA	14.68	14.11	2.90	090
27828		A	Treat lower leg fracture	18.43	NA	NA	16.80	16.06	3.59	090
27829		A	Treat lower leg joint	8.80	NA	NA	9.84	9.24	1.69	090
27830		A	Treat lower leg dislocation	3.96	6.37	5.83	5.65	5.14	0.76	090
27831		A	Treat lower leg dislocation	4.73	NA	NA	6.10	5.62	0.91	090
27832		A	Treat lower leg dislocation	10.17	NA	NA	10.31	9.37	1.99	090
27840		A	Treat ankle dislocation	4.77	NA	NA	4.94	4.68	0.83	090
27842		A	Treat ankle dislocation	6.46	NA	NA	7.04	6.58	1.21	090
27846		A	Treat ankle dislocation	10.28	NA	NA	9.63	9.26	1.95	090
27848		A	Treat ankle dislocation	11.68	NA	NA	10.50	10.24	2.25	090
27860		A	Fixation of ankle joint	2.39	NA	NA	2.36	2.32	0.39	010
27870		A	Fusion of ankle joint open	15.41	NA	NA	12.92	12.40	2.80	090
27871		A	Fusion of tibiofibular joint	9.54	NA	NA	9.26	8.87	1.85	090
27880		A	Amputation of lower leg	15.37	NA	NA	9.50	9.03	3.32	090
27881		A	Amputation of lower leg	13.47	NA	NA	10.24	9.97	2.80	090
27882		A	Amputation of lower leg	9.79	NA	NA	6.68	6.63	2.15	090
27884		A	Amputation follow-up surgery	8.76	NA	NA	7.00	6.77	1.86	090
27886		A	Amputation follow-up surgery	10.02	NA	NA	7.90	7.66	2.14	090
27888		A	Amputation of foot at ankle	10.37	NA	NA	8.15	8.11	1.93	090
27889		A	Amputation of foot at ankle	10.86	NA	NA	7.04	7.02	2.41	090
27892		A	Decompression of leg	7.94	NA	NA	7.00	6.64	1.63	090

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27893		A	Decompression of leg	7.90	NA	NA	8.60	7.58	1.67	090
27894		A	Decompression of leg	12.67	NA	NA	10.44	9.97	2.67	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.78	4.98	4.73	1.97	2.01	0.23	010
28002		A	Treatment of foot infection	4.00	6.94	7.03	3.19	3.47	0.45	010
28003		A	Treatment of foot infection	9.06	10.94	10.37	6.70	6.43	1.06	090
28005		A	Treat foot bone lesion	9.44	NA	NA	7.11	7.03	1.02	090
28008		A	Incision of foot fascia	4.59	7.62	7.24	3.67	3.66	0.41	090
28010		A	Incision of toe tendon	2.97	3.63	3.47	2.97	2.91	0.27	090
28011		A	Incision of toe tendons	4.28	5.05	4.77	4.04	3.92	0.49	090
28020		A	Exploration of foot joint	5.15	9.85	9.15	4.83	4.68	0.67	090
28022		A	Exploration of foot joint	4.81	8.72	8.25	4.17	4.18	0.49	090
28024		A	Exploration of toe joint	4.52	8.25	7.86	3.91	3.97	0.42	090
28035		A	Decompression of tibia nerve	5.23	9.46	8.96	4.63	4.59	0.65	090
28039		A	Exc foot/toe tum sc > 1.5 cm	5.42	8.34	8.34	4.04	4.04	0.54	090
28041		A	Exc foot/toe tum deep 1.5cm+	7.13	NA	NA	5.27	5.27	0.73	090
28043		A	Exc foot/toe tum sc < 1.5 cm	3.96	7.50	6.49	3.52	3.48	0.39	090
28045		A	Exc foot/toe tum deep <1.5cm	5.45	8.86	8.42	4.53	4.30	0.56	090
28046		A	Resect foot/toe tumor < 3 cm	12.38	NA	NA	8.52	7.91	1.66	090
28047		A	Resect foot/toe tumor > 3 cm	17.45	NA	NA	8.52	8.52	1.33	090
28050		A	Biopsy of foot joint lining	4.39	7.69	7.69	3.55	3.81	0.39	090
28052		A	Biopsy of foot joint lining	4.06	8.03	7.57	3.66	3.65	0.49	090
28054		A	Biopsy of toe joint lining	3.57	7.11	7.05	3.11	3.31	0.27	090
28055		A	Neurectomy foot	6.29	NA	NA	4.40	4.36	0.53	090
28060		A	Partial removal foot fascia	5.40	9.16	8.61	4.58	4.50	0.54	090
28062		A	Removal of foot fascia	6.69	9.92	9.48	4.80	4.76	0.60	090
28070		A	Removal of foot joint lining	5.24	9.87	8.99	4.77	4.55	0.56	090
28072		A	Removal of foot joint lining	4.72	9.77	9.16	4.67	4.66	0.64	090
28080		A	Removal of foot lesion	4.86	9.83	9.13	5.38	5.14	0.48	090
28086		A	Excise foot tendon sheath	4.92	10.22	9.77	5.01	4.91	0.72	090

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28088		A	Excise foot tendon sheath	3.98	9.81	9.00	4.56	4.37	0.54	090
28090		A	Removal of foot lesion	4.55	8.70	8.17	4.08	4.01	0.48	090
28092		A	Removal of toe lesions	3.78	8.31	7.83	3.85	3.80	0.39	090
28100		A	Removal of ankle/heel lesion	5.83	10.80	10.32	5.41	5.29	0.76	090
28102		A	Remove/graft foot lesion	7.92	NA	NA	8.50	7.78	0.61	090
28103		A	Remove/graft foot lesion	6.67	NA	NA	4.44	4.90	0.50	090
28104		A	Removal of foot lesion	5.26	9.19	8.66	4.39	4.36	0.54	090
28106		A	Remove/graft foot lesion	7.35	NA	NA	4.81	5.05	0.56	090
28107		A	Remove/graft foot lesion	5.73	8.96	9.07	4.16	4.46	0.42	090
28108		A	Removal of toe lesions	4.30	8.08	7.58	3.78	3.73	0.38	090
28110		A	Part removal of metatarsal	4.22	8.83	8.31	3.89	3.82	0.41	090
28111		A	Part removal of metatarsal	5.15	9.18	8.78	4.18	4.13	0.60	090
28112		A	Part removal of metatarsal	4.63	9.29	8.77	4.20	4.13	0.52	090
28113		A	Part removal of metatarsal	6.11	10.76	10.08	5.94	5.73	0.63	090
28114		A	Removal of metatarsal heads	12.00	17.97	16.85	11.25	10.73	1.65	090
28116		A	Revision of foot	9.14	12.17	11.31	6.86	6.61	0.95	090
28118		A	Removal of heel bone	6.13	10.43	9.81	5.33	5.21	0.75	090
28119		A	Removal of heel spur	5.56	9.25	8.68	4.56	4.47	0.53	090
28120		A	Part removal of ankle/heel	7.31	11.86	11.19	6.46	6.05	1.01	090
28122		A	Partial removal of foot bone	6.76	10.37	10.13	5.58	5.63	0.72	090
28124		A	Partial removal of toe	5.00	8.53	8.06	4.33	4.29	0.42	090
28126		A	Partial removal of toe	3.64	7.55	7.09	3.35	3.34	0.34	090
28130		A	Removal of ankle bone	9.50	NA	NA	10.25	8.91	1.86	090
28140		A	Removal of metatarsal	7.14	9.84	9.56	5.22	5.23	0.90	090
28150		A	Removal of toe	4.23	8.09	7.63	3.79	3.74	0.42	090
28153		A	Partial removal of toe	3.80	7.96	7.42	3.69	3.57	0.37	090
28160		A	Partial removal of toe	3.88	8.10	7.59	3.75	3.72	0.38	090
28171		A	Resect tarsal tumor	16.41	NA	NA	7.68	7.05	1.25	090
28173		A	Resect metatarsal tumor	14.16	NA	NA	7.45	6.65	1.57	090
28175		A	Resect phalanx of toe tumor	8.29	NA	NA	5.56	5.00	0.80	090

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28190		A	Removal of foot foreign body	2.01	5.20	4.92	1.75	1.71	0.20	010
28192		A	Removal of foot foreign body	4.78	8.58	8.12	4.08	4.04	0.49	090
28193		A	Removal of foot foreign body	5.90	9.18	8.73	4.53	4.50	0.56	090
28200		A	Repair of foot tendon	4.74	8.77	8.24	4.09	4.06	0.45	090
28202		A	Repair/graft of foot tendon	7.07	9.48	9.34	4.73	4.85	0.64	090
28208		A	Repair of foot tendon	4.51	8.72	8.12	4.15	4.03	0.49	090
28210		A	Repair/graft of foot tendon	6.52	9.60	9.16	4.91	4.86	0.64	090
28220		A	Release of foot tendon	4.67	8.05	7.60	3.82	3.82	0.41	090
28222		A	Release of foot tendons	5.76	8.74	8.26	4.18	4.22	0.50	090
28225		A	Release of foot tendon	3.78	7.54	7.06	3.37	3.33	0.35	090
28226		A	Release of foot tendons	4.67	8.89	8.31	4.19	4.17	0.35	090
28230		A	Incision of foot tendon(s)	4.36	7.85	7.44	3.57	3.64	0.39	090
28232		A	Incision of toe tendon	3.51	7.60	7.15	3.41	3.43	0.34	090
28234		A	Incision of foot tendon	3.54	8.18	7.65	3.97	3.90	0.35	090
28238		A	Revision of foot tendon	7.96	11.09	10.44	5.78	5.65	0.86	090
28240		A	Release of big toe	4.48	7.94	7.58	3.65	3.72	0.44	090
28250		A	Revision of foot fascia	6.06	10.08	9.37	5.13	4.99	0.76	090
28260		A	Release of midfoot joint	8.19	11.47	10.49	6.32	6.02	1.03	090
28261		A	Revision of foot tendon	13.11	14.07	13.22	8.35	8.22	1.28	090
28262		A	Revision of foot and ankle	17.21	21.00	19.62	13.47	12.92	3.01	090
28264		A	Release of midfoot joint	10.65	16.92	14.59	10.17	9.12	0.82	090
28270		A	Release of foot contracture	4.93	9.04	8.39	4.49	4.39	0.50	090
28272		A	Release of toe joint each	3.92	7.27	6.87	3.27	3.26	0.31	090
28280		A	Fusion of toes	5.33	9.31	8.90	4.50	4.56	0.60	090
28285		A	Repair of hammertoe	4.76	9.32	8.80	4.63	4.46	0.45	090
28286		A	Repair of hammertoe	4.70	8.28	7.78	3.85	3.80	0.39	090
28288		A	Partial removal of foot bone	6.02	11.29	10.40	6.19	5.96	0.67	090
28289		A	Repair hallux rigidus	8.31	12.41	11.66	7.06	6.84	1.01	090
28290		A	Correction of bunion	5.83	10.77	10.01	5.23	5.14	0.69	090
28292		A	Correction of bunion	9.05	13.35	12.49	7.94	7.62	0.87	090

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28293		A	Correction of bunion	11.48	18.18	17.20	8.63	8.38	0.95	090
28294		A	Correction of bunion	8.75	11.60	11.20	5.77	5.79	0.93	090
28296		A	Correction of bunion	8.35	11.87	11.37	6.35	6.29	0.76	090
28297		A	Correction of bunion	9.43	13.59	12.89	6.94	6.88	1.18	090
28298		A	Correction of bunion	8.13	12.21	11.43	6.03	5.90	0.87	090
28299		A	Correction of bunion	11.57	13.70	12.99	7.42	7.29	1.14	090
28300		A	Incision of heel bone	9.73	NA	NA	8.42	8.12	1.61	090
28302		A	Incision of ankle bone	9.74	NA	NA	9.63	8.68	1.92	090
28304		A	Incision of midfoot bones	9.41	13.22	12.24	7.13	6.84	1.21	090
28305		A	Incise/graft midfoot bones	10.77	NA	NA	7.64	7.69	0.82	090
28306		A	Incision of metatarsal	6.00	11.36	10.59	5.31	5.12	0.83	090
28307		A	Incision of metatarsal	6.50	12.49	12.41	5.92	5.92	1.28	090
28308		A	Incision of metatarsal	5.48	10.39	9.67	5.03	4.84	0.61	090
28309		A	Incision of metatarsals	14.16	NA	NA	10.56	9.96	2.10	090
28310		A	Revision of big toe	5.57	9.78	9.16	4.42	4.31	0.54	090
28312		A	Revision of toe	4.69	9.57	8.96	4.19	4.14	0.50	090
28313		A	Repair deformity of toe	5.15	9.77	9.10	4.88	4.91	0.69	090
28315		A	Removal of sesamoid bone	5.00	8.48	7.96	4.06	4.00	0.49	090
28320		A	Repair of foot bones	9.37	NA	NA	7.47	7.34	1.39	090
28322		A	Repair of metatarsals	8.53	13.35	12.51	7.40	7.13	1.31	090
28340		A	Resect enlarged toe tissue	7.15	9.34	9.17	4.58	4.72	0.54	090
28341		A	Resect enlarged toe	8.72	10.41	10.08	5.25	5.33	0.67	090
28344		A	Repair extra toe(s)	4.40	7.81	8.08	3.63	3.94	0.34	090
28345		A	Repair webbed toe(s)	6.09	8.79	8.89	4.27	4.64	0.45	090
28360		A	Reconstruct cleft foot	14.92	NA	NA	14.46	12.51	3.18	090
28400		A	Treatment of heel fracture	2.31	4.53	4.34	3.94	3.76	0.37	090
28405		A	Treatment of heel fracture	4.74	6.20	5.82	5.17	4.94	0.65	090
28406		A	Treatment of heel fracture	6.56	NA	NA	7.81	7.54	1.17	090
28415		A	Treat heel fracture	16.19	NA	NA	14.37	13.98	2.83	090
28420		A	Treat/graft heel fracture	17.52	NA	NA	16.46	15.10	3.46	090

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28430		A	Treatment of ankle fracture	2.22	4.25	4.04	3.53	3.31	0.35	090
28435		A	Treatment of ankle fracture	3.54	6.27	5.54	5.21	4.66	0.69	090
28436		A	Treatment of ankle fracture	4.90	NA	NA	7.30	6.84	0.98	090
28445		A	Treat ankle fracture	15.76	NA	NA	13.08	12.62	2.78	090
28446		A	Osteochondral talus autogrft	17.71	NA	NA	15.45	14.26	3.50	090
28450		A	Treat midfoot fracture each	2.03	3.92	3.75	3.27	3.10	0.30	090
28455		A	Treat midfoot fracture each	3.24	4.97	4.68	4.13	3.98	0.44	090
28456		A	Treat midfoot fracture	2.86	NA	NA	6.08	5.32	0.56	090
28465		A	Treat midfoot fracture each	8.80	NA	NA	8.04	7.75	1.27	090
28470		A	Treat metatarsal fracture	2.03	3.80	3.65	3.22	3.06	0.33	090
28475		A	Treat metatarsal fracture	3.01	4.12	3.99	3.31	3.29	0.38	090
28476		A	Treat metatarsal fracture	3.60	NA	NA	6.04	5.80	0.53	090
28485		A	Treat metatarsal fracture	7.44	NA	NA	7.40	7.08	0.95	090
28490		A	Treat big toe fracture	1.17	2.82	2.66	2.26	2.14	0.16	090
28495		A	Treat big toe fracture	1.68	3.31	3.10	2.51	2.42	0.20	090
28496		A	Treat big toe fracture	2.48	9.83	9.43	4.01	3.83	0.35	090
28505		A	Treat big toe fracture	7.44	11.34	10.75	6.51	6.08	0.93	090
28510		A	Treatment of toe fracture	1.17	2.25	2.11	2.15	2.03	0.14	090
28515		A	Treatment of toe fracture	1.56	2.92	2.75	2.39	2.31	0.18	090
28525		A	Treat toe fracture	5.62	10.43	9.89	5.57	5.21	0.71	090
28530		A	Treat sesamoid bone fracture	1.11	2.17	2.03	1.79	1.72	0.11	090
28531		A	Treat sesamoid bone fracture	2.57	7.20	7.32	2.60	2.58	0.50	090
28540		A	Treat foot dislocation	2.19	3.52	3.33	2.95	2.85	0.22	090
28545		A	Treat foot dislocation	2.60	5.48	4.70	4.54	3.95	0.50	090
28546		A	Treat foot dislocation	3.40	12.53	10.94	5.85	5.25	0.67	090
28555		A	Repair foot dislocation	9.65	14.60	13.84	8.65	8.18	1.61	090
28570		A	Treat foot dislocation	1.76	2.85	2.84	2.19	2.26	0.12	090
28575		A	Treat foot dislocation	3.49	6.46	5.84	5.48	5.03	0.68	090
28576		A	Treat foot dislocation	4.60	NA	NA	6.14	5.43	0.90	090
28585		A	Repair foot dislocation	11.13	14.46	13.66	8.73	8.51	1.65	090

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28600		A	Treat foot dislocation	2.02	4.11	3.85	3.24	3.10	0.29	090
28605		A	Treat foot dislocation	2.89	4.96	4.61	4.19	3.97	0.56	090
28606		A	Treat foot dislocation	5.09	NA	NA	5.70	5.42	0.84	090
28615		A	Repair foot dislocation	10.70	NA	NA	11.03	10.50	1.77	090
28630		A	Treat toe dislocation	1.75	2.53	2.34	1.26	1.20	0.23	010
28635		A	Treat toe dislocation	1.96	3.09	2.89	1.82	1.76	0.22	010
28636		A	Treat toe dislocation	2.77	4.42	4.67	1.98	2.28	0.39	010
28645		A	Repair toe dislocation	7.44	10.81	9.96	5.98	5.63	0.80	090
28660		A	Treat toe dislocation	1.28	1.83	1.70	1.11	1.04	0.20	010
28665		A	Treat toe dislocation	1.97	2.38	2.24	1.73	1.69	0.24	010
28666		A	Treat toe dislocation	2.66	NA	NA	3.08	2.77	0.52	010
28675		A	Repair of toe dislocation	5.62	10.64	10.21	5.77	5.48	0.75	090
28705		A	Fusion of foot bones	20.33	NA	NA	14.90	14.40	3.46	090
28715		A	Fusion of foot bones	13.42	NA	NA	12.12	11.74	2.28	090
28725		A	Fusion of foot bones	12.18	NA	NA	9.57	9.21	1.88	090
28730		A	Fusion of foot bones	12.42	NA	NA	10.86	10.35	1.92	090
28735		A	Fusion of foot bones	12.23	NA	NA	9.70	9.31	1.78	090
28737		A	Revision of foot bones	11.03	NA	NA	7.75	7.74	1.28	090
28740		A	Fusion of foot bones	9.29	14.62	13.90	8.17	7.83	1.36	090
28750		A	Fusion of big toe joint	8.57	14.51	13.99	8.04	7.78	1.31	090
28755		A	Fusion of big toe joint	4.88	9.36	8.90	4.32	4.27	0.52	090
28760		A	Fusion of big toe joint	9.14	13.36	12.43	7.18	6.89	1.05	090
28800		A	Amputation of midfoot	8.79	NA	NA	6.55	6.47	1.31	090
28805		A	Amputation thru metatarsal	12.71	NA	NA	7.80	7.53	2.14	090
28810		A	Amputation toe & metatarsal	6.64	NA	NA	5.36	5.24	1.18	090
28820		A	Amputation of toe	5.82	10.40	10.02	5.24	4.99	0.85	090
28825		A	Partial amputation of toe	5.37	10.28	9.99	5.08	4.98	0.75	090
28890		A	High energy eswt plantar f	3.45	6.21	6.04	3.02	2.84	0.35	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	6.97	5.94	2.76	2.46	0.18	000

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29010		A	Application of body cast	2.06	6.87	5.64	2.65	2.30	0.39	000
29015		A	Application of body cast	2.41	4.11	3.99	1.91	1.84	0.41	000
29020		A	Application of body cast	2.11	3.89	3.91	1.52	1.58	0.08	000
29025		A	Application of body cast	2.40	4.25	4.30	1.98	2.05	0.48	000
29035		A	Application of body cast	1.77	5.22	4.96	2.15	2.03	0.34	000
29040		A	Application of body cast	2.22	4.43	4.13	1.98	1.89	0.42	000
29044		A	Application of body cast	2.12	5.72	5.27	2.45	2.29	0.41	000
29046		A	Application of body cast	2.41	4.53	4.81	2.05	2.24	0.48	000
29049		A	Application of figure eight	0.89	1.80	1.58	1.01	0.85	0.18	000
29055		A	Application of shoulder cast	1.78	4.29	3.98	1.99	1.85	0.35	000
29058		A	Application of shoulder cast	1.31	1.23	1.38	0.79	0.80	0.23	000
29065		A	Application of long arm cast	0.87	1.74	1.66	0.99	0.94	0.16	000
29075		A	Application of forearm cast	0.77	1.68	1.60	0.93	0.88	0.14	000
29085		A	Apply hand/wrist cast	0.87	1.74	1.65	0.98	0.91	0.14	000
29086		A	Apply finger cast	0.62	1.55	1.41	0.81	0.74	0.08	000
29105		A	Apply long arm splint	0.87	1.49	1.43	0.75	0.70	0.14	000
29125		A	Apply forearm splint	0.50	1.31	1.27	0.58	0.56	0.08	000
29126		A	Apply forearm splint	0.68	1.49	1.42	0.65	0.63	0.10	000
29130		A	Application of finger splint	0.50	0.61	0.58	0.28	0.26	0.07	000
29131		A	Application of finger splint	0.55	0.88	0.83	0.37	0.34	0.08	000
29200		A	Strapping of chest	0.65	0.86	0.81	0.49	0.45	0.05	000
29240		A	Strapping of shoulder	0.71	0.88	0.87	0.51	0.49	0.05	000
29260		A	Strapping of elbow or wrist	0.55	0.90	0.86	0.51	0.47	0.05	000
29280		A	Strapping of hand or finger	0.51	0.91	0.87	0.52	0.47	0.04	000
29305		A	Application of hip cast	2.03	4.71	4.41	2.30	2.18	0.39	000
29325		A	Application of hip casts	2.32	5.14	4.82	2.54	2.41	0.45	000
29345		A	Application of long leg cast	1.40	2.29	2.18	1.34	1.28	0.27	000
29355		A	Application of long leg cast	1.53	2.32	2.18	1.38	1.31	0.29	000
29358		A	Apply long leg cast brace	1.43	2.94	2.73	1.39	1.31	0.29	000
29365		A	Application of long leg cast	1.18	2.17	2.06	1.21	1.16	0.23	000

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29405		A	Apply short leg cast	0.80	1.50	1.47	0.86	0.84	0.11	000
29425		A	Apply short leg cast	0.80	1.41	1.42	0.77	0.78	0.10	000
29435		A	Apply short leg cast	1.18	2.04	1.96	1.11	1.08	0.23	000
29440		A	Addition of walker to cast	0.57	0.66	0.73	0.25	0.28	0.08	000
29445		A	Apply rigid leg cast	1.78	2.07	2.02	1.19	1.15	0.24	000
29450		A	Application of leg cast	2.08	1.91	1.88	1.06	1.10	0.22	000
29505		A	Application long leg splint	0.69	1.46	1.39	0.63	0.59	0.11	000
29515		A	Application lower leg splint	0.73	1.25	1.21	0.62	0.60	0.10	000
29520		A	Strapping of hip	0.54	0.85	0.83	0.47	0.46	0.04	000
29530		A	Strapping of knee	0.57	0.90	0.86	0.50	0.46	0.05	000
29540		A	Strapping of ankle and/or ft	0.32	0.62	0.62	0.32	0.34	0.03	000
29550		A	Strapping of toes	0.15	0.62	0.62	0.27	0.31	0.01	000
29580		A	Application of paste boot	0.55	0.92	0.88	0.44	0.43	0.07	000
29581		A	Apply multlay comprs lwr leg	0.60	2.03	2.03	0.27	0.27	0.07	000
29590		A	Application of foot splint	0.76	0.74	0.71	0.31	0.32	0.05	000
29700		A	Removal/revision of cast	0.57	1.25	1.19	0.36	0.34	0.10	000
29705		A	Removal/revision of cast	0.76	1.07	1.02	0.53	0.50	0.12	000
29710		A	Removal/revision of cast	1.34	2.02	1.86	0.92	0.85	0.27	000
29715		A	Removal/revision of cast	0.94	1.31	1.38	0.53	0.53	0.12	000
29720		A	Repair of body cast	0.68	1.61	1.51	0.51	0.48	0.12	000
29730		A	Windowing of cast	0.75	1.03	0.98	0.49	0.46	0.11	000
29740		A	Wedging of cast	1.12	1.30	1.29	0.59	0.59	0.18	000
29750		A	Wedging of clubfoot cast	1.26	1.46	1.40	0.78	0.74	0.26	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.84	NA	NA	7.45	7.09	1.33	090
29804		A	Jaw arthroscopy/surgery	8.87	NA	NA	9.14	8.47	1.74	090
29805		A	Shoulder arthroscopy dx	6.03	NA	NA	6.77	6.47	1.18	090
29806		A	Shoulder arthroscopy/surgery	15.14	NA	NA	13.55	12.96	2.98	090
29807		A	Shoulder arthroscopy/surgery	14.67	NA	NA	13.42	12.79	2.87	090
29819		A	Shoulder arthroscopy/surgery	7.79	NA	NA	8.13	7.78	1.52	090

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29820		A	Shoulder arthroscopy/surgery	7.21	NA	NA	7.42	7.12	1.40	090
29821		A	Shoulder arthroscopy/surgery	7.89	NA	NA	8.12	7.78	1.55	090
29822		A	Shoulder arthroscopy/surgery	7.60	NA	NA	7.96	7.64	1.50	090
29823		A	Shoulder arthroscopy/surgery	8.36	NA	NA	8.62	8.28	1.63	090
29824		A	Shoulder arthroscopy/surgery	8.98	NA	NA	9.31	8.90	1.77	090
29825		A	Shoulder arthroscopy/surgery	7.79	NA	NA	8.07	7.74	1.52	090
29826		A	Shoulder arthroscopy/surgery	9.16	NA	NA	8.87	8.52	1.80	090
29827		A	Arthroscop rotator cuff repr	15.59	NA	NA	13.50	12.98	3.08	090
29828		A	Arthroscopy biceps tenodesis	13.16	NA	NA	11.81	11.09	2.59	090
29830		A	Elbow arthroscopy	5.88	NA	NA	6.45	6.16	1.17	090
29834		A	Elbow arthroscopy/surgery	6.42	NA	NA	6.98	6.68	1.22	090
29835		A	Elbow arthroscopy/surgery	6.62	NA	NA	7.14	6.82	1.29	090
29836		A	Elbow arthroscopy/surgery	7.72	NA	NA	8.09	7.75	1.52	090
29837		A	Elbow arthroscopy/surgery	7.01	NA	NA	7.36	7.04	1.36	090
29838		A	Elbow arthroscopy/surgery	7.88	NA	NA	8.23	7.86	1.50	090
29840		A	Wrist arthroscopy	5.68	NA	NA	6.58	6.28	1.13	090
29843		A	Wrist arthroscopy/surgery	6.15	NA	NA	6.97	6.66	1.21	090
29844		A	Wrist arthroscopy/surgery	6.51	NA	NA	7.17	6.77	1.18	090
29845		A	Wrist arthroscopy/surgery	7.69	NA	NA	8.14	7.64	1.37	090
29846		A	Wrist arthroscopy/surgery	6.89	NA	NA	7.44	7.06	1.22	090
29847		A	Wrist arthroscopy/surgery	7.22	NA	NA	7.49	7.18	1.42	090
29848		A	Wrist endoscopy/surgery	6.39	NA	NA	7.64	7.16	1.17	090
29850		A	Knee arthroscopy/surgery	8.27	NA	NA	8.64	7.55	1.62	090
29851		A	Knee arthroscopy/surgery	13.26	NA	NA	11.99	11.42	2.61	090
29855		A	Tibial arthroscopy/surgery	10.76	NA	NA	10.54	10.08	2.12	090
29856		A	Tibial arthroscopy/surgery	14.28	NA	NA	12.71	12.15	2.83	090
29860		A	Hip arthroscopy dx	9.00	NA	NA	9.07	8.49	1.78	090
29861		A	Hip arthro w/fb removal	10.10	NA	NA	9.73	9.14	1.97	090
29862		A	Hip arthr0 w/debridement	11.17	NA	NA	11.04	10.44	2.19	090
29863		A	Hip arthr0 w/synovectomy	11.17	NA	NA	10.98	10.36	2.20	090

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29866		A	Autgrft implnt knee w/scope	14.67	NA	NA	13.76	13.07	2.91	090
29867		A	Allgrft implnt knee w/scope	18.39	NA	NA	16.26	15.30	3.62	090
29868		A	Meniscal trnspl knee w/scpe	25.10	NA	NA	20.26	19.12	4.95	090
29870		A	Knee arthroscopy dx	5.19	10.79	10.79	6.02	5.73	1.02	090
29871		A	Knee arthroscopy/drainage	6.69	NA	NA	7.27	6.92	1.31	090
29873		A	Knee arthroscopy/surgery	6.24	NA	NA	8.02	7.64	1.22	090
29874		A	Knee arthroscopy/surgery	7.19	NA	NA	7.45	7.10	1.40	090
29875		A	Knee arthroscopy/surgery	6.45	NA	NA	7.01	6.70	1.27	090
29876		A	Knee arthroscopy/surgery	8.87	NA	NA	8.97	8.50	1.74	090
29877		A	Knee arthroscopy/surgery	8.30	NA	NA	8.63	8.18	1.62	090
29879		A	Knee arthroscopy/surgery	8.99	NA	NA	9.02	8.56	1.77	090
29880		A	Knee arthroscopy/surgery	9.45	NA	NA	9.31	8.84	1.85	090
29881		A	Knee arthroscopy/surgery	8.71	NA	NA	8.87	8.41	1.70	090
29882		A	Knee arthroscopy/surgery	9.60	NA	NA	9.37	8.86	1.89	090
29883		A	Knee arthroscopy/surgery	11.77	NA	NA	10.97	10.50	2.30	090
29884		A	Knee arthroscopy/surgery	8.28	NA	NA	8.60	8.15	1.62	090
29885		A	Knee arthroscopy/surgery	10.21	NA	NA	10.20	9.66	2.00	090
29886		A	Knee arthroscopy/surgery	8.49	NA	NA	8.77	8.31	1.66	090
29887		A	Knee arthroscopy/surgery	10.16	NA	NA	10.11	9.58	1.99	090
29888		A	Knee arthroscopy/surgery	14.30	NA	NA	12.47	11.90	2.80	090
29889		A	Knee arthroscopy/surgery	17.41	NA	NA	15.61	14.86	3.42	090
29891		A	Ankle arthroscopy/surgery	9.67	NA	NA	9.22	8.88	1.65	090
29892		A	Ankle arthroscopy/surgery	10.27	NA	NA	6.15	7.18	2.01	090
29893		A	Scope plantar fasciotomy	6.32	11.00	10.39	5.77	5.59	0.50	090
29894		A	Ankle arthroscopy/surgery	7.35	NA	NA	6.86	6.50	1.22	090
29895		A	Ankle arthroscopy/surgery	7.13	NA	NA	6.39	6.15	1.13	090
29897		A	Ankle arthroscopy/surgery	7.32	NA	NA	6.72	6.54	1.24	090
29898		A	Ankle arthroscopy/surgery	8.49	NA	NA	7.24	7.00	1.29	090
29899		A	Ankle arthroscopy/surgery	15.41	NA	NA	12.93	12.42	2.87	090
29900		A	Mcp joint arthroscopy dx	5.88	NA	NA	7.56	6.83	0.41	090

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29901		A	Mcp joint arthroscopy surg	6.59	NA	NA	7.87	7.17	1.29	090
29902		A	Mcp joint arthroscopy surg	7.16	NA	NA	5.74	6.24	2.57	090
29904		A	Subtalar arthro w/fb rmvl	8.65	NA	NA	8.64	8.05	1.69	090
29905		A	Subtalar arthro w/exc	9.18	NA	NA	9.54	8.89	1.81	090
29906		A	Subtalar arthro w/deb	9.65	NA	NA	10.06	9.38	1.89	090
29907		A	Subtalar arthro w/fusion	12.18	NA	NA	11.57	10.79	2.40	090
29914		A	Hip arthro w/femoroplasty	14.67	NA	NA	12.74	12.74	2.91	090
29915		A	Hip arthro acetabuloplasty	15.00	NA	NA	12.94	12.94	2.95	090
29916		A	Hip arthro w/labral repair	15.00	NA	NA	12.94	12.94	2.95	090
29999		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.48	5.13	5.04	1.90	1.80	0.22	010
30020		A	Drainage of nose lesion	1.48	5.24	4.99	1.94	1.83	0.20	010
3006F		I	Cxr doc rev	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3008F		I	Body mass index docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30100		A	Intranasal biopsy	0.94	3.17	3.06	1.02	0.99	0.11	000
30110		A	Removal of nose polyp(s)	1.68	4.97	4.76	2.06	1.95	0.23	010
30115		A	Removal of nose polyp(s)	4.44	NA	NA	7.97	7.62	0.56	090
30117		A	Removal of intranasal lesion	3.26	22.07	21.25	6.46	6.19	0.41	090
30118		A	Removal of intranasal lesion	9.92	NA	NA	11.99	11.38	1.31	090
3011F		I	Lipid panel doc rev	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30120		A	Revision of nose	5.39	9.28	8.97	6.99	6.85	0.84	090
30124		A	Removal of nose lesion	3.20	NA	NA	4.66	4.41	0.41	090
30125		A	Removal of nose lesion	7.30	NA	NA	10.18	9.75	0.93	090
30130		A	Excise inferior turbinate	3.47	NA	NA	7.46	7.17	0.44	090
30140		A	Resect inferior turbinate	3.57	NA	NA	9.12	8.75	0.45	090
30150		A	Partial removal of nose	9.55	NA	NA	12.31	11.98	1.42	090
3015F		I	Cerv cancer screen docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30160		A	Removal of nose	9.99	NA	NA	12.22	11.75	1.28	090
3018F		I	Pre-prxd rsk et al docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30200		A	Injection treatment of nose	0.78	2.52	2.42	0.94	0.89	0.10	000

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30210		A	Nasal sinus therapy	1.13	3.21	3.08	1.74	1.66	0.14	010
30220		A	Insert nasal septal button	1.59	7.20	6.89	2.01	1.91	0.22	010
30300		A	Remove nasal foreign body	1.09	5.51	5.41	2.52	2.40	0.14	010
30310		A	Remove nasal foreign body	2.01	NA	NA	3.89	3.75	0.26	010
30320		A	Remove nasal foreign body	4.64	NA	NA	8.36	8.03	0.60	090
3035F		I	O2 saturation<=88% /pao<=55	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3037F		I	O2 saturation> 88% /pao>55	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30400		R	Reconstruction of nose	10.86	NA	NA	18.13	17.84	1.39	090
3040F		I	Fev<40% predicted value	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30410		R	Reconstruction of nose	14.00	NA	NA	19.98	19.59	1.80	090
30420		R	Reconstruction of nose	16.90	NA	NA	22.17	21.20	2.40	090
3042F		I	Fev>=40% predicted value	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30430		R	Revision of nose	8.24	NA	NA	16.60	16.81	1.62	090
30435		R	Revision of nose	12.73	NA	NA	22.18	21.08	1.63	090
30450		R	Revision of nose	19.66	NA	NA	23.30	23.00	2.52	090
30460		A	Revision of nose	10.32	NA	NA	10.59	10.24	2.01	090
30462		A	Revision of nose	20.28	NA	NA	23.40	21.76	4.00	090
30465		A	Repair nasal stenosis	12.36	NA	NA	15.66	14.83	1.74	090
30520		A	Repair of nasal septum	7.01	NA	NA	10.94	10.21	0.90	090
30540		A	Repair nasal defect	7.92	NA	NA	11.84	11.05	1.02	090
30545		A	Repair nasal defect	11.62	NA	NA	12.24	13.07	0.82	090
30560		A	Release of nasal adhesions	1.31	6.53	6.39	2.67	2.59	0.18	010
30580		A	Repair upper jaw fistula	6.88	11.40	10.69	7.54	6.90	0.87	090
30600		A	Repair mouth/nose fistula	6.16	10.31	9.89	6.15	5.84	0.78	090
30620		A	Intranasal reconstruction	6.16	NA	NA	11.59	11.17	0.88	090
30630		A	Repair nasal septum defect	7.29	NA	NA	10.62	10.11	0.99	090
3073F		I	Pre-surg eye measures docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30801		A	Ablate inf turbinate superf	1.14	5.44	5.32	2.79	2.67	0.14	010
30802		A	Ablate inf turbinate submuc	2.08	6.30	6.12	3.39	3.22	0.27	010
3088F		I	Mdd mild	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3089F		I	Mdd moderate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30901		A	Control of nosebleed	1.10	1.54	1.56	0.46	0.43	0.16	000
30903		A	Control of nosebleed	1.54	4.21	4.00	0.70	0.63	0.23	000
30905		A	Control of nosebleed	1.97	5.13	4.89	0.83	0.78	0.30	000
30906		A	Repeat control of nosebleed	2.45	5.55	5.33	1.30	1.21	0.33	000
3090F		I	Mdd severe w/o psych	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30915		A	Ligation nasal sinus artery	7.44	NA	NA	9.07	8.57	0.99	090
3091F		I	Mdd severe w/psych	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30920		A	Ligation upper jaw artery	11.14	NA	NA	12.75	11.93	1.46	090
30930		A	Ther fx nasal inf turbinate	1.31	NA	NA	2.24	2.12	0.18	010
3093F		I	Doc new diag 1st/addl mdd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation maxillary sinus	1.20	4.03	3.91	1.81	1.74	0.14	010
31002		A	Irrigation sphenoid sinus	1.96	NA	NA	3.76	3.67	0.26	010
31020		A	Exploration maxillary sinus	3.07	10.77	10.60	7.17	6.92	0.39	090
31030		A	Exploration maxillary sinus	6.01	13.68	13.39	8.96	8.51	0.75	090
31032		A	Explore sinus remove polyps	6.69	NA	NA	9.69	9.20	0.87	090
31040		A	Exploration behind upper jaw	9.77	NA	NA	11.50	10.87	1.39	090
31050		A	Exploration sphenoid sinus	5.37	NA	NA	8.55	8.29	0.68	090
31051		A	Sphenoid sinus surgery	7.25	NA	NA	11.29	10.76	0.91	090
31070		A	Exploration of frontal sinus	4.40	NA	NA	8.21	7.86	0.59	090
31075		A	Exploration of frontal sinus	9.51	NA	NA	12.92	12.31	1.22	090
31080		A	Removal of frontal sinus	12.74	NA	NA	16.83	15.63	1.63	090
31081		A	Removal of frontal sinus	14.19	NA	NA	24.08	21.30	5.09	090
31084		A	Removal of frontal sinus	14.95	NA	NA	18.13	17.51	1.92	090
31085		A	Removal of frontal sinus	15.64	NA	NA	18.53	18.10	5.62	090
31086		A	Removal of frontal sinus	14.36	NA	NA	17.78	16.79	1.85	090
31087		A	Removal of frontal sinus	14.57	NA	NA	16.43	15.66	1.86	090
31090		A	Exploration of sinuses	11.17	NA	NA	18.19	17.20	1.47	090
31200		A	Removal of ethmoid sinus	5.14	NA	NA	10.57	10.15	0.73	090

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31201		A	Removal of ethmoid sinus	8.60	NA	NA	12.49	11.81	1.14	090
31205		A	Removal of ethmoid sinus	10.58	NA	NA	14.55	13.61	1.59	090
31225		A	Removal of upper jaw	26.70	NA	NA	26.67	24.55	3.55	090
31230		A	Removal of upper jaw	30.82	NA	NA	28.72	26.37	3.96	090
31231		A	Nasal endoscopy dx	1.10	4.46	4.37	1.12	1.06	0.12	000
31233		A	Nasal/sinus endoscopy dx	2.18	5.47	5.34	1.75	1.64	0.29	000
31235		A	Nasal/sinus endoscopy dx	2.64	5.97	5.88	1.99	1.87	0.33	000
31237		A	Nasal/sinus endoscopy surg	2.98	6.37	6.22	2.23	2.07	0.38	000
31238		A	Nasal/sinus endoscopy surg	3.26	6.34	6.19	2.39	2.23	0.41	000
31239		A	Nasal/sinus endoscopy surg	9.33	NA	NA	10.07	9.33	1.24	010
31240		A	Nasal/sinus endoscopy surg	2.61	NA	NA	2.01	1.88	0.34	000
31254		A	Revision of ethmoid sinus	4.64	NA	NA	3.21	2.99	0.60	000
31255		A	Removal of ethmoid sinus	6.95	NA	NA	4.56	4.23	0.88	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	2.41	2.25	0.41	000
31267		A	Endoscopy maxillary sinus	5.45	NA	NA	3.68	3.42	0.69	000
31276		A	Sinus endoscopy surgical	8.84	NA	NA	5.66	5.24	1.14	000
31287		A	Nasal/sinus endoscopy surg	3.91	NA	NA	2.77	2.58	0.50	000
31288		A	Nasal/sinus endoscopy surg	4.57	NA	NA	3.17	2.95	0.60	000
31290		A	Nasal/sinus endoscopy surg	18.61	NA	NA	14.39	13.40	2.64	010
31291		A	Nasal/sinus endoscopy surg	19.56	NA	NA	15.10	14.04	3.14	010
31292		A	Nasal/sinus endoscopy surg	15.90	NA	NA	12.74	11.88	2.04	010
31293		A	Nasal/sinus endoscopy surg	17.47	NA	NA	13.73	12.79	2.23	010
31294		A	Nasal/sinus endoscopy surg	20.31	NA	NA	15.40	14.31	2.61	010
31295		A	Sinus endo w/balloon dil	2.70	56.78	56.78	2.11	2.11	0.35	000
31296		A	Sinus endo w/balloon dil	3.29	108.31	108.31	2.45	2.45	0.42	000
31297		A	Sinus endo w/balloon dil	2.64	107.99	107.99	2.07	2.07	0.34	000
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	15.91	NA	NA	20.47	19.36	2.03	090
3130F		I	Upper gi endoscopy performed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
31320		A	Diagnostic incision larynx	5.73	NA	NA	13.21	12.77	0.72	090

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3132F		I	Doc ref upper gi endoscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
31360		A	Removal of larynx	29.91	NA	NA	29.73	26.91	3.92	090
31365		A	Removal of larynx	38.81	NA	NA	34.91	31.53	5.08	090
31367		A	Partial removal of larynx	30.57	NA	NA	32.73	30.31	3.97	090
31368		A	Partial removal of larynx	34.19	NA	NA	36.00	33.45	4.38	090
31370		A	Partial removal of larynx	27.57	NA	NA	31.95	29.81	3.54	090
31375		A	Partial removal of larynx	26.07	NA	NA	30.43	28.33	3.36	090
31380		A	Partial removal of larynx	25.57	NA	NA	30.14	28.03	3.29	090
31382		A	Partial removal of larynx	28.57	NA	NA	32.54	30.17	3.69	090
31390		A	Removal of larynx & pharynx	42.51	NA	NA	38.78	35.48	5.84	090
31395		A	Reconstruct larynx & pharynx	43.80	NA	NA	42.53	39.07	5.63	090
31400		A	Revision of larynx	11.60	NA	NA	17.10	16.47	1.50	090
3140F		I	Upper gi endo shows barrtts	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3141F		I	Upper gi endo not barrtts	0.00	0.00	0.00	0.00	0.00	0.00	XXX
31420		A	Removal of epiglottis	11.43	NA	NA	12.58	11.84	1.47	090
3142F		I	Barium swallow test ordered	0.00	0.00	0.00	0.00	0.00	0.00	XXX
31500		A	Insert emergency airway	2.33	NA	NA	0.64	0.60	0.31	000
31502		A	Change of windpipe airway	0.65	NA	NA	0.34	0.32	0.07	000
31505		A	Diagnostic laryngoscopy	0.61	1.78	1.76	0.80	0.77	0.07	000
3150F		I	Forceps esoph biopsy done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
31510		A	Laryngoscopy with biopsy	1.92	4.13	4.05	1.54	1.44	0.26	000
31511		A	Remove foreign body larynx	2.16	3.83	3.75	1.41	1.36	0.31	000
31512		A	Removal of larynx lesion	2.07	3.93	3.82	1.70	1.57	0.27	000
31513		A	Injection into vocal cord	2.10	NA	NA	1.71	1.60	0.27	000
31515		A	Laryngoscopy for aspiration	1.80	4.14	4.10	1.31	1.24	0.24	000
31520		A	Dx laryngoscopy newborn	2.56	NA	NA	1.98	1.79	0.33	000
31525		A	Dx laryngoscopy excl nb	2.63	4.60	4.44	1.94	1.82	0.34	000
31526		A	Dx laryngoscopy w/oper scope	2.57	NA	NA	1.98	1.86	0.33	000
31527		A	Laryngoscopy for treatment	3.27	NA	NA	2.40	2.18	0.41	000
31528		A	Laryngoscopy and dilation	2.37	NA	NA	1.81	1.68	0.31	000

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31529		A	Laryngoscopy and dilation	2.68	NA	NA	1.99	1.86	0.34	000
31530		A	Laryngoscopy w/fb removal	3.38	NA	NA	2.32	2.15	0.44	000
31531		A	Laryngoscopy w/fb & op scope	3.58	NA	NA	2.55	2.39	0.45	000
31535		A	Laryngoscopy w/biopsy	3.16	NA	NA	2.32	2.16	0.41	000
31536		A	Laryngoscopy w/bx & op scope	3.55	NA	NA	2.56	2.39	0.45	000
31540		A	Laryngoscopy w/exc of tumor	4.12	NA	NA	2.89	2.69	0.53	000
31541		A	Larynscop w/tumr exc + scope	4.52	NA	NA	3.13	2.91	0.59	000
31545		A	Remove vc lesion w/scope	6.30	NA	NA	4.20	3.87	0.80	000
31546		A	Remove vc lesion scope/graft	9.73	NA	NA	6.23	5.64	1.25	000
31560		A	Laryngoscop w/arytenoidectom	5.45	NA	NA	3.64	3.36	0.69	000
31561		A	Larynscop remve cart + scop	5.99	NA	NA	3.94	3.64	0.76	000
31570		A	Laryngoscope w/vc inj	3.86	5.87	5.78	2.71	2.52	0.53	000
31571		A	Laryngoscop w/vc inj + scope	4.26	NA	NA	2.97	2.76	0.54	000
31575		A	Diagnostic laryngoscopy	1.10	2.20	2.17	1.11	1.05	0.12	000
31576		A	Laryngoscopy with biopsy	1.97	4.50	4.43	1.59	1.50	0.24	000
31577		A	Remove foreign body larynx	2.47	4.50	4.37	1.77	1.67	0.33	000
31578		A	Removal of larynx lesion	2.84	5.27	5.13	2.15	1.95	0.35	000
31579		A	Diagnostic laryngoscopy	2.26	3.83	3.81	1.80	1.68	0.30	000
31580		A	Revision of larynx	14.66	NA	NA	20.52	19.36	1.88	090
31582		A	Revision of larynx	23.22	NA	NA	31.32	30.12	2.99	090
31584		A	Treat larynx fracture	20.47	NA	NA	22.91	21.64	2.63	090
31587		A	Revision of larynx	15.27	NA	NA	13.55	12.38	1.95	090
31588		A	Revision of larynx	14.99	NA	NA	17.86	16.86	1.93	090
31590		A	Reinnervate larynx	7.85	NA	NA	17.85	17.46	1.02	090
31595		A	Larynx nerve surgery	8.84	NA	NA	13.16	12.65	1.14	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	7.17	NA	NA	3.64	3.43	1.27	000
31601		A	Incision of windpipe	4.44	NA	NA	3.04	2.82	0.56	000
31603		A	Incision of windpipe	4.14	NA	NA	2.01	1.86	0.69	000
31605		A	Incision of windpipe	3.57	NA	NA	1.34	1.26	0.63	000

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
31610		A	Incision of windpipe	9.38	NA	NA	10.93	10.34	1.32	090
31611		A	Surgery/speech prosthesis	6.00	NA	NA	9.55	9.12	0.76	090
31612		A	Puncture/clear windpipe	0.91	1.44	1.37	0.44	0.40	0.11	000
31613		A	Repair windpipe opening	4.71	NA	NA	8.12	7.81	0.72	090
31614		A	Repair windpipe opening	8.63	NA	NA	13.04	12.30	1.18	090
31615		A	Visualization of windpipe	2.09	3.10	3.04	1.58	1.47	0.26	000
31620		A	Endobronchial us add-on	1.40	6.25	6.66	0.50	0.49	0.12	ZZZ
31622		A	Dx bronchoscope/wash	2.78	5.82	6.12	1.26	1.22	0.34	000
31623		A	Dx bronchoscope/brush	2.88	6.26	6.77	1.24	1.20	0.26	000
31624		A	Dx bronchoscope/lavage	2.88	5.73	6.12	1.26	1.21	0.26	000
31625		A	Bronchoscopy w/biopsy(s)	3.36	5.89	6.28	1.42	1.37	0.31	000
31626		A	Bronchoscopy w/markers	4.16	8.56	8.56	1.72	1.72	0.31	000
31627		A	Navigational bronchoscopy	2.00	35.28	35.28	0.88	0.88	0.14	ZZZ
31628		A	Bronchoscopy/lung bx each	3.80	6.78	7.55	1.56	1.50	0.30	000
31629		A	Bronchoscopy/needle bx each	4.09	12.40	13.68	1.68	1.61	0.34	000
31630		A	Bronchoscopy dilate/fx repr	3.81	NA	NA	1.76	1.75	0.49	000
31631		A	Bronchoscopy dilate w/stent	4.36	NA	NA	1.97	1.94	0.60	000
31632		A	Bronchoscopy/lung bx addl	1.03	0.98	1.00	0.37	0.35	0.07	ZZZ
31633		A	Bronchoscopy/needle bx addl	1.32	1.14	1.15	0.47	0.44	0.10	ZZZ
31634		A	Bronch w/balloon occlusion	4.00	48.76	48.76	1.75	1.75	0.33	000
31635		A	Bronchoscopy w/fb removal	3.67	5.77	6.15	1.59	1.55	0.39	000
31636		A	Bronchoscopy bronch stents	4.30	NA	NA	1.82	1.82	0.56	000
31637		A	Bronchoscopy stent add-on	1.58	NA	NA	0.61	0.59	0.11	ZZZ
31638		A	Bronchoscopy revise stent	4.88	NA	NA	2.14	2.11	0.65	000
31640		A	Bronchoscopy w/tumor excise	4.93	NA	NA	2.16	2.14	0.64	000
31641		A	Bronchoscopy treat blockage	5.02	NA	NA	2.17	2.08	0.59	000
31643		A	Diag bronchoscope/catheter	3.49	NA	NA	1.44	1.40	0.29	000
31645		A	Bronchoscopy clear airways	3.16	5.15	5.47	1.36	1.30	0.29	000
31646		A	Bronchoscopy reclear airway	2.72	4.85	5.15	1.19	1.15	0.26	000
31656		A	Bronchoscopy inj for x-ray	2.17	6.05	6.71	0.93	0.92	0.16	000

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31715		A	Injection for bronchus x-ray	1.11	NA	NA	0.37	0.39	0.08	000
31717		A	Bronchial brush biopsy	2.12	5.41	6.12	1.03	0.97	0.16	000
31720		A	Clearance of airways	1.06	NA	NA	0.41	0.38	0.08	000
31725		A	Clearance of airways	1.96	NA	NA	0.73	0.65	0.20	000
31730		A	Intro windpipe wire/tube	2.85	29.64	26.66	1.19	1.12	0.45	000
31750		A	Repair of windpipe	15.39	NA	NA	23.62	22.58	2.27	090
31755		A	Repair of windpipe	17.54	NA	NA	32.25	31.06	2.25	090
31760		A	Repair of windpipe	23.48	NA	NA	12.32	12.74	5.48	090
31766		A	Reconstruction of windpipe	31.67	NA	NA	14.61	14.95	7.40	090
31770		A	Repair/graft of bronchus	23.54	NA	NA	11.15	11.40	5.50	090
31775		A	Reconstruct bronchus	24.59	NA	NA	10.45	11.06	5.76	090
31780		A	Reconstruct windpipe	19.84	NA	NA	13.47	12.69	3.23	090
31781		A	Reconstruct windpipe	24.85	NA	NA	11.16	12.12	5.81	090
31785		A	Remove windpipe lesion	18.35	NA	NA	12.13	11.33	2.61	090
31786		A	Remove windpipe lesion	25.42	NA	NA	12.14	12.98	5.96	090
31800		A	Repair of windpipe injury	8.18	NA	NA	11.98	11.44	1.05	090
31805		A	Repair of windpipe injury	13.42	NA	NA	7.91	8.15	3.16	090
31820		A	Closure of windpipe lesion	4.64	7.85	7.49	4.74	4.46	0.67	090
31825		A	Repair of windpipe defect	7.07	10.23	9.75	6.69	6.30	0.99	090
31830		A	Revise windpipe scar	4.62	7.96	7.60	5.11	4.83	0.71	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
3200F		I	Barium swallow test not req	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32035		A	Exploration of chest	11.29	NA	NA	7.97	7.78	2.57	090
32036		A	Exploration of chest	12.30	NA	NA	8.24	8.18	2.90	090
32095		A	Biopsy through chest wall	10.14	NA	NA	6.57	6.57	2.34	090
32100		A	Exploration/biopsy of chest	16.16	NA	NA	8.92	9.05	3.80	090
32110		A	Explore/repair chest	25.28	NA	NA	13.25	13.05	5.74	090
32120		A	Re-exploration of chest	14.39	NA	NA	8.61	8.67	3.40	090
32124		A	Explore chest free adhesions	15.45	NA	NA	8.99	8.97	3.67	090
32140		A	Removal of lung lesion(s)	16.66	NA	NA	9.34	9.39	3.89	090

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32141		A	Remove/treat lung lesions	27.18	NA	NA	12.96	12.70	6.40	090
32150		A	Removal of lung lesion(s)	16.82	NA	NA	9.56	9.51	3.93	090
32151		A	Remove lung foreign body	16.94	NA	NA	9.40	9.70	3.97	090
32160		A	Open chest heart massage	13.10	NA	NA	7.50	7.36	2.99	090
32200		A	Drain open lung lesion	18.68	NA	NA	11.41	11.23	4.29	090
32201		A	Drain percut lung lesion	3.99	21.19	22.83	1.48	1.66	0.38	000
32215		A	Treat chest lining	13.05	NA	NA	8.03	8.12	3.05	090
32220		A	Release of lung	26.65	NA	NA	15.16	15.34	6.30	090
32225		A	Partial release of lung	16.75	NA	NA	9.48	9.51	3.92	090
3230F		I	Note hring tst w/in 6 mon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32310		A	Removal of chest lining	15.28	NA	NA	8.79	8.87	3.62	090
32320		A	Free/remove chest lining	27.25	NA	NA	14.89	14.89	6.33	090
32400		A	Needle biopsy chest lining	1.76	2.30	2.48	0.65	0.69	0.18	000
32402		A	Open biopsy chest lining	8.97	NA	NA	6.03	6.09	2.03	090
32405		A	Biopsy lung or mediastinum	1.93	0.66	0.71	0.66	0.71	0.18	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.82	0.87	0.24	000
32421		A	Thoracentesis for aspiration	1.54	2.65	2.89	0.58	0.60	0.14	000
32422		A	Thoracentesis w/tube insert	2.19	3.13	3.38	1.20	1.26	0.22	000
32440		A	Removal of lung	27.28	NA	NA	13.83	14.21	6.36	090
32442		A	Sleeve pneumonectomy	56.47	NA	NA	23.12	22.70	4.25	090
32445		A	Removal of lung	63.84	NA	NA	28.12	27.27	14.94	090
32480		A	Partial removal of lung	25.82	NA	NA	13.11	13.39	6.06	090
32482		A	Bilobectomy	27.44	NA	NA	14.26	14.53	6.42	090
32484		A	Segmentectomy	25.38	NA	NA	12.34	12.59	5.91	090
32486		A	Sleeve lobectomy	42.88	NA	NA	18.59	18.57	10.14	090
32488		A	Completion pneumonectomy	42.99	NA	NA	19.78	19.52	10.11	090
32491		R	Lung volume reduction	25.24	NA	NA	13.48	13.99	5.88	090
32500		A	Partial removal of lung	24.64	NA	NA	13.12	13.45	5.80	090
32501		A	Repair bronchus add-on	4.68	NA	NA	1.70	1.76	1.09	ZZZ
32503		A	Resect apical lung tumor	31.74	NA	NA	15.55	15.93	7.50	090

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32504		A	Resect apical lung tum/chest	36.54	NA	NA	16.81	17.67	8.52	090
32540		A	Removal of lung lesion	30.35	NA	NA	14.79	14.66	7.10	090
32550		A	Insert pleural cath	4.17	17.43	18.58	1.85	1.93	0.69	000
32551		A	Insertion of chest tube	3.29	NA	NA	1.29	1.34	0.52	000
32552		A	Remove lung catheter	2.53	2.42	2.42	1.75	1.75	0.60	010
32553		A	Ins mark thor for rt perq	3.80	13.57	13.57	1.53	1.53	0.88	000
32560		A	Treat pleurodesis w/agent	1.54	5.19	5.86	0.57	0.68	0.27	000
32561		A	Lyse chest fibrin init day	1.39	1.21	1.21	0.51	0.51	0.24	000
32562		A	Lyse chest fibrin subq day	1.24	1.07	1.07	0.46	0.46	0.23	000
32601		A	Thoracoscopy diagnostic	5.45	NA	NA	2.63	2.69	1.27	000
32602		A	Thoracoscopy diagnostic	5.95	NA	NA	2.82	2.88	1.36	000
32603		A	Thoracoscopy diagnostic	7.80	NA	NA	3.42	3.55	1.95	000
32604		A	Thoracoscopy diagnostic	8.77	NA	NA	3.76	3.95	2.04	000
32605		A	Thoracoscopy diagnostic	6.92	NA	NA	3.11	3.19	1.62	000
32606		A	Thoracoscopy diagnostic	8.39	NA	NA	3.71	3.82	1.93	000
32650		A	Thoracoscopy surgical	10.83	NA	NA	6.78	6.94	2.48	090
32651		A	Thoracoscopy surgical	18.78	NA	NA	10.07	9.85	4.31	090
32652		A	Thoracoscopy surgical	29.13	NA	NA	14.37	14.17	6.72	090
32653		A	Thoracoscopy surgical	18.17	NA	NA	9.59	9.45	4.12	090
32654		A	Thoracoscopy surgical	20.52	NA	NA	10.42	10.27	4.65	090
32655		A	Thoracoscopy surgical	16.17	NA	NA	9.00	8.94	3.77	090
32656		A	Thoracoscopy surgical	13.26	NA	NA	7.80	7.97	3.01	090
32657		A	Thoracoscopy surgical	12.93	NA	NA	7.78	7.95	3.04	090
32658		A	Thoracoscopy surgical	11.71	NA	NA	6.99	7.32	2.75	090
32659		A	Thoracoscopy surgical	11.94	NA	NA	7.34	7.58	2.80	090
32660		A	Thoracoscopy surgical	17.77	NA	NA	9.31	9.67	4.45	090
32661		A	Thoracoscopy surgical	13.33	NA	NA	7.56	7.88	3.13	090
32662		A	Thoracoscopy surgical	14.99	NA	NA	8.49	8.79	3.50	090
32663		A	Thoracoscopy surgical	24.64	NA	NA	11.97	12.24	5.74	090
32664		A	Thoracoscopy surgical	14.28	NA	NA	7.90	8.12	3.36	090

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32665		A	Thoracoscopy surgical	21.53	NA	NA	10.63	10.70	4.60	090
3268F		I	Psa/t/glsc docd b/4 txmnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32800		A	Repair lung hernia	15.71	NA	NA	8.98	9.01	3.69	090
32810		A	Close chest after drainage	14.95	NA	NA	8.65	8.85	3.51	090
32815		A	Close bronchial fistula	50.03	NA	NA	23.21	22.34	11.90	090
32820		A	Reconstruct injured chest	22.51	NA	NA	12.28	12.87	5.28	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant single	59.64	NA	NA	25.28	25.80	14.05	090
32852		A	Lung transplant with bypass	65.50	NA	NA	27.10	28.13	15.35	090
32853		A	Lung transplant double	84.48	NA	NA	33.67	32.99	20.00	090
32854		A	Lung transplant with bypass	90.00	NA	NA	35.65	35.47	21.21	090
32855		C	Prepare donor lung single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32856		C	Prepare donor lung double	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32900		A	Removal of rib(s)	23.81	NA	NA	13.07	12.70	5.48	090
32905		A	Revise & repair chest wall	23.29	NA	NA	11.59	11.89	5.44	090
32906		A	Revise & repair chest wall	29.30	NA	NA	13.71	14.14	6.87	090
3290F		I	Pt=d(rh)- and unsensitized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3291F		I	Pt=d(rh)+ or sensitized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3292F		I	Hiv tstng asked/docd/revwd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3293F		I	Abo rh blood typing docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32940		A	Revision of lung	21.34	NA	NA	10.99	11.09	5.01	090
3294F		I	Grp b strep screening docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32960		A	Therapeutic pneumothorax	1.84	1.75	1.91	0.83	0.86	0.42	000
32997		A	Total lung lavage	7.31	NA	NA	2.42	2.35	0.91	000
32998		A	Perq rf ablate tx pul tumor	5.68	74.08	78.71	2.21	2.54	0.60	000
32999		C	Chest surgery procedure	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	1.03	0.45	000
33011		A	Repeat drainage of heart sac	2.24	NA	NA	0.87	0.99	0.49	000
33015		A	Incision of heart sac	8.52	NA	NA	4.78	5.62	1.67	090
33020		A	Incision of heart sac	14.95	NA	NA	8.18	8.24	3.51	090

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33025		A	Incision of heart sac	13.70	NA	NA	7.33	7.49	3.25	090
33030		A	Partial removal of heart sac	36.00	NA	NA	16.13	14.94	8.55	090
33031		A	Partial removal of heart sac	45.00	NA	NA	19.22	17.47	10.83	090
33050		A	Removal of heart sac lesion	16.97	NA	NA	9.62	9.60	3.97	090
33120		A	Removal of heart lesion	38.45	NA	NA	15.81	15.24	9.20	090
33130		A	Removal of heart lesion	24.17	NA	NA	11.90	12.22	6.04	090
33140		A	Heart revascularize (tmr)	28.34	NA	NA	13.01	13.39	7.08	090
33141		A	Heart tmr w/other procedure	2.54	NA	NA	0.93	1.09	0.61	ZZZ
3317F		I	Path rpt malig cancer docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3318F		I	Path rpt malig cancer docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33202		A	Insert epicard eltrd open	13.20	NA	NA	7.08	7.40	3.16	090
33203		A	Insert epicard eltrd endo	13.97	NA	NA	6.97	7.68	3.28	090
33206		A	Insertion of heart pacemaker	7.39	NA	NA	4.34	5.20	1.62	090
33207		A	Insertion of heart pacemaker	8.05	NA	NA	4.39	5.32	1.77	090
33208		A	Insertion of heart pacemaker	8.77	NA	NA	4.66	5.66	1.92	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.28	1.60	0.71	000
33211		A	Insertion of heart electrode	3.39	NA	NA	1.30	1.56	0.75	000
33212		A	Insertion of pulse generator	5.52	NA	NA	3.16	3.80	1.21	090
33213		A	Insertion of pulse generator	6.37	NA	NA	3.47	4.24	1.40	090
33214		A	Upgrade of pacemaker system	7.84	NA	NA	4.58	5.45	1.70	090
33215		A	Reposition pacing-defib lead	4.92	NA	NA	2.88	3.51	1.08	090
33216		A	Insert 1 electrode pm-defib	5.87	NA	NA	3.74	4.59	1.28	090
33217		A	Insert 2 electrode pm-defib	5.84	NA	NA	3.75	4.55	1.28	090
33218		A	Repair lead pace-defib one	6.07	NA	NA	4.03	4.85	1.32	090
33220		A	Repair lead pace-defib dual	6.15	NA	NA	4.03	4.86	1.33	090
33222		A	Revise pocket pacemaker	5.10	NA	NA	3.83	4.53	1.14	090
33223		A	Revise pocket for defib	6.55	NA	NA	4.00	4.92	1.46	090
33224		A	Insert pacing lead & connect	9.04	NA	NA	3.86	4.81	1.99	000
33225		A	L ventric pacing lead add-on	8.33	NA	NA	3.25	4.13	1.82	ZZZ
33226		A	Reposition l ventric lead	8.68	NA	NA	3.75	4.66	1.91	000

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33233		A	Removal of pacemaker system	3.39	NA	NA	2.72	3.32	0.73	090
33234		A	Removal of pacemaker system	7.91	NA	NA	4.53	5.52	1.74	090
33235		A	Removal pacemaker electrode	10.15	NA	NA	6.12	7.40	2.25	090
33236		A	Remove electrode/thoracotomy	12.73	NA	NA	7.86	8.15	3.18	090
33237		A	Remove electrode/thoracotomy	13.84	NA	NA	7.58	8.69	3.24	090
33238		A	Remove electrode/thoracotomy	15.40	NA	NA	9.34	9.57	3.69	090
33240		A	Insert pulse generator	7.64	NA	NA	4.11	5.15	1.66	090
33241		A	Remove pulse generator	3.29	NA	NA	2.42	3.01	0.71	090
33243		A	Remove eltrd/thoracotomy	23.57	NA	NA	12.07	13.01	5.57	090
33244		A	Remove eltrd transven	13.99	NA	NA	7.77	9.57	3.10	090
33249		A	Eltrd/insert pace-defib	15.17	NA	NA	7.91	9.84	3.32	090
3324F		I	Mri ct scan ord rvwd rqstd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33250		A	Ablate heart dysrhythm focus	25.90	NA	NA	12.51	12.91	6.46	090
33251		A	Ablate heart dysrhythm focus	28.92	NA	NA	14.11	14.27	7.01	090
33254		A	Ablate atria lmtd	23.71	NA	NA	12.21	12.45	5.92	090
33255		A	Ablate atria w/o bypass ext	29.04	NA	NA	13.97	14.77	7.25	090
33256		A	Ablate atria w/bypass exten	34.90	NA	NA	16.09	17.04	8.75	090
33257		A	Ablate atria lmtd add-on	9.63	NA	NA	5.82	6.00	2.31	ZZZ
33258		A	Ablate atria x10sv add-on	11.00	NA	NA	6.34	6.55	2.63	ZZZ
33259		A	Ablate atria w/bypass add-on	14.14	NA	NA	8.21	8.49	3.43	ZZZ
3325F		I	Preop asses 4 cataract surg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33261		A	Ablate heart dysrhythm focus	28.92	NA	NA	13.43	13.85	7.23	090
33265		A	Ablate atria lmtd endo	23.71	NA	NA	11.84	12.22	5.65	090
33266		A	Ablate atria x10sv endo	33.04	NA	NA	15.23	15.83	7.98	090
33282		A	Implant pat-active ht record	4.80	NA	NA	3.43	4.24	1.05	090
33284		A	Remove pat-active ht record	3.14	NA	NA	2.79	3.44	0.68	090
33300		A	Repair of heart wound	44.97	NA	NA	19.17	18.53	10.74	090
33305		A	Repair of heart wound	76.93	NA	NA	30.48	29.49	18.43	090
3330F		I	Imaging study ordered (bkp)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33310		A	Exploratory heart surgery	20.34	NA	NA	10.44	10.73	4.49	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
33315		A	Exploratory heart surgery	35.00	NA	NA	14.60	14.24	8.41	090
3331F		I	Bk imaging tst not ordered	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33320		A	Repair major blood vessel(s)	18.54	NA	NA	9.52	9.78	4.30	090
33321		A	Repair major vessel	20.81	NA	NA	10.55	10.78	4.87	090
33322		A	Repair major blood vessel(s)	24.42	NA	NA	12.26	12.57	5.87	090
33330		A	Insert major vessel graft	25.29	NA	NA	12.17	12.22	6.33	090
33332		A	Insert major vessel graft	24.56	NA	NA	11.75	12.33	6.12	090
33335		A	Insert major vessel graft	33.91	NA	NA	15.58	15.96	8.18	090
33400		A	Repair of aortic valve	41.50	NA	NA	18.50	19.12	9.89	090
33401		A	Valvuloplasty open	24.63	NA	NA	12.33	14.14	5.38	090
33403		A	Valvuloplasty w/cp bypass	25.61	NA	NA	13.23	14.13	6.40	090
33404		A	Prepare heart-aorta conduit	31.37	NA	NA	14.69	15.48	7.34	090
33405		A	Replacement of aortic valve	41.32	NA	NA	18.83	19.65	9.92	090
33406		A	Replacement of aortic valve	52.68	NA	NA	22.65	23.36	12.77	090
33410		A	Replacement of aortic valve	46.41	NA	NA	20.63	21.04	11.15	090
33411		A	Replacement of aortic valve	62.07	NA	NA	24.85	25.09	14.93	090
33412		A	Replacement of aortic valve	59.00	NA	NA	22.90	22.61	14.77	090
33413		A	Replacement of aortic valve	59.87	NA	NA	24.98	25.98	14.02	090
33414		A	Repair of aortic valve	39.37	NA	NA	16.93	17.80	9.84	090
33415		A	Revision subvalvular tissue	37.27	NA	NA	16.29	16.37	8.52	090
33416		A	Revise ventricle muscle	36.56	NA	NA	17.07	17.20	8.81	090
33417		A	Repair of aortic valve	29.33	NA	NA	14.56	15.13	7.04	090
33420		A	Revision of mitral valve	25.79	NA	NA	15.71	13.64	3.54	090
33422		A	Revision of mitral valve	29.73	NA	NA	14.39	14.95	7.42	090
33425		A	Repair of mitral valve	49.96	NA	NA	21.93	21.63	11.99	090
33426		A	Repair of mitral valve	43.28	NA	NA	19.61	20.20	10.41	090
33427		A	Repair of mitral valve	44.83	NA	NA	19.50	20.46	10.78	090
33430		A	Replacement of mitral valve	50.93	NA	NA	23.06	23.34	12.26	090
33460		A	Revision of tricuspid valve	44.70	NA	NA	18.33	18.54	11.17	090
33463		A	Valvuloplasty tricuspid	57.08	NA	NA	24.16	23.79	13.79	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
33464		A	Valvuloplasty tricuspid	44.62	NA	NA	19.99	19.86	10.74	090
33465		A	Replace tricuspid valve	50.72	NA	NA	21.76	21.54	12.29	090
33468		A	Revision of tricuspid valve	45.13	NA	NA	18.15	17.91	11.30	090
33470		A	Revision of pulmonary valve	21.54	NA	NA	12.45	12.11	5.05	090
33471		A	Valvotomy pulmonary valve	22.96	NA	NA	13.03	12.75	1.62	090
33472		A	Revision of pulmonary valve	23.06	NA	NA	11.04	11.84	1.63	090
33474		A	Revision of pulmonary valve	39.40	NA	NA	17.25	16.70	9.23	090
33475		A	Replacement pulmonary valve	42.40	NA	NA	18.71	19.12	10.60	090
33476		A	Revision of heart chamber	26.57	NA	NA	13.27	13.32	6.64	090
33478		A	Revision of heart chamber	27.54	NA	NA	13.47	14.02	6.89	090
33496		A	Repair prosth valve clot	29.84	NA	NA	14.15	14.62	6.98	090
33500		A	Repair heart vessel fistula	27.94	NA	NA	13.22	13.73	6.98	090
33501		A	Repair heart vessel fistula	19.51	NA	NA	9.87	10.11	4.89	090
33502		A	Coronary artery correction	21.85	NA	NA	11.49	11.88	5.46	090
33503		A	Coronary artery graft	22.51	NA	NA	11.53	13.49	4.93	090
33504		A	Coronary artery graft	25.46	NA	NA	12.79	13.09	6.36	090
33505		A	Repair artery w/tunnel	38.40	NA	NA	15.32	15.65	9.60	090
33506		A	Repair artery translocation	37.85	NA	NA	22.85	20.01	8.87	090
33507		A	Repair art intramural	31.40	NA	NA	13.42	14.26	7.35	090
33508		A	Endoscopic vein harvest	0.31	NA	NA	0.11	0.12	0.07	ZZZ
33510		A	Cabg vein single	34.98	NA	NA	16.23	16.97	8.41	090
33511		A	Cabg vein two	38.45	NA	NA	17.68	18.43	9.25	090
33512		A	Cabg vein three	43.98	NA	NA	19.73	20.43	10.60	090
33513		A	Cabg vein four	45.37	NA	NA	20.10	20.53	10.97	090
33514		A	Cabg vein five	48.08	NA	NA	20.98	21.75	11.54	090
33516		A	Cabg vein six or more	49.76	NA	NA	21.68	22.62	12.43	090
33517		A	Cabg artery-vein single	3.61	NA	NA	1.31	1.33	0.86	ZZZ
33518		A	Cabg artery-vein two	7.93	NA	NA	2.89	2.88	1.91	ZZZ
33519		A	Cabg artery-vein three	10.49	NA	NA	3.82	3.85	2.52	ZZZ
3351F		I	Neg scrn dep symp by deptool	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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33521		A	Cabg artery-vein four	12.59	NA	NA	4.60	4.67	3.05	ZZZ
33522		A	Cabg artery-vein five	14.14	NA	NA	5.17	5.30	3.43	ZZZ
33523		A	Cabg art-vein six or more	16.08	NA	NA	5.83	6.01	3.87	ZZZ
3352F		I	No sig dep symp by dep tool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33530		A	Coronary artery bypass/reop	10.13	NA	NA	3.68	3.65	2.42	ZZZ
33533		A	Cabg arterial single	33.75	NA	NA	15.61	16.52	8.13	090
33534		A	Cabg arterial two	39.88	NA	NA	18.18	19.06	9.58	090
33535		A	Cabg arterial three	44.75	NA	NA	19.95	20.82	10.75	090
33536		A	Cabg arterial four or more	48.43	NA	NA	21.34	21.96	11.70	090
3353F		I	Mild-mod dep symp by deptool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33542		A	Removal of heart lesion	48.21	NA	NA	21.06	20.83	11.64	090
33545		A	Repair of heart damage	57.06	NA	NA	24.16	24.08	13.68	090
33548		A	Restore/remodel ventricle	54.14	NA	NA	23.96	24.76	13.11	090
3354F		I	Clin sig dep sym by dep tool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33572		A	Open coronary endarterectomy	4.44	NA	NA	1.61	1.69	1.08	ZZZ
33600		A	Closure of valve	30.31	NA	NA	14.64	14.96	7.08	090
33602		A	Closure of valve	29.34	NA	NA	14.29	14.31	6.25	090
33606		A	Anastomosis/artery-aorta	31.53	NA	NA	16.97	16.46	6.72	090
33608		A	Repair anomaly w/conduit	31.88	NA	NA	15.19	15.98	7.46	090
33610		A	Repair by enlargement	31.40	NA	NA	14.86	15.46	7.35	090
33611		A	Repair double ventricle	35.57	NA	NA	15.36	16.04	8.90	090
33612		A	Repair double ventricle	36.57	NA	NA	15.54	16.18	7.98	090
33615		A	Repair modified fontan	35.89	NA	NA	16.21	17.26	8.41	090
33617		A	Repair single ventricle	39.09	NA	NA	17.38	17.73	9.16	090
33619		A	Repair single ventricle	48.76	NA	NA	25.72	23.63	11.42	090
33620		A	Apply r&l pulm art bands	30.00	NA	NA	13.40	13.40	7.50	090
33621		A	Transthor cath for stent	16.18	NA	NA	7.39	7.39	3.76	090
33622		A	Redo compl cardiac anomaly	64.00	NA	NA	28.20	28.20	14.98	090
33641		A	Repair heart septum defect	29.58	NA	NA	13.76	13.70	7.12	090
33645		A	Revision of heart veins	31.30	NA	NA	13.46	13.55	7.82	090

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33647		A	Repair heart septum defects	33.00	NA	NA	14.07	14.49	8.25	090
33660		A	Repair of heart defects	31.83	NA	NA	20.04	17.56	7.96	090
33665		A	Repair of heart defects	34.85	NA	NA	15.11	15.75	8.74	090
33670		A	Repair of heart chambers	36.63	NA	NA	14.78	15.45	9.17	090
33675		A	Close mult vsd	35.95	NA	NA	15.37	16.00	8.98	090
33676		A	Close mult vsd w/resection	36.95	NA	NA	18.56	18.12	2.63	090
33677		A	Cl mult vsd w/rem pul band	38.45	NA	NA	13.36	15.78	2.74	090
33681		A	Repair heart septum defect	32.34	NA	NA	16.15	16.46	7.80	090
33684		A	Repair heart septum defect	34.37	NA	NA	14.94	15.57	8.60	090
33688		A	Repair heart septum defect	34.75	NA	NA	14.22	14.56	8.70	090
33690		A	Reinforce pulmonary artery	20.36	NA	NA	13.21	12.29	4.76	090
33692		A	Repair of heart defects	36.15	NA	NA	16.58	16.19	2.56	090
33694		A	Repair of heart defects	35.57	NA	NA	15.19	16.18	8.90	090
33697		A	Repair of heart defects	37.57	NA	NA	16.36	18.53	8.19	090
33702		A	Repair of heart defects	27.24	NA	NA	13.21	13.52	6.81	090
33710		A	Repair of heart defects	37.50	NA	NA	15.48	16.44	8.78	090
33720		A	Repair of heart defect	27.26	NA	NA	13.08	13.71	6.38	090
33722		A	Repair of heart defect	29.21	NA	NA	15.24	14.53	7.29	090
33724		A	Repair venous anomaly	27.63	NA	NA	12.54	13.49	6.45	090
33726		A	Repair pul venous stenosis	37.12	NA	NA	19.30	18.54	9.28	090
33730		A	Repair heart-vein defect(s)	36.14	NA	NA	16.05	15.93	9.05	090
33732		A	Repair heart-vein defect	28.96	NA	NA	14.16	14.68	7.24	090
33735		A	Revision of heart chamber	22.20	NA	NA	11.66	11.92	5.57	090
33736		A	Revision of heart chamber	24.32	NA	NA	12.40	12.86	6.07	090
33737		A	Revision of heart chamber	22.47	NA	NA	11.41	11.89	5.27	090
33750		A	Major vessel shunt	22.22	NA	NA	9.50	12.09	7.98	090
33755		A	Major vessel shunt	22.60	NA	NA	11.92	11.96	4.94	090
33762		A	Major vessel shunt	22.60	NA	NA	12.35	12.19	1.61	090
33764		A	Major vessel shunt & graft	22.60	NA	NA	13.16	12.34	4.83	090
33766		A	Major vessel shunt	23.57	NA	NA	11.15	12.55	5.13	090

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33767		A	Major vessel shunt	25.30	NA	NA	11.88	12.05	6.33	090
33768		A	Cavopulmonary shunting	8.00	NA	NA	3.51	3.40	0.56	ZZZ
33770		A	Repair great vessels defect	39.07	NA	NA	15.94	16.78	9.16	090
33771		A	Repair great vessels defect	40.63	NA	NA	19.28	18.41	2.90	090
33774		A	Repair great vessels defect	31.73	NA	NA	15.18	15.89	7.93	090
33775		A	Repair great vessels defect	32.99	NA	NA	17.61	17.45	2.33	090
33776		A	Repair great vessels defect	34.75	NA	NA	18.72	18.53	2.45	090
33777		A	Repair great vessels defect	34.17	NA	NA	12.30	14.80	2.42	090
33778		A	Repair great vessels defect	42.75	NA	NA	21.61	21.14	3.05	090
33779		A	Repair great vessels defect	43.23	NA	NA	20.70	20.08	3.09	090
33780		A	Repair great vessels defect	43.90	NA	NA	21.18	21.07	3.13	090
33781		A	Repair great vessels defect	43.21	NA	NA	20.41	19.52	3.09	090
33782		A	Nikaidoh proc	60.08	NA	NA	24.03	24.03	14.07	090
33783		A	Nikaidoh proc w/ostia implt	65.08	NA	NA	25.79	25.79	15.24	090
33786		A	Repair arterial trunk	41.87	NA	NA	17.27	18.27	2.98	090
33788		A	Revision of pulmonary artery	27.42	NA	NA	12.49	13.26	1.93	090
33800		A	Aortic suspension	17.28	NA	NA	8.48	8.59	4.31	090
33802		A	Repair vessel defect	18.37	NA	NA	11.96	11.01	4.60	090
33803		A	Repair vessel defect	20.31	NA	NA	9.68	9.78	5.08	090
33813		A	Repair septal defect	21.36	NA	NA	12.33	13.02	5.01	090
33814		A	Repair septal defect	26.57	NA	NA	13.18	13.72	6.64	090
33820		A	Revise major vessel	16.69	NA	NA	8.71	9.16	4.18	090
33822		A	Revise major vessel	17.71	NA	NA	10.09	10.08	1.25	090
33824		A	Revise major vessel	20.23	NA	NA	11.80	11.56	4.74	090
33840		A	Remove aorta constriction	21.34	NA	NA	13.25	12.10	5.34	090
33845		A	Remove aorta constriction	22.93	NA	NA	11.91	13.02	5.73	090
33851		A	Remove aorta constriction	21.98	NA	NA	18.42	15.11	5.48	090
33852		A	Repair septal defect	24.41	NA	NA	11.77	12.41	6.10	090
33853		A	Repair septal defect	32.51	NA	NA	15.25	16.71	8.14	090
33860		A	Ascending aortic graft	59.46	NA	NA	24.99	25.06	14.25	090

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33863		A	Ascending aortic graft	58.79	NA	NA	23.92	24.53	14.07	090
33864		A	Ascending aortic graft	60.08	NA	NA	24.32	25.30	14.32	090
33870		A	Transverse aortic arch graft	46.06	NA	NA	20.01	20.87	11.00	090
33875		A	Thoracic aortic graft	50.72	NA	NA	22.33	20.86	12.12	090
33877		A	Thoracoabdominal graft	69.03	NA	NA	26.54	26.18	16.35	090
33880		A	Endovasc taa repr incl subcl	34.58	NA	NA	13.59	14.32	7.72	090
33881		A	Endovasc taa repr w/o subcl	29.58	NA	NA	11.96	12.53	6.60	090
33883		A	Insert endovasc prosth taa	21.09	NA	NA	9.12	9.52	4.70	090
33884		A	Endovasc prosth taa add-on	8.20	NA	NA	2.76	2.83	1.84	ZZZ
33886		A	Endovasc prosth delayed	18.09	NA	NA	7.94	8.26	4.30	090
33889		A	Artery transpose/endovas taa	15.92	NA	NA	5.46	5.49	3.78	000
33891		A	Car-car bp grft/endovas taa	20.00	NA	NA	5.94	6.36	4.75	000
33910		A	Remove lung artery emboli	48.21	NA	NA	20.26	18.80	12.04	090
33915		A	Remove lung artery emboli	24.95	NA	NA	11.10	11.40	5.44	090
33916		A	Surgery of great vessel	78.00	NA	NA	29.74	26.33	19.49	090
33917		A	Repair pulmonary artery	25.30	NA	NA	12.87	14.10	5.92	090
33920		A	Repair pulmonary atresia	32.74	NA	NA	14.50	15.15	8.18	090
33922		A	Transect pulmonary artery	24.22	NA	NA	12.02	12.42	6.06	090
33924		A	Remove pulmonary shunt	5.49	NA	NA	1.91	1.99	1.28	ZZZ
33925		A	Rpr pul art unifocal w/o cpb	31.30	NA	NA	13.54	14.60	7.32	090
33926		A	Repr pul art unifocal w/cpb	44.73	NA	NA	26.73	21.91	11.17	090
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33933		C	Prepare donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation heart/lung	91.78	NA	NA	36.50	34.78	22.94	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33944		C	Prepare donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	89.50	NA	NA	37.34	37.02	21.34	090
33960		A	External circulation assist	19.33	NA	NA	7.10	7.08	3.82	000
33961		A	External circulation assist	10.91	NA	NA	4.00	4.13	1.66	ZZZ
33967		A	Insert ia percut device	4.84	NA	NA	1.87	2.34	1.08	000

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33968		A	Remove aortic assist device	0.64	NA	NA	0.25	0.28	0.14	000
33970		A	Aortic circulation assist	6.74	NA	NA	2.49	2.84	1.57	000
33971		A	Aortic circulation assist	11.99	NA	NA	6.70	7.20	2.80	090
33973		A	Insert balloon device	9.75	NA	NA	3.65	4.17	2.26	000
33974		A	Remove intra-aortic balloon	15.03	NA	NA	7.89	8.94	3.77	090
33975		A	Implant ventricular device	25.00	NA	NA	8.47	8.38	5.95	XXX
33976		A	Implant ventricular device	30.75	NA	NA	10.16	10.00	7.68	XXX
33977		A	Remove ventricular device	20.86	NA	NA	8.16	9.14	4.96	XXX
33978		A	Remove ventricular device	25.00	NA	NA	9.60	10.36	6.26	XXX
33979		A	Insert intracorporeal device	37.50	NA	NA	12.55	13.82	8.98	XXX
33980		A	Remove intracorporeal device	33.50	NA	NA	12.48	16.96	8.08	XXX
33981		A	Replace vad pump ext	16.11	NA	NA	6.56	6.56	4.02	XXX
33982		A	Replace vad intra w/o bp	37.86	NA	NA	15.43	15.43	9.07	XXX
33983		A	Replace vad intra w/bp	44.54	NA	NA	18.15	18.15	10.67	XXX
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	17.88	NA	NA	8.81	8.60	4.07	090
34051		A	Removal of artery clot	16.99	NA	NA	9.07	9.16	4.25	090
34101		A	Removal of artery clot	10.93	NA	NA	5.65	5.69	2.46	090
34111		A	Removal of arm artery clot	10.93	NA	NA	5.67	5.70	2.44	090
34151		A	Removal of artery clot	26.52	NA	NA	11.75	11.58	5.97	090
34201		A	Removal of artery clot	19.48	NA	NA	8.77	8.36	4.48	090
34203		A	Removal of leg artery clot	17.86	NA	NA	8.43	8.51	4.11	090
34401		A	Removal of vein clot	26.52	NA	NA	14.53	13.90	5.66	090
34421		A	Removal of vein clot	13.37	NA	NA	6.83	6.86	2.97	090
34451		A	Removal of vein clot	28.52	NA	NA	10.32	11.37	6.78	090
34471		A	Removal of vein clot	21.11	NA	NA	12.18	10.41	4.50	090
34490		A	Removal of vein clot	10.91	NA	NA	6.03	5.95	2.42	090
34501		A	Repair valve femoral vein	16.85	NA	NA	7.48	8.24	4.00	090
34502		A	Reconstruct vena cava	28.07	NA	NA	13.11	13.45	5.89	090
3450F		I	Dyspnea scrnd no-mild dysp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
34510		A	Transposition of vein valve	19.91	NA	NA	11.68	10.62	4.23	090
3451F		I	Dyspnea scrnd mod-high dysp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
34520		A	Cross-over vein graft	19.18	NA	NA	7.66	8.35	4.55	090
3452F		I	Dyspnea not screened	0.00	0.00	0.00	0.00	0.00	0.00	XXX
34530		A	Leg vein fusion	17.93	NA	NA	7.59	8.30	3.82	090
34800		A	Endovas aaa repr w/sm tube	21.54	NA	NA	9.02	9.52	4.57	090
34802		A	Endovas aaa repr w/2-p part	23.79	NA	NA	10.09	10.50	5.09	090
34803		A	Endovas aaa repr w/3-p part	24.82	NA	NA	10.18	10.53	5.34	090
34804		A	Endovas aaa repr w/1-p part	23.79	NA	NA	10.07	10.49	5.14	090
34805		A	Endovas aaa repr w/long tube	22.67	NA	NA	9.58	9.77	5.04	090
34806		A	Aneurysm press sensor add-on	2.06	NA	NA	0.69	0.74	0.45	ZZZ
34808		A	Endovas iliac a device addon	4.12	NA	NA	1.42	1.44	0.90	ZZZ
34812		A	Xpose for endoprosth femorl	6.74	NA	NA	2.33	2.33	1.55	000
34813		A	Femoral endovas graft add-on	4.79	NA	NA	1.61	1.61	1.10	ZZZ
34820		A	Xpose for endoprosth iliac	9.74	NA	NA	3.33	3.39	2.18	000
34825		A	Endovasc extend prosth init	12.80	NA	NA	6.25	6.54	2.75	090
34826		A	Endovasc exten prosth addl	4.12	NA	NA	1.43	1.48	0.88	ZZZ
34830		A	Open aortic tube prosth repr	35.23	NA	NA	12.40	13.45	8.36	090
34831		A	Open aortoiliac prosth repr	37.98	NA	NA	13.22	13.86	9.02	090
34832		A	Open aortofemor prosth repr	37.98	NA	NA	13.22	14.33	9.02	090
34833		A	Xpose for endoprosth iliac	11.98	NA	NA	4.38	4.48	2.79	000
34834		A	Xpose endoprosth brachial	5.34	NA	NA	2.05	2.12	1.24	000
34900		A	Endovasc iliac repr w/graft	16.85	NA	NA	7.60	7.93	3.58	090
3491F		I	Hiv unsure baby of hiv+moms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3497F		I	Cd4+ cell percentage <15%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3498F		I	Cd4+ cell % >=15% (hiv)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35001		A	Repair defect of artery	20.81	NA	NA	9.69	10.00	4.82	090
35002		A	Repair artery rupture neck	22.23	NA	NA	8.53	9.52	4.75	090
35005		A	Repair defect of artery	19.29	NA	NA	11.52	10.75	4.57	090
35011		A	Repair defect of artery	18.58	NA	NA	8.66	8.62	4.22	090

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35013		A	Repair artery rupture arm	23.23	NA	NA	11.10	10.81	5.28	090
35021		A	Repair defect of artery	22.17	NA	NA	8.74	9.93	5.20	090
35022		A	Repair artery rupture chest	25.70	NA	NA	12.10	11.99	6.02	090
35045		A	Repair defect of arm artery	18.01	NA	NA	9.15	8.80	4.00	090
35081		A	Repair defect of artery	33.53	NA	NA	14.38	14.14	7.77	090
35082		A	Repair artery rupture aorta	42.09	NA	NA	17.66	17.39	9.66	090
35091		A	Repair defect of artery	35.35	NA	NA	13.33	13.62	8.19	090
35092		A	Repair artery rupture aorta	50.97	NA	NA	19.63	19.62	11.79	090
35102		A	Repair defect of artery	36.53	NA	NA	15.01	14.90	8.45	090
35103		A	Repair artery rupture groin	43.62	NA	NA	17.28	17.32	9.99	090
3510F		I	Doc tb scrng-rslts interpd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35111		A	Repair defect of artery	26.28	NA	NA	14.43	13.01	5.61	090
35112		A	Repair artery rupture spleen	32.57	NA	NA	17.32	15.60	6.94	090
35121		A	Repair defect of artery	31.52	NA	NA	13.58	13.36	7.25	090
35122		A	Repair artery rupture belly	37.89	NA	NA	13.19	14.50	8.08	090
35131		A	Repair defect of artery	26.40	NA	NA	11.54	11.63	6.10	090
35132		A	Repair artery rupture groin	32.57	NA	NA	11.61	12.57	7.44	090
3513F		I	Hep b scrng docd as done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35141		A	Repair defect of artery	20.91	NA	NA	9.30	9.35	4.83	090
35142		A	Repair artery rupture thigh	25.16	NA	NA	10.96	11.09	5.78	090
3514F		I	Hep c scrng docd as done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35151		A	Repair defect of artery	23.72	NA	NA	10.35	10.42	5.47	090
35152		A	Repair artery rupture knee	27.66	NA	NA	10.15	11.14	6.57	090
3515F		I	Pt has docd immun to hep c	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35180		A	Repair blood vessel lesion	15.10	NA	NA	11.34	10.08	3.58	090
35182		A	Repair blood vessel lesion	31.71	NA	NA	14.73	14.96	6.76	090
35184		A	Repair blood vessel lesion	18.82	NA	NA	9.29	9.07	4.01	090
35188		A	Repair blood vessel lesion	18.00	NA	NA	6.46	6.82	3.85	090
35189		A	Repair blood vessel lesion	29.98	NA	NA	16.19	14.69	7.50	090
35190		A	Repair blood vessel lesion	13.42	NA	NA	7.11	7.05	3.06	090

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35201		A	Repair blood vessel lesion	16.93	NA	NA	8.76	8.66	3.76	090
35206		A	Repair blood vessel lesion	13.84	NA	NA	7.37	7.20	3.06	090
35207		A	Repair blood vessel lesion	10.94	NA	NA	9.85	9.19	1.93	090
35211		A	Repair blood vessel lesion	24.58	NA	NA	12.00	12.26	5.91	090
35216		A	Repair blood vessel lesion	36.61	NA	NA	17.86	16.92	8.64	090
35221		A	Repair blood vessel lesion	26.62	NA	NA	12.22	11.72	5.83	090
35226		A	Repair blood vessel lesion	15.30	NA	NA	7.36	7.56	3.52	090
35231		A	Repair blood vessel lesion	21.16	NA	NA	11.47	11.15	4.16	090
35236		A	Repair blood vessel lesion	18.02	NA	NA	8.69	8.62	3.99	090
35241		A	Repair blood vessel lesion	25.58	NA	NA	13.22	13.13	6.30	090
35246		A	Repair blood vessel lesion	28.23	NA	NA	10.44	12.01	6.70	090
35251		A	Repair blood vessel lesion	31.91	NA	NA	13.92	13.41	7.00	090
35256		A	Repair blood vessel lesion	19.06	NA	NA	8.59	8.68	4.36	090
35261		A	Repair blood vessel lesion	18.96	NA	NA	9.51	9.40	4.64	090
35266		A	Repair blood vessel lesion	15.83	NA	NA	7.72	7.67	3.62	090
35271		A	Repair blood vessel lesion	24.58	NA	NA	12.01	12.24	6.14	090
35276		A	Repair blood vessel lesion	25.83	NA	NA	12.55	12.75	6.04	090
35281		A	Repair blood vessel lesion	30.06	NA	NA	13.68	13.29	6.79	090
35286		A	Repair blood vessel lesion	17.19	NA	NA	8.39	8.47	3.96	090
35301		A	Rechanneling of artery	19.61	NA	NA	9.03	9.05	4.56	090
35302		A	Rechanneling of artery	21.35	NA	NA	9.38	9.15	4.93	090
35303		A	Rechanneling of artery	23.60	NA	NA	10.40	10.05	5.43	090
35304		A	Rechanneling of artery	24.60	NA	NA	10.46	10.22	5.65	090
35305		A	Rechanneling of artery	23.60	NA	NA	10.27	9.96	5.43	090
35306		A	Rechanneling of artery	9.25	NA	NA	4.02	3.50	2.19	ZZZ
35311		A	Rechanneling of artery	28.60	NA	NA	12.22	12.45	6.70	090
35321		A	Rechanneling of artery	16.59	NA	NA	7.83	7.84	3.77	090
35331		A	Rechanneling of artery	27.72	NA	NA	12.12	12.27	6.44	090
35341		A	Rechanneling of artery	26.21	NA	NA	10.89	11.14	6.06	090
35351		A	Rechanneling of artery	24.61	NA	NA	10.49	10.45	5.65	090

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35355		A	Rechanneling of artery	19.86	NA	NA	8.54	8.60	4.56	090
35361		A	Rechanneling of artery	30.24	NA	NA	10.92	11.89	7.19	090
35363		A	Rechanneling of artery	32.35	NA	NA	14.26	14.57	7.57	090
35371		A	Rechanneling of artery	15.31	NA	NA	7.24	7.24	3.52	090
35372		A	Rechanneling of artery	18.58	NA	NA	8.26	8.32	4.26	090
35390		A	Reoperation carotid add-on	3.19	NA	NA	1.11	1.12	0.73	ZZZ
35400		A	Angioscopy	3.00	NA	NA	1.01	1.05	0.68	ZZZ
35450		A	Repair arterial blockage	10.05	NA	NA	3.80	3.91	2.25	000
35452		A	Repair arterial blockage	6.90	NA	NA	2.78	2.80	1.58	000
35458		A	Repair arterial blockage	9.48	NA	NA	3.78	3.78	2.14	000
35460		A	Repair venous blockage	6.03	NA	NA	2.53	2.47	1.32	000
35471		A	Repair arterial blockage	10.05	60.97	74.92	3.97	4.78	1.99	000
35472		A	Repair arterial blockage	6.90	47.54	54.63	2.78	3.09	1.44	000
35475		R	Repair arterial blockage	9.48	53.95	57.34	3.76	4.08	1.52	000
35476		A	Repair venous blockage	6.03	42.20	44.78	2.51	2.70	0.83	000
35500		A	Harvest vein for bypass	6.44	NA	NA	2.21	2.21	1.50	ZZZ
35501		A	Artery bypass graft	29.09	NA	NA	14.22	13.89	6.70	090
35506		A	Artery bypass graft	25.33	NA	NA	10.69	11.00	6.02	090
35508		A	Artery bypass graft	26.09	NA	NA	12.28	12.11	6.52	090
35509		A	Artery bypass graft	28.09	NA	NA	11.98	12.42	6.67	090
3550F		I	Low rsk thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35510		A	Artery bypass graft	24.39	NA	NA	8.92	9.82	5.78	090
35511		A	Artery bypass graft	22.20	NA	NA	12.92	11.62	5.28	090
35512		A	Artery bypass graft	23.89	NA	NA	8.77	9.53	5.68	090
35515		A	Artery bypass graft	26.09	NA	NA	9.93	10.13	6.19	090
35516		A	Artery bypass graft	24.21	NA	NA	8.83	9.03	5.74	090
35518		A	Artery bypass graft	22.65	NA	NA	8.27	9.29	5.38	090
3551F		I	Intrmed rsk thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35521		A	Artery bypass graft	24.13	NA	NA	13.65	12.15	5.73	090
35522		A	Artery bypass graft	23.15	NA	NA	10.14	10.20	5.48	090

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35523		A	Artery bypass graft	24.13	NA	NA	10.83	11.14	5.48	090
35525		A	Artery bypass graft	21.69	NA	NA	9.76	9.67	4.83	090
35526		A	Artery bypass graft	31.55	NA	NA	11.34	12.76	7.89	090
3552F		I	Hgh risk for thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35531		A	Artery bypass graft	39.11	NA	NA	16.17	16.07	8.91	090
35533		A	Artery bypass graft	29.92	NA	NA	16.16	14.60	7.10	090
35535		A	Artery bypass graft	38.13	NA	NA	13.31	14.94	2.71	090
35536		A	Artery bypass graft	33.73	NA	NA	11.96	12.80	8.02	090
35537		A	Artery bypass graft	41.88	NA	NA	21.49	19.21	9.94	090
35538		A	Artery bypass graft	47.03	NA	NA	23.78	21.43	11.16	090
35539		A	Artery bypass graft	44.11	NA	NA	15.12	15.96	10.48	090
35540		A	Artery bypass graft	49.33	NA	NA	20.90	19.93	11.35	090
35548		A	Artery bypass graft	22.68	NA	NA	8.67	9.47	5.39	090
35549		A	Artery bypass graft	24.45	NA	NA	16.06	13.75	5.21	090
35551		A	Artery bypass graft	27.83	NA	NA	15.24	14.13	5.95	090
35556		A	Artery bypass graft	26.75	NA	NA	11.63	11.46	6.14	090
35558		A	Artery bypass graft	23.13	NA	NA	10.80	10.66	5.34	090
3555F		I	Pt inr measurement performed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35560		A	Artery bypass graft	34.03	NA	NA	12.05	13.22	8.08	090
35563		A	Artery bypass graft	26.12	NA	NA	9.70	10.41	6.19	090
35565		A	Artery bypass graft	25.13	NA	NA	11.01	11.06	5.74	090
35566		A	Artery bypass graft	32.35	NA	NA	13.46	13.30	7.50	090
35570		A	Artery bypass graft	29.15	NA	NA	10.74	12.05	2.07	090
35571		A	Artery bypass graft	25.52	NA	NA	10.92	11.05	5.89	090
35572		A	Harvest femoropopliteal vein	6.81	NA	NA	2.47	2.54	1.59	ZZZ
35583		A	Vein bypass graft	27.75	NA	NA	11.99	11.76	6.36	090
35585		A	Vein bypass graft	32.35	NA	NA	13.77	13.59	7.40	090
35587		A	Vein bypass graft	26.21	NA	NA	11.66	11.67	6.04	090
35600		A	Harvest art for cabg add-on	4.94	NA	NA	1.84	1.92	1.20	ZZZ
35601		A	Artery bypass graft	27.09	NA	NA	13.22	12.78	6.34	090

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35606		A	Artery bypass graft	22.46	NA	NA	9.59	9.70	5.25	090
35612		A	Artery bypass graft	20.35	NA	NA	7.50	7.72	4.84	090
35616		A	Artery bypass graft	21.82	NA	NA	12.00	10.67	4.65	090
35621		A	Artery bypass graft	21.03	NA	NA	9.07	9.13	4.87	090
35623		A	Bypass graft not vein	25.92	NA	NA	14.42	12.88	6.14	090
35626		A	Artery bypass graft	29.14	NA	NA	12.85	13.20	6.98	090
35631		A	Artery bypass graft	36.03	NA	NA	14.10	14.29	8.42	090
35632		A	Artery bypass graft	36.13	NA	NA	12.72	14.27	2.57	090
35633		A	Artery bypass graft	39.11	NA	NA	15.01	15.99	2.78	090
35634		A	Artery bypass graft	35.33	NA	NA	13.53	14.54	2.50	090
35636		A	Artery bypass graft	31.75	NA	NA	16.96	15.22	7.54	090
35637		A	Artery bypass graft	33.05	NA	NA	13.98	13.73	7.65	090
35638		A	Artery bypass graft	33.60	NA	NA	14.43	14.21	7.83	090
35642		A	Artery bypass graft	18.94	NA	NA	11.89	10.88	4.49	090
35645		A	Artery bypass graft	18.43	NA	NA	10.87	9.68	4.61	090
35646		A	Artery bypass graft	32.98	NA	NA	13.87	13.98	7.59	090
35647		A	Artery bypass graft	29.73	NA	NA	12.91	12.91	6.90	090
35650		A	Artery bypass graft	20.16	NA	NA	9.25	9.16	4.60	090
35651		A	Artery bypass graft	26.08	NA	NA	9.68	10.77	5.58	090
35654		A	Artery bypass graft	26.28	NA	NA	11.31	11.33	6.07	090
35656		A	Artery bypass graft	20.47	NA	NA	9.23	9.23	4.71	090
35661		A	Artery bypass graft	20.35	NA	NA	9.48	9.51	4.70	090
35663		A	Artery bypass graft	23.93	NA	NA	10.23	10.44	5.47	090
35665		A	Artery bypass graft	22.35	NA	NA	9.82	9.91	5.12	090
35666		A	Artery bypass graft	23.66	NA	NA	11.24	11.32	5.44	090
35671		A	Artery bypass graft	20.77	NA	NA	9.96	10.06	4.78	090
35681		A	Composite bypass graft	1.60	NA	NA	0.56	0.56	0.37	ZZZ
35682		A	Composite bypass graft	7.19	NA	NA	2.37	2.41	1.66	ZZZ
35683		A	Composite bypass graft	8.49	NA	NA	2.52	2.70	2.00	ZZZ
35685		A	Bypass graft patency/patch	4.04	NA	NA	1.37	1.37	0.93	ZZZ

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35686		A	Bypass graft/av fist patency	3.34	NA	NA	1.13	1.17	0.75	ZZZ
35691		A	Arterial transposition	18.41	NA	NA	7.23	7.94	4.37	090
35693		A	Arterial transposition	15.73	NA	NA	7.01	7.75	3.74	090
35694		A	Arterial transposition	19.28	NA	NA	8.52	8.58	4.57	090
35695		A	Arterial transposition	20.06	NA	NA	7.72	8.39	4.76	090
35697		A	Reimplant artery each	3.00	NA	NA	1.02	1.03	0.69	ZZZ
35700		A	Reoperation bypass graft	3.08	NA	NA	1.06	1.07	0.71	ZZZ
35701		A	Exploration carotid artery	9.19	NA	NA	6.54	6.15	1.80	090
35721		A	Exploration femoral artery	7.72	NA	NA	4.72	4.82	1.74	090
3572F		I	Pt consid poss risk fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3573F		I	Pt not consid poss risk fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35741		A	Exploration popliteal artery	8.69	NA	NA	5.30	5.21	1.93	090
35761		A	Exploration of artery/vein	5.93	NA	NA	4.81	4.65	1.29	090
35800		A	Explore neck vessels	12.00	NA	NA	7.27	6.71	2.53	090
35820		A	Explore chest vessels	36.89	NA	NA	15.96	15.46	8.83	090
35840		A	Explore abdominal vessels	20.75	NA	NA	10.33	9.24	4.45	090
35860		A	Explore limb vessels	15.25	NA	NA	7.42	6.64	3.48	090
35870		A	Repair vessel graft defect	24.50	NA	NA	13.79	12.26	5.81	090
35875		A	Removal of clot in graft	10.72	NA	NA	5.71	5.68	2.44	090
35876		A	Removal of clot in graft	17.82	NA	NA	8.10	8.09	4.08	090
35879		A	Revise graft w/vein	17.41	NA	NA	8.04	8.05	4.01	090
35881		A	Revise graft w/vein	19.35	NA	NA	8.65	8.79	4.49	090
35883		A	Revise graft w/nonauto graft	23.15	NA	NA	9.99	9.71	5.34	090
35884		A	Revise graft w/vein	24.65	NA	NA	8.93	9.26	5.84	090
35901		A	Excision graft neck	8.38	NA	NA	5.59	5.60	1.91	090
35903		A	Excision graft extremity	9.53	NA	NA	6.14	6.18	2.15	090
35905		A	Excision graft thorax	33.52	NA	NA	11.90	12.93	7.96	090
35907		A	Excision graft abdomen	37.27	NA	NA	15.18	15.07	8.59	090
36000		A	Place needle in vein	0.18	0.48	0.53	0.08	0.08	0.03	XXX
36002		A	Pseudoaneurysm injection trt	1.96	2.44	2.70	0.95	1.04	0.30	000

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
36005		A	Injection ext venography	0.95	8.54	9.19	0.35	0.40	0.14	000
36010		A	Place catheter in vein	2.43	11.95	13.93	0.88	0.95	0.35	XXX
36011		A	Place catheter in vein	3.14	21.52	23.82	1.17	1.25	0.44	XXX
36012		A	Place catheter in vein	3.51	21.16	22.54	1.29	1.44	0.52	XXX
36013		A	Place catheter in artery	2.52	19.50	21.22	0.94	1.01	0.45	XXX
36014		A	Place catheter in artery	3.02	20.49	22.01	1.12	1.27	0.33	XXX
36015		A	Place catheter in artery	3.51	21.82	23.68	1.29	1.46	0.37	XXX
36100		A	Establish access to artery	3.02	10.80	12.14	1.13	1.29	0.67	XXX
36120		A	Establish access to artery	2.01	10.39	11.10	0.71	0.75	0.33	XXX
36140		A	Establish access to artery	2.01	10.60	11.95	0.73	0.81	0.39	XXX
36147		A	Access av dial grft for eval	3.72	20.11	20.11	1.43	1.43	0.50	XXX
36148		A	Access av dial grft for proc	1.00	6.55	6.55	0.37	0.37	0.12	ZZZ
36160		A	Establish access to aorta	2.52	11.11	12.64	0.90	1.06	0.38	XXX
36200		A	Place catheter in aorta	3.02	12.93	13.90	0.98	1.05	0.60	000
36215		A	Place catheter in artery	4.67	26.51	29.00	1.80	2.05	0.82	XXX
36216		A	Place catheter in artery	5.27	29.29	31.75	2.08	2.33	0.93	XXX
36217		A	Place catheter in artery	6.29	50.61	54.62	2.53	2.79	1.06	XXX
36218		A	Place catheter in artery	1.01	4.16	4.57	0.40	0.44	0.16	ZZZ
36245		A	Place catheter in artery	4.67	26.43	30.85	1.78	2.14	0.87	XXX
36246		A	Place catheter in artery	5.27	22.83	25.31	1.78	1.94	0.98	000
36247		A	Place catheter in artery	6.29	41.60	44.68	2.11	2.30	1.18	000
36248		A	Place catheter in artery	1.01	3.20	3.65	0.36	0.42	0.16	ZZZ
36260		A	Insertion of infusion pump	9.91	NA	NA	7.17	6.52	2.12	090
36261		A	Revision of infusion pump	5.63	NA	NA	4.99	4.59	1.33	090
36262		A	Removal of infusion pump	4.11	NA	NA	4.05	3.73	0.87	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Bl draw < 3 yrs fem/jugular	0.38	0.52	0.43	0.08	0.09	0.05	XXX
36405		A	Bl draw < 3 yrs scalp vein	0.31	0.35	0.35	0.13	0.12	0.05	XXX
36406		A	Bl draw < 3 yrs other vein	0.18	0.28	0.30	0.07	0.07	0.03	XXX
36410		A	Non-routine bl draw > 3 yrs	0.18	0.27	0.33	0.08	0.07	0.03	XXX

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36415		X	Routine venipuncture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36416		B	Capillary blood draw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Vein access cutdown < 1 yr	1.01	NA	NA	0.23	0.27	0.12	XXX
36425		A	Vein access cutdown > 1 yr	0.76	NA	NA	0.34	0.31	0.11	XXX
36430		A	Blood transfusion service	0.00	0.90	1.02	NA	NA	0.01	XXX
36440		A	Bl push transfuse 2 yr or <	1.03	NA	NA	0.50	0.42	0.24	XXX
36450		A	Bl exchange/transfuse nb	2.23	NA	NA	1.09	1.03	0.11	XXX
36455		A	Bl exchange/transfuse non-nb	2.43	NA	NA	0.85	0.99	0.14	XXX
36460		A	Transfusion service fetal	6.58	NA	NA	3.06	2.71	1.40	XXX
36468		R	Injection(s) spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36469		R	Injection(s) spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36470		A	Injection therapy of vein	1.10	3.24	3.15	1.25	1.13	0.22	010
36471		A	Injection therapy of veins	1.65	3.18	3.18	1.04	1.03	0.33	010
36475		A	Endovenous rf 1st vein	6.72	43.76	46.32	2.77	2.73	1.42	000
36476		A	Endovenous rf vein add-on	3.38	7.57	7.80	1.23	1.22	0.72	ZZZ
36478		A	Endovenous laser 1st vein	6.72	31.30	35.01	2.72	2.76	1.32	000
36479		A	Endovenous laser vein addon	3.38	7.78	8.22	1.28	1.26	0.65	ZZZ
36481		A	Insertion of catheter vein	6.98	53.44	29.48	3.00	3.00	0.88	000
36500		A	Insertion of catheter vein	3.51	NA	NA	1.35	1.48	0.53	000
3650F		I	Eeg ordered rvwd reqstd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36510		A	Insertion of catheter vein	1.09	1.52	1.81	0.53	0.50	0.24	000
36511		A	Apheresis wbc	1.74	NA	NA	0.89	0.82	0.27	000
36512		A	Apheresis rbc	1.74	NA	NA	0.87	0.84	0.16	000
36513		A	Apheresis platelets	1.74	NA	NA	0.98	0.91	0.34	000
36514		A	Apheresis plasma	1.74	12.13	13.33	0.80	0.77	0.27	000
36515		A	Apheresis adsorp/reinfuse	1.74	50.11	55.17	0.88	0.78	0.24	000
36516		A	Apheresis selective	1.22	54.14	61.60	0.56	0.53	0.35	000
36522		A	Photopheresis	1.67	34.80	38.36	1.20	1.19	0.16	000
36555		A	Insert non-tunnel cv cath	2.68	4.66	5.07	0.66	0.74	0.22	000
36556		A	Insert non-tunnel cv cath	2.50	3.92	4.13	0.84	0.80	0.31	000

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36557		A	Insert tunneled cv cath	5.14	22.62	21.59	3.58	3.36	1.09	010
36558		A	Insert tunneled cv cath	4.84	16.82	18.39	2.80	2.94	0.72	010
36560		A	Insert tunneled cv cath	6.29	31.86	30.60	4.10	3.82	0.59	010
36561		A	Insert tunneled cv cath	6.04	26.73	27.95	3.59	3.52	1.10	010
36563		A	Insert tunneled cv cath	6.24	30.35	29.76	3.87	3.64	1.31	010
36565		A	Insert tunneled cv cath	6.04	21.50	22.48	3.33	3.31	1.29	010
36566		A	Insert tunneled cv cath	6.54	140.45	124.76	3.70	3.58	1.27	010
36568		A	Insert picc cath	1.92	5.85	6.73	0.75	0.76	0.18	000
36569		A	Insert picc cath	1.82	4.95	5.65	0.73	0.79	0.18	000
36570		A	Insert picvad cath	5.36	24.17	27.56	2.98	3.20	0.49	010
36571		A	Insert picvad cath	5.34	30.28	31.38	3.34	3.25	1.02	010
36575		A	Repair tunneled cv cath	0.67	3.85	4.04	0.30	0.30	0.10	000
36576		A	Repair tunneled cv cath	3.24	7.11	7.32	2.05	2.06	0.56	010
36578		A	Replace tunneled cv cath	3.54	10.48	11.13	2.37	2.47	0.53	010
36580		A	Replace cvad cath	1.31	4.57	5.16	0.54	0.55	0.16	000
36581		A	Replace tunneled cv cath	3.48	17.51	18.82	1.96	2.12	0.44	010
36582		A	Replace tunneled cv cath	5.24	25.46	26.57	3.11	3.17	0.88	010
36583		A	Replace tunneled cv cath	5.29	32.29	30.01	3.66	3.43	1.14	010
36584		A	Replace picc cath	1.20	4.34	5.05	0.66	0.71	0.11	000
36585		A	Replace picvad cath	4.84	25.61	27.34	2.86	3.00	0.67	010
36589		A	Removal tunneled cv cath	2.28	2.27	2.35	1.54	1.57	0.37	010
36590		A	Removal tunneled cv cath	3.35	4.65	4.52	2.22	2.14	0.63	010
36591		T	Draw blood off venous device	0.00	0.61	0.67	NA	NA	0.01	XXX
36592		T	Collect blood from picc	0.00	0.69	0.75	NA	NA	0.01	XXX
36593		A	Declot vascular device	0.00	0.82	0.84	NA	NA	0.01	XXX
36595		A	Mech remov tunneled cv cath	3.59	11.87	13.52	1.52	1.68	0.39	000
36596		A	Mech remov tunneled cv cath	0.75	2.88	3.18	0.48	0.52	0.10	000
36597		A	Reposition venous catheter	1.21	2.20	2.41	0.48	0.54	0.11	000
36598		T	Inj w/fluor eval cv device	0.74	2.31	2.55	0.27	0.67	0.07	000
36600		A	Withdrawal of arterial blood	0.32	0.55	0.55	0.11	0.10	0.03	XXX

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36620		A	Insertion catheter artery	1.15	NA	NA	0.29	0.25	0.10	000
36625		A	Insertion catheter artery	2.11	NA	NA	0.71	0.70	0.42	000
36640		A	Insertion catheter artery	2.10	NA	NA	1.40	1.29	0.42	000
36660		A	Insertion catheter artery	1.40	NA	NA	0.68	0.53	0.34	000
36680		A	Insert needle bone cavity	1.20	NA	NA	0.34	0.37	0.22	000
36800		A	Insertion of cannula	2.43	NA	NA	2.01	2.00	0.42	000
36810		A	Insertion of cannula	3.96	NA	NA	1.80	1.74	0.73	000
36815		A	Insertion of cannula	2.62	NA	NA	1.46	1.42	0.56	000
36818		A	Av fuse uppr arm cephalic	11.89	NA	NA	6.34	6.26	2.65	090
36819		A	Av fuse uppr arm basilic	13.29	NA	NA	6.49	6.53	2.98	090
36820		A	Av fusion/forearm vein	14.47	NA	NA	7.49	7.24	3.24	090
36821		A	Av fusion direct any site	12.11	NA	NA	6.62	6.43	2.71	090
36822		A	Insertion of cannula(s)	5.57	NA	NA	4.69	4.79	1.29	090
36823		A	Insertion of cannula(s)	22.98	NA	NA	12.41	11.91	5.01	090
36825		A	Artery-vein autograft	14.17	NA	NA	7.24	6.78	3.17	090
36830		A	Artery-vein nonautograft	12.03	NA	NA	5.78	5.68	2.71	090
36831		A	Open thrombect av fistula	8.04	NA	NA	4.43	4.34	1.80	090
36832		A	Av fistula revision open	10.53	NA	NA	5.26	5.15	2.34	090
36833		A	Av fistula revision	11.98	NA	NA	5.83	5.70	2.69	090
36835		A	Artery to vein shunt	7.51	NA	NA	5.92	5.51	1.78	090
36838		A	Dist revas ligation hemo	21.69	NA	NA	9.44	9.52	4.94	090
36860		A	External cannula declotting	2.01	3.79	3.71	1.04	0.94	0.26	000
36861		A	Cannula declotting	2.52	NA	NA	1.61	1.62	0.48	000
36870		A	Percut thrombect av fistula	5.20	46.24	49.76	3.10	3.35	0.68	090
3700F		I	Psych disorders assessed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
37140		A	Revision of circulation	40.00	NA	NA	19.84	17.69	8.53	090
37145		A	Revision of circulation	37.00	NA	NA	18.52	17.00	8.07	090
37160		A	Revision of circulation	38.00	NA	NA	19.03	16.85	8.13	090
37180		A	Revision of circulation	36.50	NA	NA	18.38	16.57	7.80	090
37181		A	Splice spleen/kidney veins	40.00	NA	NA	19.84	17.93	8.52	090

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37182		A	Insert hepatic shunt (tips)	16.97	NA	NA	6.31	7.31	1.62	000
37183		A	Remove hepatic shunt (tips)	7.99	151.60	151.60	2.99	3.52	0.73	000
37184		A	Prim art mech thrombectomy	8.66	54.42	61.00	3.55	3.90	1.51	000
37185		A	Prim art m-thrombect add-on	3.28	17.42	19.61	1.20	1.32	0.61	ZZZ
37186		A	Sec art m-thrombect add-on	4.92	34.22	40.44	1.80	2.08	0.95	ZZZ
37187		A	Venous mech thrombectomy	8.03	52.07	58.58	3.18	3.57	1.13	000
37188		A	Venous m-thrombectomy add-on	5.71	44.73	50.73	2.38	2.69	0.69	000
37195		C	Thrombolytic therapy stroke	0.00	0.00	0.00	0.00	0.00	0.00	XXX
37200		A	Transcatheter biopsy	4.55	NA	NA	1.63	1.89	0.42	000
37201		A	Transcatheter therapy infuse	4.99	NA	NA	2.48	2.75	0.76	000
37202		A	Transcatheter therapy infuse	5.67	NA	NA	2.96	3.49	1.18	000
37203		A	Transcatheter retrieval	5.02	31.49	34.36	2.08	2.36	0.68	000
37204		A	Transcatheter occlusion	18.11	NA	NA	6.50	7.32	2.22	000
37205		A	Transcath iv stent percut	8.27	107.98	118.17	3.04	3.63	1.57	000
37206		A	Transcath iv stent/perc addl	4.12	65.64	72.04	1.48	1.70	0.82	ZZZ
37207		A	Transcath iv stent open	8.27	NA	NA	3.22	3.26	1.86	000
37208		A	Transcath iv stent/open addl	4.12	NA	NA	1.41	1.42	0.93	ZZZ
37209		A	Change iv cath at thromb tx	2.27	NA	NA	0.80	0.89	0.33	000
3720F		I	Cognit impairment assessed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
37210		A	Embolization uterine fibroid	10.60	88.25	94.83	3.99	4.66	1.02	000
37215		R	Transcath stent cca w/eps	19.68	NA	NA	8.91	10.47	4.19	090
37216		N	Transcath stent cca w/o eps	18.95	NA	NA	10.06	10.00	1.33	090
37220		A	Iliac revasc	8.15	83.53	83.53	3.02	3.02	1.67	000
37221		A	Iliac revasc w/stent	10.00	126.04	126.04	3.73	3.73	1.89	000
37222		A	Iliac revasc add-on	3.73	22.43	22.43	1.34	1.34	0.76	ZZZ
37223		A	Iliac revasc w/stent add-on	4.25	70.87	70.87	1.53	1.53	0.84	ZZZ
37224		A	Fem/popl revas w/tla	9.00	101.34	101.34	3.33	3.33	1.81	000
37225		A	Fem/popl revas w/ather	12.00	302.09	302.09	4.53	4.53	2.52	000
37226		A	Fem/popl revasc w/stent	10.49	253.23	253.23	3.91	3.91	1.29	000
37227		A	Fem/popl revasc stnt & ather	14.50	410.48	410.48	5.46	5.46	3.05	000

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37228		A	Tib/per revasc w/tla	11.00	146.38	146.38	4.02	4.02	2.26	000
37229		A	Tib/per revasc w/ather	14.05	296.88	296.88	5.28	5.28	2.98	000
37230		A	Tib/per revasc w/stent	13.80	230.22	230.22	5.11	5.11	2.61	000
37231		A	Tib/per revasc stent & ather	15.00	377.88	377.88	5.55	5.55	2.84	000
37232		A	Tib/per revasc add-on	4.00	31.04	31.04	1.43	1.43	0.82	ZZZ
37233		A	Tibper revasc w/ather add-on	6.50	35.96	35.96	2.40	2.40	1.37	ZZZ
37234		A	Revsc opn/prq tib/pero stent	5.50	107.58	107.58	1.97	1.97	1.09	ZZZ
37235		A	Tib/per revasc stnt & ather	7.80	112.63	112.63	2.80	2.80	1.55	ZZZ
37250		A	Iv us first vessel add-on	2.10	NA	NA	0.74	0.84	0.45	ZZZ
37251		A	Iv us each add vessel add-on	1.60	NA	NA	0.53	0.58	0.35	ZZZ
37500		A	Endoscopy ligate perf veins	11.67	NA	NA	7.12	7.15	2.63	090
37501		C	Vascular endoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
37565		A	Ligation of neck vein	12.05	NA	NA	7.63	7.16	2.57	090
37600		A	Ligation of neck artery	12.42	NA	NA	7.10	6.88	2.55	090
37605		A	Ligation of neck artery	14.28	NA	NA	7.51	7.36	3.39	090
37606		A	Ligation of neck artery	8.81	NA	NA	4.32	4.86	1.88	090
37607		A	Ligation of a-v fistula	6.25	NA	NA	4.09	4.01	1.37	090
37609		A	Temporal artery procedure	3.05	5.60	5.41	2.66	2.49	0.64	010
37615		A	Ligation of neck artery	7.80	NA	NA	6.95	6.06	1.65	090
37616		A	Ligation of chest artery	18.97	NA	NA	10.36	10.26	4.06	090
37617		A	Ligation of abdomen artery	23.79	NA	NA	11.70	11.05	5.02	090
37618		A	Ligation of extremity artery	6.03	NA	NA	4.50	4.39	1.32	090
37620		A	Revision of major vein	11.57	NA	NA	5.99	6.52	1.70	090
37650		A	Revision of major vein	8.49	NA	NA	4.07	4.72	1.88	090
37660		A	Revision of major vein	22.28	NA	NA	12.20	11.10	4.75	090
37700		A	Revise leg vein	3.82	NA	NA	3.14	3.11	0.84	090
37718		A	Ligate/strip short leg vein	7.13	NA	NA	4.84	4.73	1.57	090
37722		A	Ligate/strip long leg vein	8.16	NA	NA	5.11	4.98	1.81	090
37735		A	Removal of leg veins/lesion	10.90	NA	NA	6.14	6.12	2.40	090
37760		A	Ligate leg veins radical	10.78	NA	NA	7.44	6.71	2.29	090

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37761		A	Ligate leg veins open	9.13	NA	NA	6.18	6.18	1.96	090
37765		A	Stab phleb veins xtr 10-20	7.71	10.64	10.64	4.66	4.73	1.57	090
37766		A	Phleb veins - extrem 20+	9.66	12.06	12.06	5.42	5.49	2.01	090
37780		A	Revision of leg vein	3.93	NA	NA	3.24	3.22	0.86	090
37785		A	Ligate/divide/excise vein	3.93	5.96	6.01	3.26	3.24	0.86	090
37788		A	Revascularization penis	23.33	NA	NA	12.80	13.68	4.98	090
37790		A	Penile venous occlusion	8.43	NA	NA	4.99	5.26	0.82	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen total	19.55	NA	NA	10.74	9.63	4.08	090
38101		A	Removal of spleen partial	19.55	NA	NA	11.02	9.81	4.16	090
38102		A	Removal of spleen total	4.79	NA	NA	2.08	1.91	0.99	ZZZ
38115		A	Repair of ruptured spleen	21.88	NA	NA	11.78	10.55	4.29	090
38120		A	Laparoscopy splenectomy	17.07	NA	NA	10.70	9.78	3.61	090
38129		C	Laparoscope proc spleen	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	NA	NA	1.15	1.17	0.63	000
38204		B	BI donor search management	2.00	NA	NA	0.88	0.85	0.14	XXX
38205		R	Harvest allogenic stem cells	1.50	NA	NA	0.80	0.77	0.08	000
38206		R	Harvest auto stem cells	1.50	NA	NA	0.81	0.77	0.11	000
38207		I	Cryopreserve stem cells	0.89	NA	NA	0.39	0.46	0.05	XXX
38208		I	Thaw preserved stem cells	0.56	NA	NA	0.25	0.29	0.04	XXX
38209		I	Wash harvest stem cells	0.24	NA	NA	0.11	0.13	0.01	XXX
38210		I	T-cell depletion of harvest	1.57	NA	NA	0.69	0.82	0.10	XXX
38211		I	Tumor cell deplete of harvst	1.42	NA	NA	0.62	0.74	0.10	XXX
38212		I	Rbc depletion of harvest	0.94	NA	NA	0.41	0.49	0.05	XXX
38213		I	Platelet deplete of harvest	0.24	NA	NA	0.11	0.13	0.01	XXX
38214		I	Volume deplete of harvest	0.81	NA	NA	0.35	0.42	0.05	XXX
38215		I	Harvest stem cell concentrte	0.94	NA	NA	0.41	0.49	0.05	XXX
38220		A	Bone marrow aspiration	1.08	2.92	3.26	0.63	0.62	0.11	XXX
38221		A	Bone marrow biopsy	1.37	2.94	3.36	0.79	0.78	0.08	XXX
38230		R	Bone marrow collection	4.85	NA	NA	4.43	4.15	1.10	010

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38240		R	Bone marrow/stem transplant	2.24	NA	NA	1.35	1.29	0.16	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	NA	1.33	1.30	0.14	XXX
38242		A	Lymphocyte infuse transplant	1.71	NA	NA	1.05	1.00	0.10	000
38300		A	Drainage lymph node lesion	2.36	5.27	5.24	2.69	2.61	0.41	010
38305		A	Drainage lymph node lesion	6.68	NA	NA	5.68	5.47	1.33	090
38308		A	Incision of lymph channels	6.81	NA	NA	5.15	4.81	1.46	090
38380		A	Thoracic duct procedure	8.46	NA	NA	8.05	7.27	1.09	090
38381		A	Thoracic duct procedure	13.38	NA	NA	7.63	7.77	3.14	090
38382		A	Thoracic duct procedure	10.65	NA	NA	7.05	6.93	2.26	090
38500		A	Biopsy/removal lymph nodes	3.79	5.13	4.86	2.97	2.76	0.78	010
38505		A	Needle biopsy lymph nodes	1.14	2.32	2.44	0.84	0.89	0.12	000
38510		A	Biopsy/removal lymph nodes	6.74	7.59	7.16	4.78	4.40	1.21	010
38520		A	Biopsy/removal lymph nodes	7.03	NA	NA	5.50	5.16	1.42	090
38525		A	Biopsy/removal lymph nodes	6.43	NA	NA	5.10	4.69	1.36	090
38530		A	Biopsy/removal lymph nodes	8.34	NA	NA	6.25	5.78	1.82	090
38542		A	Explore deep node(s) neck	7.95	NA	NA	6.49	6.00	1.33	090
38550		A	Removal neck/armpit lesion	7.11	NA	NA	6.36	5.78	1.52	090
38555		A	Removal neck/armpit lesion	15.59	NA	NA	11.07	10.41	3.35	090
38562		A	Removal pelvic lymph nodes	11.06	NA	NA	7.63	7.44	1.96	090
38564		A	Removal abdomen lymph nodes	11.38	NA	NA	7.32	6.92	2.25	090
38570		A	Laparoscopy lymph node biop	9.34	NA	NA	5.12	5.15	1.37	010
38571		A	Laparoscopy lymphadenectomy	14.76	NA	NA	7.04	7.77	1.48	010
38572		A	Laparoscopy lymphadenectomy	16.94	NA	NA	8.88	8.42	2.40	010
38589		C	Laparoscope proc lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes neck	12.81	NA	NA	10.13	9.14	1.77	090
38720		A	Removal of lymph nodes neck	21.95	NA	NA	15.87	14.28	3.39	090
38724		A	Removal of lymph nodes neck	23.95	NA	NA	17.57	15.58	3.35	090
38740		A	Remove armpit lymph nodes	10.70	NA	NA	7.52	6.91	2.26	090
38745		A	Remove armpit lymph nodes	13.87	NA	NA	9.21	8.42	2.95	090
38746		A	Remove thoracic lymph nodes	4.88	NA	NA	1.79	1.86	1.14	ZZZ

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38747		A	Remove abdominal lymph nodes	4.88	NA	NA	2.09	1.93	1.03	ZZZ
38760		A	Remove groin lymph nodes	13.62	NA	NA	8.70	8.13	2.79	090
38765		A	Remove groin lymph nodes	21.91	NA	NA	12.29	11.59	4.23	090
38770		A	Remove pelvis lymph nodes	14.06	NA	NA	7.83	8.06	1.77	090
38780		A	Remove abdomen lymph nodes	17.70	NA	NA	10.22	10.31	2.56	090
38790		A	Inject for lymphatic x-ray	1.29	NA	NA	0.96	0.95	0.24	000
38792		A	Identify sentinel node	0.52	NA	NA	0.59	0.59	0.08	000
38794		A	Access thoracic lymph duct	4.62	NA	NA	3.42	3.78	0.42	090
38900		A	Io map of sent lymph node	2.50	1.01	1.01	1.01	1.01	0.53	ZZZ
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	7.57	NA	NA	5.78	5.67	1.67	090
39010		A	Exploration of chest	13.19	NA	NA	7.59	7.86	3.13	090
39200		A	Removal chest lesion	15.09	NA	NA	7.99	8.14	3.54	090
39220		A	Removal chest lesion	19.55	NA	NA	10.45	10.56	4.44	090
39400		A	Visualization of chest	8.05	NA	NA	5.32	5.39	1.88	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.98	NA	NA	8.44	8.00	2.95	090
39503		A	Repair of diaphragm hernia	108.91	NA	NA	51.96	45.81	23.23	090
39540		A	Repair of diaphragm hernia	14.57	NA	NA	8.40	7.87	3.12	090
39541		A	Repair of diaphragm hernia	15.75	NA	NA	9.20	8.55	3.40	090
39545		A	Revision of diaphragm	14.67	NA	NA	8.75	8.82	3.42	090
39560		A	Resect diaphragm simple	13.06	NA	NA	7.85	7.53	2.79	090
39561		A	Resect diaphragm complex	19.99	NA	NA	12.98	12.38	4.38	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4014F		I	Written discharge instr prvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4016F		I	Anti-inflm/anlgsc agent rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4017F		I	Gi prophylaxis for nsaid rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4018F		I	Therapy exercise joint rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4019F		I	Doc recpt counsl vit d/calc+	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4030F		I	Oxygen therapy rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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4033F		I	Pulmonary rehab rec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4035F		I	Influenza imm rec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40490		A	Biopsy of lip	1.22	2.39	2.40	0.89	0.82	0.18	000
40500		A	Partial excision of lip	4.47	10.00	9.65	5.96	5.66	0.67	090
40510		A	Partial excision of lip	4.82	8.98	8.62	5.38	5.02	0.71	090
40520		A	Partial excision of lip	4.79	9.18	8.92	5.46	5.13	0.75	090
40525		A	Reconstruct lip with flap	7.72	NA	NA	7.95	7.50	1.27	090
40527		A	Reconstruct lip with flap	9.32	NA	NA	8.62	8.35	1.20	090
4052F		I	Hemodialysis via av fistula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40530		A	Partial removal of lip	5.54	9.85	9.56	5.99	5.67	0.86	090
4053F		I	Hemodialysis via av graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4054F		I	Hemodialysis via catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4055F		I	Pt rcvng periton dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4056F		I	Approp oral rehyd recommd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4058F		I	Ped gastro ed given caregvr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4060F		I	Psych svcs provided	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4062F		I	Pt referral psych docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4063F		I	Antidepres rxthxpy not rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4064F		I	Antidepressant rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40650		A	Repair lip	3.78	8.00	7.76	4.31	4.12	0.65	090
40652		A	Repair lip	4.43	9.24	9.02	5.50	5.23	0.76	090
40654		A	Repair lip	5.48	10.58	10.32	6.52	6.21	0.93	090
4065F		I	Antipsychotic rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4066F		I	Ect provided	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4067F		I	Pt referral for ect docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40700		A	Repair cleft lip/nasal	14.17	NA	NA	14.32	12.51	1.82	090
40701		A	Repair cleft lip/nasal	17.23	NA	NA	13.83	13.53	2.20	090
40702		A	Repair cleft lip/nasal	14.27	NA	NA	9.10	9.15	1.02	090
40720		A	Repair cleft lip/nasal	14.72	NA	NA	12.06	11.55	2.91	090
40761		A	Repair cleft lip/nasal	15.84	NA	NA	14.86	13.47	3.13	090

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4077F		I	Doc t-pa admin considered	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.23	4.77	4.59	2.53	2.40	0.18	010
40801		A	Drainage of mouth lesion	2.63	6.36	6.06	3.74	3.51	0.37	010
40804		A	Removal foreign body mouth	1.30	4.92	4.69	2.50	2.38	0.16	010
40805		A	Removal foreign body mouth	2.79	6.53	6.26	3.71	3.51	0.35	010
40806		A	Incision of lip fold	0.31	2.71	2.73	0.52	0.57	0.04	000
40808		A	Biopsy of mouth lesion	1.01	4.39	4.24	2.13	2.04	0.12	010
40810		A	Excision of mouth lesion	1.36	4.60	4.42	2.35	2.22	0.18	010
40812		A	Excise/repair mouth lesion	2.37	5.89	5.60	3.32	3.10	0.31	010
40814		A	Excise/repair mouth lesion	3.52	7.55	7.15	5.28	4.96	0.48	090
40816		A	Excision of mouth lesion	3.77	7.83	7.44	5.40	5.08	0.52	090
40818		A	Excise oral mucosa for graft	2.83	7.24	7.10	4.86	4.79	0.37	090
40819		A	Excise lip or cheek fold	2.51	6.29	6.03	4.26	4.04	0.33	090
40820		A	Treatment of mouth lesion	1.34	6.30	6.20	3.64	3.57	0.18	010
40830		A	Repair mouth laceration	1.82	5.27	5.06	2.70	2.59	0.31	010
40831		A	Repair mouth laceration	2.57	6.92	6.57	3.76	3.61	0.42	010
40840		R	Reconstruction of mouth	9.15	15.68	14.07	9.87	8.71	1.18	090
40842		R	Reconstruction of mouth	9.15	14.06	13.06	9.42	8.27	1.18	090
40843		R	Reconstruction of mouth	12.79	17.17	15.94	10.01	9.08	2.52	090
40844		R	Reconstruction of mouth	16.80	22.30	20.94	15.99	14.35	3.32	090
40845		R	Reconstruction of mouth	19.36	22.53	21.30	15.86	14.77	2.48	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.35	3.31	3.18	1.88	1.77	0.18	010
41005		A	Drainage of mouth lesion	1.31	5.08	5.04	2.40	2.30	0.16	010
41006		A	Drainage of mouth lesion	3.34	7.06	6.74	4.32	3.96	0.42	090
41007		A	Drainage of mouth lesion	3.20	7.10	6.87	3.95	3.76	0.41	090
41008		A	Drainage of mouth lesion	3.46	7.35	6.95	4.30	3.99	0.44	090
41009		A	Drainage of mouth lesion	3.71	7.80	7.36	4.71	4.39	0.48	090
41010		A	Incision of tongue fold	1.11	4.88	4.75	2.09	2.01	0.14	010

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41015		A	Drainage of mouth lesion	4.08	8.76	8.07	5.91	5.42	0.52	090
41016		A	Drainage of mouth lesion	4.19	8.40	7.95	5.92	5.53	0.53	090
41017		A	Drainage of mouth lesion	4.19	8.51	8.06	5.95	5.57	0.53	090
41018		A	Drainage of mouth lesion	5.22	8.99	8.56	6.32	5.96	0.67	090
41019		A	Place needles h&n for rt	8.84	NA	NA	4.21	4.27	0.72	000
41100		A	Biopsy of tongue	1.42	3.44	3.32	1.71	1.62	0.20	010
41105		A	Biopsy of tongue	1.47	3.47	3.32	1.77	1.65	0.20	010
41108		A	Biopsy of floor of mouth	1.10	3.20	3.06	1.53	1.44	0.14	010
41110		A	Excision of tongue lesion	1.56	4.62	4.43	2.28	2.15	0.22	010
41112		A	Excision of tongue lesion	2.83	6.83	6.51	4.51	4.25	0.37	090
41113		A	Excision of tongue lesion	3.29	7.24	6.88	4.82	4.52	0.42	090
41114		A	Excision of tongue lesion	8.82	NA	NA	9.60	8.90	1.17	090
41115		A	Excision of tongue fold	1.79	5.26	5.10	2.60	2.41	0.23	010
41116		A	Excision of mouth lesion	2.52	7.08	6.74	3.88	3.66	0.34	090
41120		A	Partial removal of tongue	11.14	NA	NA	19.24	18.61	1.48	090
41130		A	Partial removal of tongue	15.74	NA	NA	21.95	20.82	2.08	090
41135		A	Tongue and neck surgery	30.14	NA	NA	31.85	29.76	4.04	090
41140		A	Removal of tongue	29.15	NA	NA	34.01	32.25	3.76	090
41145		A	Tongue removal neck surgery	37.93	NA	NA	41.92	39.24	4.87	090
41150		A	Tongue mouth jaw surgery	29.86	NA	NA	33.03	31.13	3.96	090
41153		A	Tongue mouth neck surgery	33.59	NA	NA	34.94	32.58	4.41	090
41155		A	Tongue jaw & neck surgery	44.30	NA	NA	41.46	37.99	5.92	090
41250		A	Repair tongue laceration	1.96	5.21	4.73	2.25	2.03	0.33	010
41251		A	Repair tongue laceration	2.32	5.43	4.73	2.52	2.28	0.30	010
41252		A	Repair tongue laceration	3.02	5.97	5.62	3.00	2.80	0.48	010
4133F		I	Antihist/decong rx/recom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4134F		I	No antihist/decong rx/recom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4135F		I	Systemic corticosteroids rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4136F		I	Syst corticosteroids not rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41500		A	Fixation of tongue	3.80	NA	NA	9.36	9.04	0.49	090

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41510		A	Tongue to lip surgery	3.51	NA	NA	6.58	7.30	0.44	090
41512		A	Tongue suspension	6.86	NA	NA	11.70	11.04	0.49	090
41520		A	Reconstruction tongue fold	2.83	7.25	6.95	4.57	4.34	0.35	090
41530		A	Tongue base vol reduction	4.51	90.54	90.03	7.58	7.21	0.31	010
4155F		I	Hep a vac series prev recvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4157F		I	Hep b vac series prev recvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4163F		I	Pt couns 4 txmnt opt prost	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4167F		I	Hd bed tilted 1st day vent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4168F		I	Pt care icu&vent w/in 24hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4169F		I	No pt care icu/vent in 24hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4174F		I	Couns potent glauc impct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4176F		I	Talk re uv light pt/crgvr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4178F		I	Antid glbln rcvd w/in 26wks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41800		A	Drainage of gum lesion	1.27	6.17	5.66	2.79	2.56	0.22	010
41805		A	Removal foreign body gum	1.34	5.71	5.49	3.56	3.42	0.18	010
41806		A	Removal foreign body jawbone	2.79	7.66	7.09	4.78	4.43	0.54	010
4181F		I	Conformal radn thxpy rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41820		R	Excision gum each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	000
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	000
41822		R	Excision of gum lesion	2.41	5.90	5.64	2.87	2.55	0.31	010
41823		R	Excision of gum lesion	3.77	8.48	8.16	5.57	5.21	0.48	090
41825		A	Excision of gum lesion	1.41	4.62	4.47	2.10	2.08	0.20	010
41826		A	Excision of gum lesion	2.41	6.56	6.00	3.71	3.39	0.31	010
41827		A	Excision of gum lesion	3.83	8.75	8.30	5.06	4.69	0.49	090
41828		R	Excision of gum lesion	3.14	5.64	5.27	3.03	2.75	0.39	010
4182F		I	No conformal radn thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41830		R	Removal of gum tissue	3.45	7.79	7.38	4.74	4.36	0.44	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	000
4185F		I	Continuous ppi or h2ra rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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4186F		I	No cont ppi or h2ra rcvd	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	000
41872		R	Repair gum	3.01	7.37	7.16	4.51	4.30	0.60	090
41874		R	Repair tooth socket	3.19	7.47	7.10	4.17	3.86	0.39	090
4188F		I	Approp ace/arb tstng done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4189F		I	Approp digoxin tstng done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4190F		I	Approp diuretic tstng done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4191F		I	Approp anticonvuls tstng	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42000		A	Drainage mouth roof lesion	1.28	3.25	3.15	1.75	1.63	0.16	010
42100		A	Biopsy roof of mouth	1.36	2.98	2.85	1.81	1.70	0.18	010
42104		A	Excision lesion mouth roof	1.69	4.57	4.31	2.36	2.19	0.23	010
42106		A	Excision lesion mouth roof	2.15	5.71	5.39	3.01	2.85	0.29	010
42107		A	Excision lesion mouth roof	4.56	8.74	8.28	5.45	5.08	0.59	090
4210F		I	Ace/arb thxpy for >= 6 mons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42120		A	Remove palate/lesion	11.86	NA	NA	16.98	15.97	1.57	090
42140		A	Excision of uvula	1.70	5.75	5.53	2.85	2.72	0.23	090
42145		A	Repair palate pharynx/uvula	9.78	NA	NA	10.74	10.00	1.25	090
42160		A	Treatment mouth roof lesion	1.85	4.91	4.85	2.43	2.37	0.24	010
42180		A	Repair palate	2.55	3.99	4.00	2.38	2.39	0.33	010
42182		A	Repair palate	3.87	5.48	5.21	3.59	3.41	0.49	010
42200		A	Reconstruct cleft palate	12.53	NA	NA	12.21	11.67	1.61	090
42205		A	Reconstruct cleft palate	13.66	NA	NA	14.40	12.84	1.77	090
4220F		I	Digoxin thxpy for >= 6 mons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42210		A	Reconstruct cleft palate	15.03	NA	NA	13.70	13.28	2.97	090
42215		A	Reconstruct cleft palate	8.99	NA	NA	11.47	10.57	1.78	090
4221F		I	Diuretic thxpy for >= 6 mons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42220		A	Reconstruct cleft palate	7.16	NA	NA	8.33	7.93	0.50	090
42225		A	Reconstruct cleft palate	9.77	NA	NA	15.88	16.11	1.25	090
42226		A	Lengthening of palate	10.35	NA	NA	15.73	15.52	1.32	090

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42227		A	Lengthening of palate	9.90	NA	NA	14.55	14.80	1.27	090
42235		A	Repair palate	8.01	NA	NA	13.44	12.97	1.03	090
42260		A	Repair nose to lip fistula	10.22	13.43	12.71	8.96	8.34	1.31	090
42280		A	Preparation palate mold	1.59	3.08	2.86	1.57	1.36	0.34	010
42281		A	Insertion palate prosthesis	1.98	4.01	3.79	2.42	2.29	0.26	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.98	4.12	3.92	2.46	2.31	0.27	010
42305		A	Drainage of salivary gland	6.31	NA	NA	6.07	5.68	0.86	090
4230F		I	Anticonv thxpy for >= 6 mons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42310		A	Drainage of salivary gland	1.61	3.12	2.96	2.03	1.90	0.22	010
42320		A	Drainage of salivary gland	2.40	4.93	4.68	2.73	2.57	0.31	010
42330		A	Removal of salivary stone	2.26	4.50	4.30	2.54	2.37	0.30	010
42335		A	Removal of salivary stone	3.41	7.52	7.16	4.11	3.87	0.42	090
42340		A	Removal of salivary stone	4.72	8.77	8.36	5.06	4.75	0.61	090
42400		A	Biopsy of salivary gland	0.78	2.32	2.31	0.82	0.82	0.08	000
42405		A	Biopsy of salivary gland	3.34	5.24	5.07	3.16	2.98	0.42	010
42408		A	Excision of salivary cyst	4.66	8.64	8.18	4.91	4.55	0.60	090
42409		A	Drainage of salivary cyst	2.91	6.88	6.54	3.59	3.39	0.37	090
4240F		I	Instr xrcz 4bk pn >12 weeks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42410		A	Excise parotid gland/lesion	9.57	NA	NA	8.17	7.58	1.44	090
42415		A	Excise parotid gland/lesion	17.16	NA	NA	12.66	12.31	2.29	090
42420		A	Excise parotid gland/lesion	19.53	NA	NA	13.96	13.62	2.63	090
42425		A	Excise parotid gland/lesion	13.42	NA	NA	10.61	9.89	1.84	090
42426		A	Excise parotid gland/lesion	22.66	NA	NA	16.10	14.89	3.12	090
4242F		I	Sprvsd xrcz bk pn >12 weeks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42440		A	Excise submaxillary gland	7.13	NA	NA	6.34	5.88	0.95	090
42450		A	Excise sublingual gland	4.74	8.40	8.01	5.68	5.35	0.64	090
42500		A	Repair salivary duct	4.42	8.15	7.77	5.51	5.20	0.60	090
42505		A	Repair salivary duct	6.32	9.80	9.32	6.85	6.44	0.80	090
42507		A	Parotid duct diversion	6.25	NA	NA	8.74	8.33	0.80	090

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42508		A	Parotid duct diversion	9.33	NA	NA	10.70	10.55	1.20	090
42509		A	Parotid duct diversion	11.76	NA	NA	10.13	10.44	2.30	090
42510		A	Parotid duct diversion	8.35	NA	NA	9.97	9.43	1.08	090
42550		A	Injection for salivary x-ray	1.25	2.42	2.74	0.47	0.52	0.11	000
42600		A	Closure of salivary fistula	4.94	9.08	8.72	5.21	4.94	0.64	090
4260F		I	Wound srfc culturetech used	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4261F		I	Tech other than surfc cultr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42650		A	Dilation of salivary duct	0.77	1.67	1.59	0.94	0.89	0.10	000
4265F		I	Wet-dry dressings rx recmd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42660		A	Dilation of salivary duct	1.13	1.97	1.87	1.13	1.05	0.14	000
42665		A	Ligation of salivary duct	2.63	6.59	6.27	3.42	3.24	0.34	090
4266F		I	No wet-dry drssings rx recmd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4268F		I	Pt ed re comp thxpy rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4269F		I	Appropos mthd offloading rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42700		A	Drainage of tonsil abscess	1.67	3.84	3.69	2.27	2.17	0.23	010
42720		A	Drainage of throat abscess	6.31	6.84	6.40	5.04	4.65	0.83	010
42725		A	Drainage of throat abscess	12.41	NA	NA	11.08	10.25	1.59	090
4275F		I	Hep b vac inj admin/rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4279F		I	Pcp prophylaxis rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42800		A	Biopsy of throat	1.44	3.20	3.06	1.83	1.73	0.20	010
42802		A	Biopsy of throat	1.59	5.20	5.21	2.29	2.24	0.22	010
42804		A	Biopsy of upper nose/throat	1.29	4.50	4.46	2.04	1.98	0.16	010
42806		A	Biopsy of upper nose/throat	1.63	4.85	4.79	2.23	2.16	0.22	010
42808		A	Excise pharynx lesion	2.35	4.29	4.10	2.37	2.24	0.30	010
42809		A	Remove pharynx foreign body	1.86	3.04	2.91	1.90	1.77	0.27	010
42810		A	Excision of neck cyst	3.38	8.02	7.69	5.10	4.80	0.42	090
42815		A	Excision of neck cyst	7.31	NA	NA	8.83	8.32	1.01	090
42820		A	Remove tonsils and adenoids	4.22	NA	NA	4.23	3.96	0.53	090
42821		A	Remove tonsils and adenoids	4.36	NA	NA	4.42	4.15	0.56	090

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42825		A	Removal of tonsils	3.51	NA	NA	4.13	3.91	0.44	090
42826		A	Removal of tonsils	3.45	NA	NA	3.88	3.66	0.44	090
42830		A	Removal of adenoids	2.65	NA	NA	3.41	3.22	0.34	090
42831		A	Removal of adenoids	2.81	NA	NA	3.72	3.53	0.35	090
42835		A	Removal of adenoids	2.38	NA	NA	2.58	2.66	0.30	090
42836		A	Removal of adenoids	3.26	NA	NA	3.76	3.57	0.41	090
42842		A	Extensive surgery of throat	12.23	NA	NA	16.75	15.65	1.58	090
42844		A	Extensive surgery of throat	17.78	NA	NA	21.98	20.73	2.27	090
42845		A	Extensive surgery of throat	32.56	NA	NA	31.77	29.54	4.18	090
42860		A	Excision of tonsil tags	2.30	NA	NA	3.20	3.04	0.30	090
42870		A	Excision of lingual tonsil	5.52	NA	NA	11.41	11.02	0.71	090
42890		A	Partial removal of pharynx	19.13	NA	NA	21.85	20.24	2.52	090
42892		A	Revision of pharyngeal walls	26.03	NA	NA	28.30	25.83	3.42	090
42894		A	Revision of pharyngeal walls	33.92	NA	NA	34.51	31.75	4.42	090
42900		A	Repair throat wound	5.29	NA	NA	4.56	4.24	0.68	010
42950		A	Reconstruction of throat	8.27	NA	NA	14.73	14.28	1.14	090
42953		A	Repair throat esophagus	9.45	NA	NA	18.18	18.03	1.31	090
42955		A	Surgical opening of throat	8.01	NA	NA	13.95	13.29	1.03	090
42960		A	Control throat bleeding	2.38	NA	NA	2.53	2.38	0.31	010
42961		A	Control throat bleeding	5.77	NA	NA	6.49	6.10	0.73	090
42962		A	Control throat bleeding	7.40	NA	NA	7.65	7.19	0.95	090
42970		A	Control nose/throat bleeding	5.82	NA	NA	5.56	5.13	0.84	090
42971		A	Control nose/throat bleeding	6.60	NA	NA	6.72	6.27	0.84	090
42972		A	Control nose/throat bleeding	7.59	NA	NA	7.31	6.78	0.98	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4300F		I	Pt rcvng warf thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4301F		I	Pt not rcvng warf thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43020		A	Incision of esophagus	8.23	NA	NA	7.45	6.60	1.06	090
43030		A	Throat muscle surgery	7.99	NA	NA	6.87	6.44	1.17	090
43045		A	Incision of esophagus	21.88	NA	NA	12.19	12.36	5.12	090

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4305F		I	Pt ed re ft care inspct rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4306F		I	Pt tlk psych & rx opd addic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43100		A	Excision of esophagus lesion	9.66	NA	NA	8.55	7.78	1.24	090
43101		A	Excision of esophagus lesion	17.07	NA	NA	9.25	9.37	4.00	090
43107		A	Removal of esophagus	44.18	NA	NA	22.68	22.09	9.87	090
43108		A	Removal of esophagus	82.87	NA	NA	40.18	34.84	17.67	090
43112		A	Removal of esophagus	47.48	NA	NA	22.60	22.52	10.77	090
43113		A	Removal of esophagus	80.06	NA	NA	40.33	36.45	17.08	090
43116		A	Partial removal of esophagus	92.99	NA	NA	58.31	47.38	11.94	090
43117		A	Partial removal of esophagus	43.65	NA	NA	20.83	20.55	9.87	090
43118		A	Partial removal of esophagus	67.07	NA	NA	33.31	29.22	14.30	090
43121		A	Partial removal of esophagus	51.43	NA	NA	23.09	22.40	12.03	090
43122		A	Partial removal of esophagus	44.18	NA	NA	22.65	21.55	9.64	090
43123		A	Partial removal of esophagus	83.12	NA	NA	41.66	35.76	17.71	090
43124		A	Removal of esophagus	69.09	NA	NA	36.43	32.16	16.18	090
43130		A	Removal of esophagus pouch	12.53	NA	NA	9.62	9.05	1.99	090
43135		A	Removal of esophagus pouch	26.17	NA	NA	13.16	12.63	5.97	090
43200		A	Esophagus endoscopy	1.59	4.53	4.57	1.38	1.31	0.23	000
43201		A	Esoph scope w/submucous inj	2.09	6.20	6.34	1.49	1.48	0.30	000
43202		A	Esophagus endoscopy biopsy	1.89	6.04	6.18	1.32	1.27	0.29	000
43204		A	Esoph scope w/sclerosis inj	3.76	NA	NA	2.28	2.32	0.59	000
43205		A	Esophagus endoscopy/ligation	3.78	NA	NA	2.40	2.39	0.56	000
4320F		I	Pt talk psychsoc&rx oh dpnd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43215		A	Esophagus endoscopy	2.60	NA	NA	1.67	1.62	0.41	000
43216		A	Esophagus endoscopy/lesion	2.40	3.65	3.38	1.59	1.55	0.35	000
43217		A	Esophagus endoscopy	2.90	7.64	7.80	1.81	1.74	0.49	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.87	1.87	0.48	000
43220		A	Esoph endoscopy dilation	2.10	NA	NA	1.44	1.40	0.31	000
43226		A	Esoph endoscopy dilation	2.34	NA	NA	1.55	1.54	0.37	000
43227		A	Esoph endoscopy repair	3.59	NA	NA	2.22	2.18	0.54	000

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43228		A	Esoph endoscopy ablation	3.76	NA	NA	2.38	2.35	0.59	000
43231		A	Esoph endoscopy w/us exam	3.19	NA	NA	2.06	2.05	0.48	000
43232		A	Esoph endoscopy w/us fn bx	4.47	NA	NA	2.73	2.72	0.69	000
43234		A	Upper gi endoscopy exam	2.01	5.77	5.93	1.32	1.27	0.34	000
43235		A	Uppr gi endoscopy diagnosis	2.39	5.71	6.01	1.61	1.60	0.37	000
43236		A	Uppr gi scope w/submuc inj	2.92	7.11	7.53	1.92	1.93	0.42	000
43237		A	Endoscopic us exam esoph	3.98	NA	NA	2.49	2.50	0.60	000
43238		A	Uppr gi endoscopy w/us fn bx	5.02	NA	NA	3.03	3.06	0.75	000
43239		A	Upper gi endoscopy biopsy	2.87	6.57	6.87	1.87	1.85	0.42	000
43240		A	Esoph endoscope w/drain cyst	6.85	NA	NA	4.07	4.04	1.03	000
43241		A	Upper gi endoscopy with tube	2.59	NA	NA	1.71	1.69	0.39	000
43242		A	Uppr gi endoscopy w/us fn bx	7.30	NA	NA	4.36	4.35	1.08	000
43243		A	Upper gi endoscopy & inject	4.56	NA	NA	2.80	2.80	0.68	000
43244		A	Upper gi endoscopy/ligation	5.04	NA	NA	3.11	3.11	0.73	000
43245		A	Uppr gi scope dilate strictr	3.18	NA	NA	2.00	1.97	0.50	000
43246		A	Place gastrostomy tube	4.32	NA	NA	2.58	2.55	0.69	000
43247		A	Operative upper gi endoscopy	3.38	NA	NA	2.14	2.12	0.52	000
43248		A	Uppr gi endoscopy/guide wire	3.15	NA	NA	2.06	2.06	0.45	000
43249		A	Esoph endoscopy dilation	2.90	NA	NA	1.90	1.90	0.42	000
4324F		I	Pt queried prkns complic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43250		A	Upper gi endoscopy/tumor	3.20	NA	NA	1.99	1.95	0.52	000
43251		A	Operative upper gi endoscopy	3.69	NA	NA	2.32	2.30	0.56	000
43255		A	Operative upper gi endoscopy	4.81	NA	NA	2.97	2.97	0.71	000
43256		A	Uppr gi endoscopy w/stent	4.34	NA	NA	2.63	2.64	0.68	000
43257		A	Uppr gi scope w/thrml txmnt	5.50	NA	NA	3.45	3.26	0.80	000
43258		A	Operative upper gi endoscopy	4.54	NA	NA	2.81	2.80	0.68	000
43259		A	Endoscopic ultrasound exam	5.19	NA	NA	3.19	3.19	0.75	000
4325F		I	Med txmnt options rvwd w/pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43260		A	Endo cholangiopancreatograph	5.95	NA	NA	3.60	3.60	0.87	000
43261		A	Endo cholangiopancreatograph	6.26	NA	NA	3.78	3.78	0.91	000

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
43262		A	Endo cholangiopancreatograph	7.38	NA	NA	4.25	4.25	1.09	000
43263		A	Endo cholangiopancreatograph	7.28	NA	NA	4.27	4.33	1.08	000
43264		A	Endo cholangiopancreatograph	8.89	NA	NA	5.24	5.25	1.31	000
43265		A	Endo cholangiopancreatograph	10.00	NA	NA	5.84	5.85	1.48	000
43267		A	Endo cholangiopancreatograph	7.38	NA	NA	4.35	4.35	1.09	000
43268		A	Endo cholangiopancreatograph	7.38	NA	NA	4.56	4.57	1.09	000
43269		A	Endo cholangiopancreatograph	8.20	NA	NA	4.85	4.85	1.21	000
4326F		I	Pt asked re symp auto dysfxn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43271		A	Endo cholangiopancreatograph	7.38	NA	NA	4.39	4.39	1.09	000
43272		A	Endo cholangiopancreatograph	7.38	NA	NA	4.43	4.40	1.09	000
43273		A	Endoscopic pancreatoscopy	2.24	NA	NA	1.24	1.28	0.33	ZZZ
43279		A	Lap myotomy heller	22.10	NA	NA	12.01	10.96	4.71	090
43280		A	Laparoscopy fundoplasty	18.10	NA	NA	10.40	9.52	3.85	090
43281		A	Lap paraesophag hern repair	26.60	NA	NA	14.10	14.10	5.66	090
43282		A	Lap paraesoph her rpr w/mesh	30.10	NA	NA	15.61	15.61	6.38	090
43283		A	Lap esoph lengthening	2.95	NA	NA	1.28	1.28	0.60	ZZZ
43289		C	Laparoscope proc esoph	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4328F		I	Pt asked re sleep disturb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43300		A	Repair of esophagus	9.33	NA	NA	8.56	7.85	1.20	090
43305		A	Repair esophagus and fistula	18.10	NA	NA	13.55	12.42	2.31	090
4330F		I	Cnslng epi spec sfty issues	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43310		A	Repair of esophagus	26.26	NA	NA	12.44	12.78	6.14	090
43312		A	Repair esophagus and fistula	29.25	NA	NA	12.29	13.17	6.86	090
43313		A	Esophagoplasty congenital	48.45	NA	NA	26.00	23.58	11.35	090
43314		A	Tracheo-esophagoplasty cong	53.43	NA	NA	23.14	24.78	6.87	090
43320		A	Fuse esophagus & stomach	23.31	NA	NA	13.36	12.52	4.98	090
43325		A	Revise esophagus & stomach	22.60	NA	NA	12.35	11.55	4.83	090
43327		A	Esoph fundoplasty lap	13.35	NA	NA	8.12	8.12	2.84	090
43328		A	Esoph fundoplasty thor	19.91	NA	NA	10.82	10.82	4.98	090
43330		A	Esophagomyotomy abdominal	22.19	NA	NA	12.41	11.43	4.78	090

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43331		A	Esophagomyotomy thoracic	23.06	NA	NA	12.26	12.36	5.40	090
43332		A	Transab esoph hiat hern rpr	19.62	NA	NA	11.02	11.02	4.18	090
43333		A	Transab esoph hiat hern rpr	21.46	NA	NA	11.80	11.80	4.55	090
43334		A	Transthor diaphrag hern rpr	22.12	NA	NA	11.39	11.39	4.71	090
43335		A	Transthor diaphrag hern rpr	23.97	NA	NA	12.13	12.13	5.08	090
43336		A	Thorabd diaphr hern repair	25.81	NA	NA	13.46	13.46	5.85	090
43337		A	Thorabd diaphr hern repair	27.65	NA	NA	15.33	15.33	6.27	090
43338		A	Esoph lengthening	2.21	NA	NA	1.30	1.30	0.50	ZZZ
43340		A	Fuse esophagus & intestine	22.99	NA	NA	13.22	12.17	4.90	090
43341		A	Fuse esophagus & intestine	24.23	NA	NA	14.80	14.11	5.68	090
43350		A	Surgical opening esophagus	19.49	NA	NA	14.42	12.38	4.15	090
43351		A	Surgical opening esophagus	22.05	NA	NA	11.96	12.18	5.16	090
43352		A	Surgical opening esophagus	17.81	NA	NA	10.15	10.27	4.16	090
43360		A	Gastrointestinal repair	40.11	NA	NA	18.71	18.95	9.40	090
43361		A	Gastrointestinal repair	45.68	NA	NA	20.54	20.83	9.74	090
43400		A	Ligate esophagus veins	25.60	NA	NA	14.35	15.61	3.77	090
43401		A	Esophagus surgery for veins	26.49	NA	NA	12.50	12.33	5.65	090
43405		A	Ligate/staple esophagus	24.73	NA	NA	15.88	14.52	5.28	090
4340F		I	Cnslng chldbrng women epi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43410		A	Repair esophagus wound	16.41	NA	NA	11.38	10.61	3.84	090
43415		A	Repair esophagus wound	44.88	NA	NA	22.14	20.23	10.25	090
43420		A	Repair esophagus opening	16.78	NA	NA	12.74	11.20	2.15	090
43425		A	Repair esophagus opening	25.04	NA	NA	15.15	14.40	5.35	090
43450		A	Dilate esophagus	1.38	2.89	3.04	1.07	1.08	0.22	000
43453		A	Dilate esophagus	1.51	6.56	6.99	1.14	1.15	0.23	000
43456		A	Dilate esophagus	2.57	13.78	14.72	1.72	1.70	0.38	000
43458		A	Dilate esophagus	3.06	7.65	7.94	1.97	1.94	0.45	000
43460		A	Pressure treatment esophagus	3.79	NA	NA	2.43	2.31	0.54	000
43496		C	Free jejunum flap microvasc	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	YYY

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43500		A	Surgical opening of stomach	12.79	NA	NA	7.91	7.22	2.71	090
43501		A	Surgical repair of stomach	22.60	NA	NA	12.76	11.55	4.78	090
43502		A	Surgical repair of stomach	25.69	NA	NA	14.34	12.92	5.47	090
43510		A	Surgical opening of stomach	15.14	NA	NA	11.35	10.29	2.22	090
43520		A	Incision of pyloric muscle	11.29	NA	NA	6.80	6.52	2.50	090
43605		A	Biopsy of stomach	13.72	NA	NA	8.63	7.68	2.87	090
43610		A	Excision of stomach lesion	16.34	NA	NA	9.48	8.59	3.46	090
43611		A	Excision of stomach lesion	20.38	NA	NA	11.74	10.67	4.30	090
43620		A	Removal of stomach	34.04	NA	NA	17.55	15.97	7.25	090
43621		A	Removal of stomach	39.53	NA	NA	19.86	17.83	8.41	090
43622		A	Removal of stomach	40.03	NA	NA	20.28	18.12	8.55	090
43631		A	Removal of stomach partial	24.51	NA	NA	13.61	12.36	5.20	090
43632		A	Removal of stomach partial	35.14	NA	NA	18.15	15.96	7.42	090
43633		A	Removal of stomach partial	33.14	NA	NA	17.31	15.31	7.00	090
43634		A	Removal of stomach partial	36.64	NA	NA	19.10	16.89	7.81	090
43635		A	Removal of stomach partial	2.06	NA	NA	0.88	0.80	0.42	ZZZ
43640		A	Vagotomy & pylorus repair	19.56	NA	NA	11.52	10.39	4.12	090
43641		A	Vagotomy & pylorus repair	19.81	NA	NA	11.78	10.53	4.22	090
43644		A	Lap gastric bypass/roux-en-y	29.40	NA	NA	16.12	14.69	6.22	090
43645		A	Lap gastr bypass incl smll i	31.53	NA	NA	17.07	15.51	6.74	090
43647		C	Lap impl electrode antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43648		C	Lap revise/remv eltrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43651		A	Laparoscopy vagus nerve	10.13	NA	NA	7.14	6.53	2.16	090
43652		A	Laparoscopy vagus nerve	12.13	NA	NA	8.01	7.30	2.59	090
43653		A	Laparoscopy gastrostomy	8.48	NA	NA	6.63	6.06	1.81	090
43659		C	Laparoscope proc stom	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43752		A	Nasal/orogastric w/stent	0.81	NA	NA	0.32	0.33	0.08	000
43753		A	Tx gastro intub w/asp	0.45	NA	NA	0.13	0.13	0.03	000
43754		A	Dx gastr intub w/asp spec	0.45	1.83	1.83	0.44	0.44	0.04	000
43755		A	Dx gastr intub w/asp specs	0.94	2.52	2.52	0.68	0.68	0.08	000

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43756		A	Dx duod intub w/asp spec	0.77	5.60	5.60	0.71	0.71	0.05	000
43757		A	Dx duod intub w/asp specs	1.26	6.92	6.92	0.87	0.87	0.08	000
43760		A	Change gastrostomy tube	0.90	12.27	10.85	0.41	0.43	0.14	000
43761		A	Reposition gastrostomy tube	2.01	1.21	1.30	0.83	0.87	0.24	000
43770		A	Lap place gastr adj device	18.00	NA	NA	11.50	10.49	3.81	090
43771		A	Lap revise gastr adj device	20.79	NA	NA	12.74	11.58	4.44	090
43772		A	Lap rmvl gastr adj device	15.70	NA	NA	9.47	8.67	3.36	090
43773		A	Lap replace gastr adj device	20.79	NA	NA	12.72	11.58	4.44	090
43774		A	Lap rmvl gastr adj all parts	15.76	NA	NA	9.48	8.69	3.36	090
43775		N	Lap sleeve gastrectomy	21.56	NA	NA	12.08	12.08	4.60	XXX
43800		A	Reconstruction of pylorus	15.43	NA	NA	8.98	8.20	3.31	090
43810		A	Fusion of stomach and bowel	16.88	NA	NA	9.84	8.85	3.59	090
43820		A	Fusion of stomach and bowel	22.53	NA	NA	12.74	11.26	4.76	090
43825		A	Fusion of stomach and bowel	21.76	NA	NA	12.66	11.37	4.64	090
43830		A	Place gastrostomy tube	10.85	NA	NA	7.68	7.04	2.23	090
43831		A	Place gastrostomy tube	8.49	NA	NA	7.29	6.71	1.81	090
43832		A	Place gastrostomy tube	17.34	NA	NA	10.37	9.63	3.58	090
43840		A	Repair of stomach lesion	22.83	NA	NA	12.89	11.42	4.82	090
43842		N	V-band gastroplasty	21.03	NA	NA	11.62	11.21	1.50	090
43843		A	Gastroplasty w/o v-band	21.21	NA	NA	12.44	11.14	4.52	090
43845		A	Gastroplasty duodenal switch	33.30	NA	NA	18.30	16.35	7.06	090
43846		A	Gastric bypass for obesity	27.41	NA	NA	15.51	14.06	5.80	090
43847		A	Gastric bypass incl small i	30.28	NA	NA	17.05	15.17	6.45	090
43848		A	Revision gastroplasty	32.75	NA	NA	18.02	16.27	6.94	090
43850		A	Revise stomach-bowel fusion	27.58	NA	NA	15.16	13.54	5.88	090
43855		A	Revise stomach-bowel fusion	28.69	NA	NA	15.64	14.11	6.11	090
43860		A	Revise stomach-bowel fusion	27.89	NA	NA	15.02	13.64	5.88	090
43865		A	Revise stomach-bowel fusion	29.05	NA	NA	15.80	14.22	6.19	090
43870		A	Repair stomach opening	11.44	NA	NA	7.40	6.72	2.35	090
43880		A	Repair stomach-bowel fistula	27.18	NA	NA	14.78	13.40	5.70	090

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43881		C	Impl/redo electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43882		C	Revise/remove electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43886		A	Revise gastric port open	4.64	NA	NA	5.04	4.61	0.99	090
43887		A	Remove gastric port open	4.32	NA	NA	4.40	4.06	0.91	090
43888		A	Change gastric port open	6.44	NA	NA	5.79	5.31	1.37	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	18.46	NA	NA	10.36	9.39	3.84	090
4400F		I	Rehab thxpy options w/pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44010		A	Incision of small bowel	14.26	NA	NA	8.58	7.79	3.01	090
44015		A	Insert needle cath bowel	2.62	NA	NA	1.10	1.03	0.56	ZZZ
44020		A	Explore small intestine	16.22	NA	NA	9.43	8.52	3.40	090
44021		A	Decompress small bowel	16.31	NA	NA	9.55	8.69	3.44	090
44025		A	Incision of large bowel	16.51	NA	NA	9.56	8.65	3.43	090
44050		A	Reduce bowel obstruction	15.52	NA	NA	9.13	8.27	3.24	090
44055		A	Correct malrotation of bowel	25.63	NA	NA	13.63	12.29	5.42	090
44100		A	Biopsy of bowel	2.01	NA	NA	1.08	1.09	0.31	000
44110		A	Excise intestine lesion(s)	14.04	NA	NA	8.38	7.61	2.90	090
44111		A	Excision of bowel lesion(s)	16.52	NA	NA	9.45	8.56	3.44	090
44120		A	Removal of small intestine	20.82	NA	NA	11.39	10.25	4.33	090
44121		A	Removal of small intestine	4.44	NA	NA	1.92	1.75	0.90	ZZZ
44125		A	Removal of small intestine	20.03	NA	NA	11.20	10.11	4.07	090
44126		A	Enterectomy w/o taper cong	42.23	NA	NA	22.46	20.01	9.00	090
44127		A	Enterectomy w/taper cong	49.30	NA	NA	25.44	22.71	10.51	090
44128		A	Enterectomy cong add-on	4.44	NA	NA	1.93	1.76	0.93	ZZZ
44130		A	Bowel to bowel fusion	22.11	NA	NA	12.57	11.08	4.56	090
44132		R	Enterectomy cadaver donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44133		R	Enterectomy live donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44135		R	Intestine transplnt cadaver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44136		R	Intestine transplant live	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44137		C	Remove intestinal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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44139		A	Mobilization of colon	2.23	NA	NA	0.97	0.88	0.44	ZZZ
44140		A	Partial removal of colon	22.59	NA	NA	12.83	11.64	4.64	090
44141		A	Partial removal of colon	29.91	NA	NA	18.40	16.41	6.18	090
44143		A	Partial removal of colon	27.79	NA	NA	16.23	14.70	5.74	090
44144		A	Partial removal of colon	29.91	NA	NA	16.86	15.04	6.18	090
44145		A	Partial removal of colon	28.58	NA	NA	15.44	13.98	5.66	090
44146		A	Partial removal of colon	35.30	NA	NA	21.14	18.96	6.87	090
44147		A	Partial removal of colon	33.69	NA	NA	17.71	15.45	6.78	090
44150		A	Removal of colon	30.18	NA	NA	19.56	17.64	6.12	090
44151		A	Removal of colon/ileostomy	34.92	NA	NA	21.61	19.50	7.44	090
44155		A	Removal of colon/ileostomy	34.42	NA	NA	21.36	19.13	6.46	090
44156		A	Removal of colon/ileostomy	37.42	NA	NA	23.53	21.16	7.99	090
44157		A	Colectomy w/ileoanal anast	35.70	NA	NA	21.71	19.62	7.62	090
44158		A	Colectomy w/neo-rectum pouch	36.70	NA	NA	21.99	19.90	7.83	090
44160		A	Removal of colon	20.89	NA	NA	11.98	10.80	4.26	090
44180		A	Lap enterolysis	15.27	NA	NA	9.02	8.25	3.17	090
44186		A	Lap jejunostomy	10.38	NA	NA	6.82	6.33	2.22	090
44187		A	Lap ileo/jejuno-stomy	17.40	NA	NA	12.24	11.17	3.31	090
44188		A	Lap colostomy	19.35	NA	NA	13.36	12.18	3.84	090
44202		A	Lap enterectomy	23.39	NA	NA	13.23	11.99	4.85	090
44203		A	Lap resect s/intestine addl	4.44	NA	NA	1.91	1.73	0.93	ZZZ
44204		A	Laparo partial colectomy	26.42	NA	NA	14.49	13.08	5.23	090
44205		A	Lap colectomy part w/ileum	22.95	NA	NA	12.71	11.49	4.50	090
44206		A	Lap part colectomy w/stoma	29.79	NA	NA	16.79	15.17	6.06	090
44207		A	L colectomy/coloproctostomy	31.92	NA	NA	16.79	15.08	6.18	090
44208		A	L colectomy/coloproctostomy	33.99	NA	NA	19.27	17.39	6.40	090
44210		A	Laparo total proctocolectomy	30.09	NA	NA	17.88	16.14	5.81	090
44211		A	Lap colectomy w/proctectomy	37.08	NA	NA	22.36	19.92	7.92	090
44212		A	Laparo total proctocolectomy	34.58	NA	NA	20.70	18.72	6.37	090
44213		A	Lap mobil splenic fl add-on	3.50	NA	NA	1.52	1.37	0.67	ZZZ

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44227		A	Lap close enterostomy	28.62	NA	NA	15.58	14.08	5.84	090
44238		C	Laparoscope proc intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	13.75	NA	NA	8.48	7.74	2.91	090
44310		A	Ileostomy/jejunostomy	17.59	NA	NA	10.16	9.20	3.46	090
44312		A	Revision of ileostomy	9.43	NA	NA	6.44	6.04	1.71	090
44314		A	Revision of ileostomy	16.74	NA	NA	10.18	9.35	3.16	090
44316		A	Devise bowel pouch	23.59	NA	NA	13.55	12.17	5.04	090
44320		A	Colostomy	19.91	NA	NA	11.91	10.78	4.07	090
44322		A	Colostomy with biopsies	13.32	NA	NA	13.37	12.23	2.84	090
44340		A	Revision of colostomy	9.28	NA	NA	7.35	6.66	1.88	090
44345		A	Revision of colostomy	17.22	NA	NA	10.80	9.77	3.44	090
44346		A	Revision of colostomy	19.63	NA	NA	11.86	10.67	3.88	090
44360		A	Small bowel endoscopy	2.59	NA	NA	1.75	1.76	0.38	000
44361		A	Small bowel endoscopy/biopsy	2.87	NA	NA	1.91	1.92	0.41	000
44363		A	Small bowel endoscopy	3.49	NA	NA	2.23	2.19	0.52	000
44364		A	Small bowel endoscopy	3.73	NA	NA	2.37	2.37	0.54	000
44365		A	Small bowel endoscopy	3.31	NA	NA	2.14	2.13	0.49	000
44366		A	Small bowel endoscopy	4.40	NA	NA	2.77	2.77	0.64	000
44369		A	Small bowel endoscopy	4.51	NA	NA	2.83	2.82	0.65	000
44370		A	Small bowel endoscopy/stent	4.79	NA	NA	3.17	3.14	0.69	000
44372		A	Small bowel endoscopy	4.40	NA	NA	2.63	2.58	0.69	000
44373		A	Small bowel endoscopy	3.49	NA	NA	2.15	2.15	0.53	000
44376		A	Small bowel endoscopy	5.25	NA	NA	3.09	3.06	0.82	000
44377		A	Small bowel endoscopy/biopsy	5.52	NA	NA	3.32	3.32	0.82	000
44378		A	Small bowel endoscopy	7.12	NA	NA	4.26	4.23	1.05	000
44379		A	S bowel endoscope w/stent	7.46	NA	NA	4.67	4.59	1.09	000
44380		A	Small bowel endoscopy	1.05	NA	NA	0.84	0.85	0.14	000
44382		A	Small bowel endoscopy	1.27	NA	NA	1.00	1.01	0.20	000
44383		A	Ileoscopy w/stent	2.94	NA	NA	1.61	1.78	0.33	000
44385		A	Endoscopy of bowel pouch	1.82	5.35	5.37	1.11	1.08	0.26	000

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44386		A	Endoscopy bowel pouch/biop	2.12	7.63	7.81	1.38	1.31	0.33	000
44388		A	Colonoscopy	2.82	6.94	7.00	1.75	1.69	0.45	000
44389		A	Colonoscopy with biopsy	3.13	7.89	8.14	1.96	1.92	0.49	000
44390		A	Colonoscopy for foreign body	3.82	9.15	9.29	2.44	2.31	0.56	000
44391		A	Colonoscopy for bleeding	4.31	9.51	10.02	2.61	2.58	0.65	000
44392		A	Colonoscopy & polypectomy	3.81	8.37	8.46	2.20	2.12	0.63	000
44393		A	Colonoscopy lesion removal	4.83	9.28	9.35	2.84	2.75	0.76	000
44394		A	Colonoscopy w/snare	4.42	9.49	9.77	2.62	2.57	0.69	000
44397		A	Colonoscopy w/stent	4.70	NA	NA	2.93	2.88	0.68	000
44500		A	Intro gastrointestinal tube	0.49	NA	NA	0.19	0.20	0.04	000
44602		A	Suture small intestine	24.72	NA	NA	12.40	10.85	5.10	090
44603		A	Suture small intestine	28.16	NA	NA	14.53	12.74	5.76	090
44604		A	Suture large intestine	18.16	NA	NA	9.73	8.79	3.72	090
44605		A	Repair of bowel lesion	22.08	NA	NA	12.49	11.30	4.56	090
44615		A	Intestinal stricturoplasty	18.16	NA	NA	10.32	9.35	3.73	090
44620		A	Repair bowel opening	14.43	NA	NA	8.68	7.80	2.83	090
44625		A	Repair bowel opening	17.28	NA	NA	9.91	8.90	3.36	090
44626		A	Repair bowel opening	27.90	NA	NA	14.50	13.09	5.70	090
44640		A	Repair bowel-skin fistula	24.20	NA	NA	12.92	11.68	4.89	090
44650		A	Repair bowel fistula	25.12	NA	NA	13.18	12.03	5.06	090
44660		A	Repair bowel-bladder fistula	23.91	NA	NA	12.10	11.88	3.85	090
44661		A	Repair bowel-bladder fistula	27.35	NA	NA	13.92	12.99	5.10	090
44680		A	Surgical revision intestine	17.96	NA	NA	10.22	9.25	3.84	090
44700		A	Suspend bowel w/prosthesis	17.48	NA	NA	9.94	8.96	3.04	090
44701		A	Intraop colon lavage add-on	3.10	NA	NA	1.33	1.21	0.59	ZZZ
44715		C	Prepare donor intestine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44720		A	Prep donor intestine/venous	5.00	NA	NA	2.17	2.12	0.35	XXX
44721		A	Prep donor intestine/artery	7.00	NA	NA	3.07	2.81	1.50	XXX
44799		C	Unlisted procedure intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	12.05	NA	NA	8.21	7.53	2.44	090

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44820		A	Excision of mesentery lesion	13.73	NA	NA	8.46	7.75	2.83	090
44850		A	Repair of mesentery	12.11	NA	NA	7.73	6.97	2.52	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess open	12.57	NA	NA	7.87	7.09	2.64	090
44901		A	Drain app abscess percut	3.37	21.42	24.04	1.25	1.38	0.35	000
44950		A	Appendectomy	10.60	NA	NA	6.32	5.76	2.23	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.67	0.62	0.31	ZZZ
44960		A	Appendectomy	14.50	NA	NA	8.51	7.68	3.08	090
44970		A	Laparoscopy appendectomy	9.45	NA	NA	6.42	5.83	1.97	090
44979		C	Laparoscope proc app	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	6.30	NA	NA	5.12	4.72	1.09	090
45005		A	Drainage of rectal abscess	2.02	5.29	5.06	2.24	2.09	0.38	010
45020		A	Drainage of rectal abscess	8.56	NA	NA	6.67	5.99	1.62	090
45100		A	Biopsy of rectum	4.04	NA	NA	4.06	3.71	0.72	090
45108		A	Removal of anorectal lesion	5.12	NA	NA	4.68	4.23	1.09	090
45110		A	Removal of rectum	30.76	NA	NA	18.81	16.99	5.83	090
45111		A	Partial removal of rectum	18.01	NA	NA	11.06	9.98	3.55	090
45112		A	Removal of rectum	33.18	NA	NA	17.35	15.54	6.08	090
45113		A	Partial proctectomy	33.22	NA	NA	18.91	17.01	7.08	090
45114		A	Partial removal of rectum	30.79	NA	NA	16.91	15.03	6.57	090
45116		A	Partial removal of rectum	27.72	NA	NA	15.56	13.72	3.96	090
45119		A	Remove rectum w/reservoir	33.48	NA	NA	19.23	17.10	5.87	090
45120		A	Removal of rectum	26.40	NA	NA	15.41	13.85	5.63	090
45121		A	Removal of rectum and colon	29.08	NA	NA	16.57	14.85	6.19	090
45123		A	Partial proctectomy	18.86	NA	NA	11.45	10.12	3.17	090
45126		A	Pelvic exenteration	49.10	NA	NA	26.61	24.86	10.47	090
45130		A	Excision of rectal prolapse	18.50	NA	NA	11.03	9.76	3.13	090
45135		A	Excision of rectal prolapse	22.36	NA	NA	13.89	12.30	4.76	090
45136		A	Excise ileoanal reservior	30.82	NA	NA	18.96	17.10	4.41	090
45150		A	Excision of rectal stricture	5.85	NA	NA	5.14	4.72	0.83	090

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45160		A	Excision of rectal lesion	16.33	NA	NA	10.26	9.32	3.48	090
45171		A	Exc rect tum transanal part	8.13	NA	NA	8.03	8.03	1.51	090
45172		A	Exc rect tum transanal full	12.13	NA	NA	9.76	9.76	2.23	090
45190		A	Destruction rectal tumor	10.42	NA	NA	8.23	7.41	1.86	090
45300		A	Proctosigmoidoscopy dx	0.80	2.58	2.42	0.68	0.60	0.12	000
45303		A	Proctosigmoidoscopy dilate	1.50	24.62	24.08	0.99	0.86	0.26	000
45305		A	Proctosigmoidoscopy w/bx	1.25	4.07	3.88	0.90	0.81	0.23	000
45307		A	Proctosigmoidoscopy fb	1.70	4.23	3.99	1.07	0.93	0.33	000
45308		A	Proctosigmoidoscopy removal	1.40	4.35	4.00	0.97	0.85	0.26	000
45309		A	Proctosigmoidoscopy removal	1.50	4.44	4.26	1.02	0.97	0.27	000
45315		A	Proctosigmoidoscopy removal	1.80	4.84	4.55	1.14	1.07	0.33	000
45317		A	Proctosigmoidoscopy bleed	2.00	4.42	4.11	1.23	1.07	0.33	000
45320		A	Proctosigmoidoscopy ablate	1.78	4.25	4.17	1.14	1.08	0.31	000
45321		A	Proctosigmoidoscopy volvul	1.75	NA	NA	1.16	1.07	0.33	000
45327		A	Proctosigmoidoscopy w/stent	2.00	NA	NA	1.44	1.31	0.42	000
45330		A	Diagnostic sigmoidoscopy	0.96	2.92	2.95	0.79	0.76	0.14	000
45331		A	Sigmoidoscopy and biopsy	1.15	3.59	3.63	0.94	0.93	0.18	000
45332		A	Sigmoidoscopy w/fb removal	1.79	6.22	6.35	1.26	1.22	0.29	000
45333		A	Sigmoidoscopy & polypectomy	1.79	6.34	6.44	1.24	1.21	0.29	000
45334		A	Sigmoidoscopy for bleeding	2.73	NA	NA	1.80	1.79	0.39	000
45335		A	Sigmoidoscopy w/submuc inj	1.46	5.79	5.75	1.08	1.06	0.23	000
45337		A	Sigmoidoscopy & decompress	2.36	NA	NA	1.56	1.51	0.38	000
45338		A	Sigmoidoscopy w/tumr remove	2.34	6.44	6.65	1.56	1.54	0.35	000
45339		A	Sigmoidoscopy w/ablate tumr	3.14	6.26	6.23	1.99	1.97	0.48	000
45340		A	Sig w/balloon dilation	1.89	11.28	11.19	1.30	1.27	0.30	000
45341		A	Sigmoidoscopy w/ultrasound	2.60	NA	NA	1.74	1.73	0.38	000
45342		A	Sigmoidoscopy w/us guide bx	4.05	NA	NA	2.56	2.54	0.60	000
45345		A	Sigmoidoscopy w/stent	2.92	NA	NA	1.89	1.87	0.44	000
45355		A	Surgical colonoscopy	3.51	NA	NA	2.09	1.98	0.59	000
45378		A	Diagnostic colonoscopy	3.69	7.12	7.37	2.26	2.22	0.59	000

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45378	53	A	Diagnostic colonoscopy	0.96	2.92	2.95	0.79	0.76	0.14	000
45379		A	Colonoscopy w/fb removal	4.68	9.23	9.46	2.82	2.73	0.72	000
45380		A	Colonoscopy and biopsy	4.43	8.48	8.82	2.72	2.69	0.67	000
45381		A	Colonoscopy submucous inj	4.19	8.35	8.73	2.59	2.57	0.63	000
45382		A	Colonoscopy/control bleeding	5.68	11.11	11.71	3.43	3.42	0.84	000
45383		A	Lesion removal colonoscopy	5.86	9.75	9.95	3.37	3.28	0.91	000
45384		A	Lesion remove colonoscopy	4.69	8.16	8.36	2.76	2.70	0.73	000
45385		A	Lesion removal colonoscopy	5.30	9.23	9.59	3.18	3.14	0.80	000
45386		A	Colonoscopy dilate stricture	4.57	13.55	14.17	2.73	2.68	0.72	000
45387		A	Colonoscopy w/stent	5.90	NA	NA	3.62	3.57	0.88	000
45391		A	Colonoscopy w/endoscope us	5.09	NA	NA	3.09	3.06	0.73	000
45392		A	Colonoscopy w/endoscopic fnb	6.54	NA	NA	3.89	3.85	1.02	000
45395		A	Lap removal of rectum	33.00	NA	NA	20.59	18.65	5.99	090
45397		A	Lap remove rectum w/pouch	36.50	NA	NA	21.94	19.65	6.02	090
45400		A	Laparoscopic proc	19.44	NA	NA	11.50	10.36	3.57	090
45402		A	Lap proctopexy w/sig resect	26.51	NA	NA	14.58	13.07	4.82	090
45499		C	Laparoscope proc rectum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45500		A	Repair of rectum	7.73	NA	NA	6.60	5.92	1.21	090
45505		A	Repair of rectum	8.36	NA	NA	7.60	6.78	1.51	090
45520		A	Treatment of rectal prolapse	0.55	3.74	3.42	0.57	0.52	0.07	000
45540		A	Correct rectal prolapse	18.12	NA	NA	10.39	9.33	3.12	090
45541		A	Correct rectal prolapse	14.85	NA	NA	10.27	9.19	2.59	090
45550		A	Repair rectum/remove sigmoid	24.80	NA	NA	14.60	13.03	4.48	090
45560		A	Repair of rectocele	11.50	NA	NA	7.52	7.15	1.80	090
45562		A	Exploration/repair of rectum	17.98	NA	NA	11.84	10.87	3.38	090
45563		A	Exploration/repair of rectum	26.38	NA	NA	16.98	15.24	5.63	090
45800		A	Repair rect/bladder fistula	20.31	NA	NA	11.90	11.49	3.39	090
45805		A	Repair fistula w/colostomy	23.32	NA	NA	15.16	13.63	4.98	090
45820		A	Repair rectourethral fistula	20.37	NA	NA	12.43	11.70	1.96	090
45825		A	Repair fistula w/colostomy	24.17	NA	NA	15.49	14.40	3.46	090

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45900		A	Reduction of rectal prolapse	2.99	NA	NA	2.43	2.22	0.56	010
45905		A	Dilation of anal sphincter	2.35	NA	NA	2.22	2.08	0.41	010
45910		A	Dilation of rectal narrowing	2.85	NA	NA	2.44	2.33	0.48	010
45915		A	Remove rectal obstruction	3.19	5.71	5.43	2.93	2.72	0.52	010
45990		A	Surg dx exam anorectal	1.80	NA	NA	1.09	1.02	0.31	000
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46020		A	Placement of seton	3.00	4.50	4.07	3.36	3.03	0.54	010
46030		A	Removal of rectal marker	1.26	2.55	2.34	1.19	1.08	0.23	010
46040		A	Incision of rectal abscess	5.37	8.96	8.32	5.71	5.25	1.05	090
46045		A	Incision of rectal abscess	5.87	NA	NA	5.70	5.13	1.17	090
46050		A	Incision of anal abscess	1.24	4.22	3.94	1.39	1.27	0.24	010
46060		A	Incision of rectal abscess	6.37	NA	NA	6.43	5.78	1.18	090
46070		A	Incision of anal septum	2.79	NA	NA	3.81	3.48	0.20	090
46080		A	Incision of anal sphincter	2.52	4.20	3.87	1.74	1.58	0.49	010
46083		A	Incise external hemorrhoid	1.45	3.31	3.31	1.44	1.38	0.24	010
46200		A	Removal of anal fissure	3.59	8.46	7.69	5.22	4.77	0.63	090
46220		A	Excise anal ext tag/papilla	1.61	4.03	3.75	1.61	1.47	0.30	010
46221		A	Ligation of hemorrhoid(s)	2.36	4.98	4.60	2.83	2.60	0.41	010
46230		A	Removal of anal tags	2.62	4.81	4.48	2.03	1.85	0.48	010
46250		A	Remove ext hem groups 2+	4.25	8.22	7.67	4.18	3.82	0.82	090
46255		A	Remove int/ext hem 1 group	4.96	8.61	8.11	4.48	4.11	0.95	090
46257		A	Remove in/ex hem grp & fiss	5.76	NA	NA	5.59	5.02	1.08	090
46258		A	Remove in/ex hem grp w/fistu	6.41	NA	NA	6.07	5.43	1.37	090
46260		A	Remove in/ex hem groups 2+	6.73	NA	NA	5.99	5.39	1.27	090
46261		A	Remove in/ex hem grps & fiss	7.76	NA	NA	6.48	5.82	1.39	090
46262		A	Remove in/ex hem grps w/fist	7.91	NA	NA	6.98	6.28	1.44	090
46270		A	Remove anal fist subq	4.92	8.74	8.05	5.59	5.04	0.98	090
46275		A	Remove anal fist inter	5.42	9.09	8.30	5.74	5.18	0.98	090
46280		A	Remove anal fist complex	6.39	NA	NA	6.26	5.62	1.13	090
46285		A	Remove anal fist 2 stage	5.42	9.05	8.11	5.78	5.15	0.91	090

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46288		A	Repair anal fistula	7.81	NA	NA	7.01	6.28	1.33	090
46320		A	Removal of hemorrhoid clot	1.64	3.34	3.10	1.35	1.22	0.30	010
46500		A	Injection into hemorrhoid(s)	1.69	4.79	4.37	1.83	1.68	0.29	010
46505		A	Chemodenervation anal musc	3.18	4.58	4.27	3.31	3.03	0.59	010
46600		A	Diagnostic anoscopy	0.55	1.86	1.79	0.57	0.51	0.08	000
46604		A	Anoscopy and dilation	1.03	15.86	14.88	0.77	0.72	0.16	000
46606		A	Anoscopy and biopsy	1.20	4.93	4.82	0.86	0.78	0.23	000
46608		A	Anoscopy remove for body	1.30	5.09	4.91	0.86	0.80	0.24	000
46610		A	Anoscopy remove lesion	1.28	4.95	4.82	0.90	0.83	0.24	000
46611		A	Anoscopy	1.30	3.55	3.42	0.93	0.85	0.23	000
46612		A	Anoscopy remove lesions	1.50	5.76	5.67	1.01	0.96	0.31	000
46614		A	Anoscopy control bleeding	1.00	2.49	2.48	0.77	0.76	0.14	000
46615		A	Anoscopy	1.50	2.39	2.36	1.01	0.97	0.29	000
46700		A	Repair of anal stricture	9.81	NA	NA	7.93	7.05	1.63	090
46705		A	Repair of anal stricture	7.43	NA	NA	6.20	5.99	0.52	090
46706		A	Repr of anal fistula w/glue	2.44	NA	NA	2.08	1.94	0.42	010
46707		A	Repair anorectal fist w/plug	6.39	NA	NA	6.50	6.50	0.90	090
46710		A	Repr per/vag pouch sngl proc	17.14	NA	NA	11.54	10.77	3.67	090
46712		A	Repr per/vag pouch dbl proc	36.45	NA	NA	22.11	19.91	2.59	090
46715		A	Rep perf anoper fistu	7.62	NA	NA	6.35	5.84	0.53	090
46716		A	Rep perf anoper/vestib fistu	17.54	NA	NA	13.74	14.45	1.24	090
46730		A	Construction of absent anus	30.65	NA	NA	19.17	18.42	2.18	090
46735		A	Construction of absent anus	36.14	NA	NA	21.57	20.71	2.57	090
46740		A	Construction of absent anus	33.90	NA	NA	22.50	20.20	7.23	090
46742		A	Repair of imperforated anus	40.14	NA	NA	25.12	22.89	8.56	090
46744		A	Repair of cloacal anomaly	58.94	NA	NA	35.23	30.46	8.42	090
46746		A	Repair of cloacal anomaly	65.44	NA	NA	34.55	33.54	4.64	090
46748		A	Repair of cloacal anomaly	71.42	NA	NA	33.37	33.62	5.08	090
46750		A	Repair of anal sphincter	12.15	NA	NA	8.60	7.84	1.97	090
46751		A	Repair of anal sphincter	9.30	NA	NA	6.95	6.89	1.57	090

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46753		A	Reconstruction of anus	8.89	NA	NA	6.97	6.28	1.51	090
46754		A	Removal of suture from anus	3.01	5.20	4.86	3.39	3.01	0.42	010
46760		A	Repair of anal sphincter	17.45	NA	NA	12.49	11.12	2.48	090
46761		A	Repair of anal sphincter	15.29	NA	NA	10.15	9.09	2.42	090
46762		A	Implant artificial sphincter	14.82	NA	NA	10.44	9.42	2.12	090
46900		A	Destruction anal lesion(s)	1.91	4.74	4.45	1.89	1.76	0.30	010
46910		A	Destruction anal lesion(s)	1.91	4.88	4.68	1.70	1.59	0.34	010
46916		A	Cryosurgery anal lesion(s)	1.91	4.54	4.51	2.15	2.04	0.27	010
46917		A	Laser surgery anal lesions	1.91	10.92	10.84	1.73	1.61	0.33	010
46922		A	Excision of anal lesion(s)	1.91	5.37	5.06	1.74	1.60	0.35	010
46924		A	Destruction anal lesion(s)	2.81	11.99	11.68	2.24	2.05	0.45	010
46930		A	Destroy internal hemorrhoids	1.61	3.92	4.12	2.40	2.48	0.26	090
46940		A	Treatment of anal fissure	2.35	3.93	3.57	1.65	1.49	0.37	010
46942		A	Treatment of anal fissure	2.07	3.83	3.48	1.52	1.37	0.33	010
46945		A	Remove by ligat int hem grp	2.21	6.14	5.73	3.91	3.69	0.38	090
46946		A	Remove by ligat int hem grps	2.63	5.84	5.60	3.47	3.32	0.44	090
46947		A	Hemorrhoidopexy by stapling	5.57	NA	NA	4.66	4.21	1.09	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	8.17	8.05	0.74	0.81	0.20	000
47001		A	Needle biopsy liver add-on	1.90	NA	NA	0.82	0.75	0.38	ZZZ
47010		A	Open drainage liver lesion	19.40	NA	NA	12.14	11.31	3.96	090
47011		A	Percut drain liver lesion	3.69	NA	NA	1.35	1.54	0.35	000
47015		A	Inject/aspirate liver cyst	18.50	NA	NA	12.12	10.94	3.93	090
47100		A	Wedge biopsy of liver	12.91	NA	NA	9.44	8.64	2.69	090
47120		A	Partial removal of liver	39.01	NA	NA	22.08	20.15	8.26	090
47122		A	Extensive removal of liver	59.48	NA	NA	30.18	27.54	12.64	090
47125		A	Partial removal of liver	53.04	NA	NA	27.38	24.99	11.20	090
47130		A	Partial removal of liver	57.19	NA	NA	29.04	26.56	12.04	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47135		R	Transplantation of liver	83.64	NA	NA	44.70	40.62	17.71	090

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47136		R	Transplantation of liver	70.74	NA	NA	37.44	34.72	15.09	090
47140		A	Partial removal donor liver	59.40	NA	NA	34.31	30.99	12.67	090
47141		A	Partial removal donor liver	71.50	NA	NA	38.33	35.51	5.08	090
47142		A	Partial removal donor liver	79.44	NA	NA	43.89	39.70	16.93	090
47143		C	Prep donor liver whole	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47144		C	Prep donor liver 3-segment	0.00	0.00	0.00	0.00	0.00	0.00	090
47145		C	Prep donor liver lobe split	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47146		A	Prep donor liver/venous	6.00	NA	NA	2.61	2.37	1.28	XXX
47147		A	Prep donor liver/arterial	7.00	NA	NA	3.05	2.77	1.48	XXX
47300		A	Surgery for liver lesion	18.14	NA	NA	11.81	10.67	3.84	090
47350		A	Repair liver wound	22.49	NA	NA	13.66	12.45	4.70	090
47360		A	Repair liver wound	31.31	NA	NA	17.98	16.23	6.67	090
47361		A	Repair liver wound	52.60	NA	NA	26.61	24.32	10.70	090
47362		A	Repair liver wound	23.54	NA	NA	14.60	13.08	4.94	090
47370		A	Laparo ablate liver tumor rf	20.80	NA	NA	11.88	10.86	4.22	090
47371		A	Laparo ablate liver cryosurg	20.80	NA	NA	12.20	11.35	4.44	090
47379		C	Laparoscope procedure liver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47380		A	Open ablate liver tumor rf	24.56	NA	NA	13.32	12.30	4.95	090
47381		A	Open ablate liver tumor cryo	24.88	NA	NA	11.31	11.53	5.31	090
47382		A	Percut ablate liver rf	15.22	119.61	119.61	6.19	7.14	1.48	010
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	36.36	NA	NA	20.18	18.26	7.74	090
47420		A	Incision of bile duct	22.03	NA	NA	13.28	12.09	4.67	090
47425		A	Incision of bile duct	22.31	NA	NA	13.63	12.30	4.76	090
47460		A	Incise bile duct sphincter	20.52	NA	NA	12.85	12.05	4.37	090
47480		A	Incision of gallbladder	13.25	NA	NA	9.86	8.99	2.75	090
47490		A	Incision of gallbladder	4.76	NA	NA	4.30	5.55	0.44	010
47500		A	Injection for liver x-rays	1.96	NA	NA	0.71	0.81	0.20	000
47505		A	Injection for liver x-rays	0.76	NA	NA	0.28	0.31	0.07	000
47510		A	Insert catheter bile duct	8.03	NA	NA	4.86	5.44	0.80	090

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47511		A	Insert bile duct drain	10.77	NA	NA	5.14	5.86	1.02	090
47525		A	Change bile duct catheter	1.54	12.30	13.46	0.81	1.22	0.14	000
47530		A	Revise/reinsert bile tube	6.05	33.50	35.96	3.64	4.08	0.61	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	1.31	1.21	0.63	ZZZ
47552		A	Biliary endoscopy thru skin	6.03	NA	NA	2.59	2.92	0.63	000
47553		A	Biliary endoscopy thru skin	6.34	NA	NA	2.33	2.62	0.63	000
47554		A	Biliary endoscopy thru skin	9.05	NA	NA	4.05	4.14	1.51	000
47555		A	Biliary endoscopy thru skin	7.55	NA	NA	2.70	3.13	0.71	000
47556		A	Biliary endoscopy thru skin	8.55	NA	NA	3.09	3.56	0.80	000
47560		A	Laparoscopy w/cholangio	4.88	NA	NA	2.12	1.95	1.05	000
47561		A	Laparo w/cholangio/biopsy	5.17	NA	NA	2.54	2.33	1.10	000
47562		A	Laparoscopic cholecystectomy	11.76	NA	NA	8.05	7.29	2.48	090
47563		A	Laparo cholecystectomy/graph	11.47	NA	NA	7.20	6.95	2.43	090
47564		A	Laparo cholecystectomy/explr	18.00	NA	NA	11.01	9.95	3.84	090
47570		A	Laparo cholecystoenterostomy	12.56	NA	NA	7.83	7.15	2.67	090
47579		C	Laparoscope proc biliary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	17.48	NA	NA	11.10	9.94	3.70	090
47605		A	Removal of gallbladder	15.98	NA	NA	9.88	8.98	3.40	090
47610		A	Removal of gallbladder	20.92	NA	NA	12.03	10.92	4.45	090
47612		A	Removal of gallbladder	21.21	NA	NA	12.10	10.97	4.50	090
47620		A	Removal of gallbladder	23.07	NA	NA	13.12	11.85	4.94	090
47630		A	Remove bile duct stone	9.65	NA	NA	5.25	5.69	1.21	090
47700		A	Exploration of bile ducts	16.50	NA	NA	11.24	10.30	3.52	090
47701		A	Bile duct revision	28.73	NA	NA	16.84	16.14	6.11	090
47711		A	Excision of bile duct tumor	25.90	NA	NA	15.11	13.72	5.48	090
47712		A	Excision of bile duct tumor	33.72	NA	NA	18.74	16.89	7.20	090
47715		A	Excision of bile duct cyst	21.55	NA	NA	13.45	12.09	4.60	090
47720		A	Fuse gallbladder & bowel	18.34	NA	NA	11.87	10.77	3.88	090
47721		A	Fuse upper gi structures	21.99	NA	NA	13.64	12.28	4.70	090
47740		A	Fuse gallbladder & bowel	21.23	NA	NA	13.31	11.95	4.52	090

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47741		A	Fuse gallbladder & bowel	24.21	NA	NA	14.61	13.16	5.16	090
47760		A	Fuse bile ducts and bowel	38.32	NA	NA	20.91	18.45	8.11	090
47765		A	Fuse liver ducts & bowel	52.19	NA	NA	27.49	23.76	11.13	090
47780		A	Fuse bile ducts and bowel	42.32	NA	NA	22.54	19.83	8.98	090
47785		A	Fuse bile ducts and bowel	56.19	NA	NA	28.80	25.09	11.99	090
47800		A	Reconstruction of bile ducts	26.17	NA	NA	15.43	13.93	5.59	090
47801		A	Placement bile duct support	17.60	NA	NA	9.96	10.36	2.44	090
47802		A	Fuse liver duct & intestine	24.93	NA	NA	15.21	13.74	5.32	090
47900		A	Suture bile duct injury	22.44	NA	NA	13.44	12.24	4.72	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	31.95	NA	NA	16.91	15.62	6.18	090
48001		A	Placement of drain pancreas	39.69	NA	NA	20.84	18.80	8.48	090
48020		A	Removal of pancreatic stone	19.09	NA	NA	11.88	10.79	4.08	090
48100		A	Biopsy of pancreas open	14.46	NA	NA	8.97	8.17	2.99	090
48102		A	Needle biopsy pancreas	4.70	10.21	10.77	1.97	2.24	0.44	010
48105		A	Resect/debride pancreas	49.26	NA	NA	25.74	23.11	10.30	090
48120		A	Removal of pancreas lesion	18.41	NA	NA	10.69	9.69	3.91	090
48140		A	Partial removal of pancreas	26.32	NA	NA	14.71	13.33	5.58	090
48145		A	Partial removal of pancreas	27.39	NA	NA	15.49	13.91	5.83	090
48146		A	Pancreatectomy	30.60	NA	NA	18.84	16.93	6.52	090
48148		A	Removal of pancreatic duct	20.39	NA	NA	12.45	11.18	4.34	090
48150		A	Partial removal of pancreas	52.84	NA	NA	28.42	25.92	11.23	090
48152		A	Pancreatectomy	48.65	NA	NA	27.12	24.53	10.38	090
48153		A	Pancreatectomy	52.79	NA	NA	28.39	25.86	11.21	090
48154		A	Pancreatectomy	48.88	NA	NA	27.22	24.53	10.43	090
48155		A	Removal of pancreas	29.45	NA	NA	18.27	16.62	6.27	090
48160		N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48400		A	Injection intraop add-on	1.95	NA	NA	0.85	0.86	0.29	ZZZ
48500		A	Surgery of pancreatic cyst	18.16	NA	NA	12.18	10.98	3.87	090
48510		A	Drain pancreatic pseudocyst	17.19	NA	NA	11.52	10.48	3.59	090

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48511		A	Drain pancreatic pseudocyst	3.99	21.76	23.36	1.47	1.67	0.38	000
48520		A	Fuse pancreas cyst and bowel	18.15	NA	NA	10.60	9.63	3.84	090
48540		A	Fuse pancreas cyst and bowel	21.94	NA	NA	11.92	10.91	4.67	090
48545		A	Pancreatorrhaphy	22.23	NA	NA	13.13	11.71	4.75	090
48547		A	Duodenal exclusion	30.38	NA	NA	16.67	14.91	6.46	090
48548		A	Fuse pancreas and bowel	28.09	NA	NA	15.58	14.15	5.97	090
48550		X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48551		C	Prep donor pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48552		A	Prep donor pancreas/venous	4.30	NA	NA	1.87	1.73	0.90	XXX
48554		R	Transpl allograft pancreas	37.80	NA	NA	30.03	27.54	7.89	090
48556		A	Removal allograft pancreas	19.47	NA	NA	14.07	12.79	4.15	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	12.54	NA	NA	7.81	7.23	2.57	090
49002		A	Reopening of abdomen	17.63	NA	NA	9.92	8.81	3.66	090
49010		A	Exploration behind abdomen	16.06	NA	NA	8.86	8.34	3.20	090
49020		A	Drain abdominal abscess	26.67	NA	NA	15.35	14.00	5.42	090
49021		A	Drain abdominal abscess	3.37	21.01	22.71	1.24	1.40	0.31	000
49040		A	Drain open abdom abscess	16.52	NA	NA	9.94	9.08	3.39	090
49041		A	Drain percut abdom abscess	3.99	21.44	22.83	1.46	1.66	0.38	000
49060		A	Drain open retrop abscess	18.53	NA	NA	10.54	9.90	3.69	090
49061		A	Drain percut retroper absc	3.69	21.09	22.59	1.35	1.54	0.34	000
49062		A	Drain to peritoneal cavity	12.22	NA	NA	7.47	7.05	2.46	090
49080		A	Puncture peritoneal cavity	1.35	2.96	3.34	0.53	0.58	0.12	000
49081		A	Removal of abdominal fluid	1.26	3.30	3.39	0.57	0.58	0.16	000
49180		A	Biopsy abdominal mass	1.73	2.63	2.94	0.64	0.72	0.16	000
49203		A	Exc abd tum 5 cm or less	20.13	NA	NA	11.54	10.70	3.93	090
49204		A	Exc abd tum over 5 cm	26.13	NA	NA	14.14	13.06	5.08	090
49205		A	Exc abd tum over 10 cm	30.13	NA	NA	15.90	14.65	6.03	090
49215		A	Excise sacral spine tumor	37.81	NA	NA	20.70	18.69	7.54	090
49220		A	Multiple surgery abdomen	15.79	NA	NA	9.73	8.93	3.39	090

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49250		A	Excision of umbilicus	9.01	NA	NA	6.50	5.98	1.84	090
49255		A	Removal of omentum	12.56	NA	NA	8.35	7.71	2.55	090
49320		A	Diag laparo separate proc	5.14	NA	NA	3.55	3.34	1.03	010
49321		A	Laparoscopy biopsy	5.44	NA	NA	3.75	3.50	1.13	010
49322		A	Laparoscopy aspiration	6.01	NA	NA	3.87	3.65	1.16	010
49323		A	Laparo drain lymphocele	10.23	NA	NA	6.88	6.36	2.14	090
49324		A	Lap insert tunnel ip cath	6.32	NA	NA	4.11	3.81	1.33	010
49325		A	Lap revision perm ip cath	6.82	NA	NA	4.31	3.98	1.47	010
49326		A	Lap w/omentopexy add-on	3.50	NA	NA	1.46	1.32	0.73	ZZZ
49327		A	Lap ins device for rt	2.38	NA	NA	1.03	1.03	0.48	ZZZ
49329		C	Laparo proc abdm/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	1.80	2.52	0.70	0.77	0.24	000
49402		A	Remove foreign body adbomen	14.09	NA	NA	8.53	7.78	2.90	090
49411		A	Ins mark abd/pel for rt perq	3.82	11.19	11.19	1.65	1.65	0.35	000
49412		A	Ins device for rt guide open	1.50	NA	NA	0.63	0.63	0.30	ZZZ
49418		A	Insert tun ip cath perc	4.21	39.87	39.87	2.07	2.07	0.63	000
49419		A	Insert tun ip cath w/port	7.08	NA	NA	4.78	4.59	1.22	090
49421		A	Ins tun ip cath for dial opn	4.21	NA	NA	1.90	2.89	0.83	000
49422		A	Remove tunneled ip cath	6.29	NA	NA	3.83	3.61	1.29	010
49423		A	Exchange drainage catheter	1.46	14.12	15.21	0.56	0.65	0.12	000
49424		A	Assess cyst contrast inject	0.76	3.33	3.65	0.31	0.35	0.07	000
49425		A	Insert abdomen-venous drain	12.22	NA	NA	7.54	7.18	2.67	090
49426		A	Revise abdomen-venous shunt	10.41	NA	NA	6.44	6.14	2.07	090
49427		A	Injection abdominal shunt	0.89	NA	NA	0.34	0.38	0.10	000
49428		A	Ligation of shunt	6.87	NA	NA	4.51	4.34	1.47	010
49429		A	Removal of shunt	7.44	NA	NA	4.63	4.31	1.59	010
49435		A	Insert subq exten to ip cath	2.25	NA	NA	0.89	0.81	0.45	ZZZ
49436		A	Embedded ip cath exit-site	2.72	NA	NA	2.21	2.09	0.59	010
49440		A	Place gastrostomy tube perc	4.18	25.02	27.42	2.00	2.16	0.48	010
49441		A	Place duod/jej tube perc	4.77	28.18	30.24	2.29	2.44	0.54	010

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49442		A	Place cecostomy tube perc	4.00	21.69	25.46	2.01	2.04	0.37	010
49446		A	Change g-tube to g-j perc	3.31	24.16	26.04	1.22	1.39	0.31	000
49450		A	Replace g/c tube perc	1.36	17.07	19.67	0.51	0.54	0.12	000
49451		A	Replace duod/jej tube perc	1.84	18.23	19.39	0.69	0.78	0.20	000
49452		A	Replace g-j tube perc	2.86	21.85	23.51	1.06	1.21	0.27	000
49460		A	Fix g/colon tube w/device	0.96	19.46	22.28	0.38	0.40	0.10	000
49465		A	Fluoro exam of g/colon tube	0.62	4.12	4.42	0.23	0.26	0.05	000
49491		A	Rpr hern preemie reduc	12.53	NA	NA	8.36	7.53	2.67	090
49492		A	Rpr ing hern premie blocked	15.43	NA	NA	9.71	8.82	3.29	090
49495		A	Rpr ing hernia baby reduc	6.20	NA	NA	4.62	4.11	1.32	090
49496		A	Rpr ing hernia baby blocked	9.42	NA	NA	6.77	6.14	2.20	090
49500		A	Rpr ing hernia init reduce	5.84	NA	NA	3.94	3.99	1.24	090
49501		A	Rpr ing hernia init blocked	9.36	NA	NA	6.59	5.99	1.99	090
49505		A	Prp i/hern init reduc >5 yr	7.96	NA	NA	5.80	5.31	1.66	090
49507		A	Prp i/hern init block >5 yr	9.09	NA	NA	6.27	6.05	1.92	090
49520		A	Rerepair ing hernia reduce	9.99	NA	NA	6.67	6.10	2.10	090
49521		A	Rerepair ing hernia blocked	11.48	NA	NA	7.22	6.95	2.41	090
49525		A	Repair ing hernia sliding	8.93	NA	NA	6.20	5.68	1.86	090
49540		A	Repair lumbar hernia	10.74	NA	NA	7.14	6.49	2.26	090
49550		A	Rpr rem hernia init reduce	8.99	NA	NA	6.22	5.69	1.89	090
49553		A	Rpr fem hernia init blocked	9.92	NA	NA	6.73	6.14	2.10	090
49555		A	Rerepair fem hernia reduce	9.39	NA	NA	6.38	5.85	1.97	090
49557		A	Rerepair fem hernia blocked	11.62	NA	NA	7.46	6.81	2.45	090
49560		A	Rpr ventral hern init reduc	11.92	NA	NA	7.53	6.88	2.48	090
49561		A	Rpr ventral hern init block	15.38	NA	NA	9.10	8.26	3.24	090
49565		A	Rerepair ventrl hern reduce	12.37	NA	NA	7.90	7.19	2.60	090
49566		A	Rerepair ventrl hern block	15.53	NA	NA	9.20	8.35	3.29	090
49568		A	Hernia repair w/mesh	4.88	NA	NA	2.12	1.93	1.03	ZZZ
49570		A	Rpr epigastric hern reduce	6.05	NA	NA	4.96	4.55	1.28	090
49572		A	Rpr epigastric hern blocked	7.87	NA	NA	5.76	5.22	1.65	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
49580		A	Rpr umbil hern reduc < 5 yr	4.47	NA	NA	4.37	3.98	0.95	090
49582		A	Rpr umbil hern block < 5 yr	7.13	NA	NA	5.62	5.11	1.52	090
49585		A	Rpr umbil hern reduc > 5 yr	6.59	NA	NA	5.18	4.75	1.37	090
49587		A	Rpr umbil hern block > 5 yr	7.08	NA	NA	5.45	5.25	1.49	090
49590		A	Repair spigelian hernia	8.90	NA	NA	6.21	5.67	1.88	090
49600		A	Repair umbilical lesion	11.55	NA	NA	7.68	7.15	2.45	090
49605		A	Repair umbilical lesion	87.09	NA	NA	42.03	39.02	18.58	090
49606		A	Repair umbilical lesion	19.00	NA	NA	10.70	9.76	4.06	090
49610		A	Repair umbilical lesion	10.91	NA	NA	7.18	6.64	2.31	090
49611		A	Repair umbilical lesion	9.34	NA	NA	6.01	6.12	0.65	090
49650		A	Lap ing hernia repair init	6.36	NA	NA	4.97	4.56	1.33	090
49651		A	Lap ing hernia repair recur	8.38	NA	NA	6.35	5.79	1.78	090
49652		A	Lap vent/abd hernia repair	11.92	NA	NA	7.52	7.25	0.83	090
49653		A	Lap vent/abd hern proc comp	14.94	NA	NA	9.31	8.97	1.07	090
49654		A	Lap inc hernia repair	13.76	NA	NA	8.30	8.01	0.97	090
49655		A	Lap inc hern repair comp	16.84	NA	NA	10.06	9.68	1.19	090
49656		A	Lap inc hernia repair recur	15.08	NA	NA	9.11	8.26	1.08	090
49657		A	Lap inc hern recur comp	22.11	NA	NA	12.65	11.44	1.57	090
49659		C	Laparo proc hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.41	NA	NA	9.26	8.57	2.55	090
49904		A	Omental flap extra-abdom	22.35	NA	NA	15.80	15.78	4.75	090
49905		A	Omental flap intra-abdom	6.54	NA	NA	2.80	2.59	1.24	ZZZ
49906		C	Free omental flap microvasc	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	YYY
50010		A	Exploration of kidney	12.28	NA	NA	7.75	7.91	1.80	090
50020		A	Renal abscess open drain	18.08	NA	NA	10.76	10.77	2.41	090
50021		A	Renal abscess percut drain	3.37	22.47	24.20	1.23	1.39	0.31	000
50040		A	Drainage of kidney	16.68	NA	NA	8.76	9.77	1.69	090
50045		A	Exploration of kidney	16.82	NA	NA	8.87	9.78	1.62	090
5005F		I	Pt counsld on exam for moles	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
50060		A	Removal of kidney stone	20.95	NA	NA	10.49	11.72	2.01	090
50065		A	Incision of kidney	22.32	NA	NA	11.02	12.06	2.16	090
50070		A	Incision of kidney	21.85	NA	NA	10.84	12.20	2.12	090
50075		A	Removal of kidney stone	27.09	NA	NA	13.11	14.72	2.63	090
50080		A	Removal of kidney stone	15.74	NA	NA	8.22	9.23	1.55	090
50081		A	Removal of kidney stone	23.50	NA	NA	11.72	13.12	2.31	090
50100		A	Revise kidney blood vessels	17.45	NA	NA	7.23	8.32	3.73	090
50120		A	Exploration of kidney	17.21	NA	NA	8.96	9.90	1.66	090
50125		A	Explore and drain kidney	17.82	NA	NA	11.06	11.06	1.71	090
50130		A	Removal of kidney stone	18.82	NA	NA	9.71	10.83	1.82	090
50135		A	Exploration of kidney	20.59	NA	NA	10.35	11.51	1.99	090
50200		A	Renal biopsy perq	2.63	14.10	14.10	1.29	1.42	0.31	000
50205		A	Renal biopsy open	12.29	NA	NA	7.61	7.20	2.40	090
5020F		I	Txmnts 2 main dr by 1 mon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50220		A	Remove kidney open	18.68	NA	NA	9.83	10.65	2.25	090
50225		A	Removal kidney open complex	21.88	NA	NA	11.01	12.00	2.38	090
50230		A	Removal kidney open radical	23.81	NA	NA	11.45	12.73	2.45	090
50234		A	Removal of kidney & ureter	24.05	NA	NA	11.80	13.10	2.44	090
50236		A	Removal of kidney & ureter	26.94	NA	NA	13.47	15.08	2.64	090
50240		A	Partial removal of kidney	24.21	NA	NA	12.28	13.66	2.42	090
50250		A	Cryoablate renal mass open	22.22	NA	NA	11.33	12.79	2.18	090
50280		A	Removal of kidney lesion	17.09	NA	NA	9.19	10.03	1.86	090
50290		A	Removal of kidney lesion	16.15	NA	NA	10.34	9.85	1.57	090
50300		X	Remove cadaver donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Remove kidney living donor	22.43	NA	NA	15.42	15.33	3.88	090
50323		C	Prep cadaver renal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50325		C	Prep donor renal graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50327		A	Prep renal graft/venous	4.00	NA	NA	1.69	1.60	0.78	XXX
50328		A	Prep renal graft/arterial	3.50	NA	NA	1.48	1.41	0.67	XXX
50329		A	Prep renal graft/ureteral	3.34	NA	NA	1.37	1.42	0.48	XXX

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50340		A	Removal of kidney	14.04	NA	NA	11.01	10.06	3.01	090
50360		A	Transplantation of kidney	40.90	NA	NA	27.10	24.82	8.30	090
50365		A	Transplantation of kidney	46.13	NA	NA	29.69	27.41	9.84	090
50370		A	Remove transplanted kidney	18.88	NA	NA	12.95	11.93	3.76	090
50380		A	Reimplantation of kidney	30.11	NA	NA	22.76	21.93	6.41	090
50382		A	Change ureter stent percut	5.50	27.93	31.69	2.07	2.37	0.52	000
50384		A	Remove ureter stent percut	5.00	21.93	26.02	1.85	2.14	0.48	000
50385		A	Change stent via transureth	4.44	28.05	31.98	1.97	2.30	0.42	000
50386		A	Remove stent via transureth	3.30	18.06	20.40	1.55	1.80	0.31	000
50387		A	Change ext/int ureter stent	2.00	13.45	15.28	0.72	0.84	0.20	000
50389		A	Remove renal tube w/fluoro	1.10	7.06	8.52	0.41	0.46	0.10	000
50390		A	Drainage of kidney lesion	1.96	NA	NA	0.71	0.81	0.18	000
50391		A	Instll rx agnt into rnal tub	1.96	1.43	1.65	0.79	0.88	0.20	000
50392		A	Insert kidney drain	3.37	NA	NA	1.55	1.76	0.31	000
50393		A	Insert ureteral tube	4.15	NA	NA	1.83	2.09	0.38	000
50394		A	Injection for kidney x-ray	0.76	1.98	2.26	0.60	0.68	0.07	000
50395		A	Create passage to kidney	3.37	NA	NA	1.58	1.80	0.33	000
50396		A	Measure kidney pressure	2.09	NA	NA	1.09	1.25	0.20	000
50398		A	Change kidney tube	1.46	12.69	14.24	0.57	0.65	0.12	000
50400		A	Revision of kidney/ureter	21.27	NA	NA	10.67	11.80	2.10	090
50405		A	Revision of kidney/ureter	25.86	NA	NA	12.63	14.07	2.50	090
50500		A	Repair of kidney wound	21.22	NA	NA	11.99	11.61	4.52	090
50520		A	Close kidney-skin fistula	18.88	NA	NA	9.68	10.66	1.84	090
50525		A	Repair renal-abdomen fistula	24.39	NA	NA	14.15	13.88	5.20	090
50526		A	Repair renal-abdomen fistula	26.31	NA	NA	14.18	13.71	1.86	090
50540		A	Revision of horseshoe kidney	21.10	NA	NA	10.55	11.44	2.03	090
50541		A	Laparo ablate renal cyst	16.86	NA	NA	8.51	9.46	1.70	090
50542		A	Laparo ablate renal mass	21.36	NA	NA	10.86	12.11	2.10	090
50543		A	Laparo partial nephrectomy	27.41	NA	NA	13.65	15.24	2.72	090
50544		A	Laparoscopy pyeloplasty	23.37	NA	NA	11.03	12.36	2.31	090

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50545		A	Laparo radical nephrectomy	25.06	NA	NA	11.93	13.33	2.55	090
50546		A	Laparoscopic nephrectomy	21.87	NA	NA	11.17	12.36	2.30	090
50547		A	Laparo removal donor kidney	26.34	NA	NA	16.33	15.84	4.83	090
50548		A	Laparo remove w/ureter	25.36	NA	NA	11.84	13.27	2.50	090
50549		C	Laparoscope proc renal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.59	4.25	4.92	2.56	2.88	0.54	000
50553		A	Kidney endoscopy	5.98	4.54	5.11	2.68	2.99	0.65	000
50555		A	Kidney endoscopy & biopsy	6.52	4.76	5.47	2.93	3.28	0.63	000
50557		A	Kidney endoscopy & treatment	6.61	4.85	5.60	2.96	3.33	0.64	000
50561		A	Kidney endoscopy & treatment	7.58	5.44	6.27	3.34	3.76	0.75	000
50562		A	Renal scope w/tumor resect	10.90	NA	NA	5.15	5.84	1.06	090
50570		A	Kidney endoscopy	9.53	NA	NA	4.06	4.60	0.91	000
50572		A	Kidney endoscopy	10.33	NA	NA	4.38	4.96	1.01	000
50574		A	Kidney endoscopy & biopsy	11.00	NA	NA	4.64	5.25	1.08	000
50575		A	Kidney endoscopy	13.96	NA	NA	5.80	6.56	1.36	000
50576		A	Kidney endoscopy & treatment	10.97	NA	NA	4.63	5.24	1.06	000
50580		A	Kidney endoscopy & treatment	11.84	NA	NA	4.97	5.56	1.16	000
50590		A	Fragmenting of kidney stone	9.77	11.22	15.32	5.80	6.47	0.95	090
50592		A	Perc rf ablate renal tumor	6.80	76.33	94.06	3.15	3.55	0.64	010
50593		A	Perc cryo ablate renal tum	9.13	115.17	129.65	4.21	4.30	0.86	010
50600		A	Exploration of ureter	17.17	NA	NA	8.72	9.64	1.66	090
50605		A	Insert ureteral support	16.79	NA	NA	9.37	9.48	2.65	090
5060F		I	Fndngs mammo 2pt w/in 3 days	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50610		A	Removal of ureter stone	17.25	NA	NA	8.82	9.85	1.66	090
50620		A	Removal of ureter stone	16.43	NA	NA	8.50	9.49	1.59	090
5062F		I	Mammo result com to pt 5 day	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50630		A	Removal of ureter stone	16.21	NA	NA	8.41	9.18	1.57	090
50650		A	Removal of ureter	18.82	NA	NA	9.72	10.78	1.89	090
50660		A	Removal of ureter	21.02	NA	NA	10.52	11.65	2.03	090
50684		A	Injection for ureter x-ray	0.76	2.14	3.61	0.62	0.68	0.07	000

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50686		A	Measure ureter pressure	1.51	2.62	2.62	1.03	1.11	0.22	000
50688		A	Change of ureter tube/stent	1.20	NA	NA	0.99	1.11	0.11	010
50690		A	Injection for ureter x-ray	1.16	1.48	1.70	0.76	0.85	0.10	000
50700		A	Revision of ureter	16.69	NA	NA	8.82	9.76	1.62	090
50715		A	Release of ureter	20.64	NA	NA	11.58	11.27	3.01	090
50722		A	Release of ureter	17.95	NA	NA	10.50	10.02	3.05	090
50725		A	Release/revise ureter	20.20	NA	NA	12.10	11.96	1.95	090
50727		A	Revise ureter	8.28	NA	NA	5.65	6.21	0.84	090
50728		A	Revise ureter	12.18	NA	NA	7.06	7.66	1.18	090
50740		A	Fusion of ureter & kidney	20.07	NA	NA	11.40	11.21	4.29	090
50750		A	Fusion of ureter & kidney	21.22	NA	NA	10.59	11.92	2.04	090
50760		A	Fusion of ureters	20.07	NA	NA	10.57	11.19	2.67	090
50770		A	Splicing of ureters	21.22	NA	NA	10.59	11.25	2.04	090
50780		A	Reimplant ureter in bladder	19.95	NA	NA	10.32	11.21	2.31	090
50782		A	Reimplant ureter in bladder	19.66	NA	NA	9.98	10.83	4.19	090
50783		A	Reimplant ureter in bladder	20.70	NA	NA	12.32	11.93	2.00	090
50785		A	Reimplant ureter in bladder	22.23	NA	NA	11.14	12.31	2.25	090
50800		A	Implant ureter in bowel	16.41	NA	NA	9.07	9.95	1.74	090
50810		A	Fusion of ureter & bowel	22.61	NA	NA	11.81	12.09	4.83	090
50815		A	Urine shunt to intestine	22.26	NA	NA	11.45	12.71	2.16	090
50820		A	Construct bowel bladder	24.07	NA	NA	12.18	13.18	2.65	090
50825		A	Construct bowel bladder	30.68	NA	NA	14.97	16.51	3.17	090
50830		A	Revise urine flow	33.77	NA	NA	15.95	17.42	3.29	090
50840		A	Replace ureter by bowel	22.39	NA	NA	11.50	12.82	2.18	090
50845		A	Appendico-vesicostomy	22.46	NA	NA	11.97	13.31	2.18	090
50860		A	Transplant ureter to skin	17.08	NA	NA	8.97	9.93	1.65	090
50900		A	Repair of ureter	15.04	NA	NA	8.47	9.03	1.47	090
50920		A	Closure ureter/skin fistula	15.81	NA	NA	8.48	9.44	1.54	090
50930		A	Closure ureter/bowel fistula	20.19	NA	NA	10.19	10.69	4.30	090
50940		A	Release of ureter	15.93	NA	NA	8.52	9.38	1.55	090

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50945		A	Laparoscopy ureterolithotomy	17.97	NA	NA	8.88	9.90	1.74	090
50947		A	Laparo new ureter/bladder	25.78	NA	NA	12.38	13.66	2.50	090
50948		A	Laparo new ureter/bladder	23.82	NA	NA	11.36	12.80	2.30	090
50949		C	Laparoscope proc ureter	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50951		A	Endoscopy of ureter	5.83	4.45	5.16	2.66	3.00	0.56	000
50953		A	Endoscopy of ureter	6.23	4.66	5.38	3.14	3.54	0.61	000
50955		A	Ureter endoscopy & biopsy	6.74	4.91	5.91	3.35	3.79	0.65	000
50957		A	Ureter endoscopy & treatment	6.78	4.96	5.71	3.02	3.40	0.65	000
50961		A	Ureter endoscopy & treatment	6.04	4.53	5.24	2.73	3.09	0.59	000
50970		A	Ureter endoscopy	7.13	NA	NA	3.13	3.53	0.68	000
50972		A	Ureter endoscopy & catheter	6.88	NA	NA	3.03	3.40	0.67	000
50974		A	Ureter endoscopy & biopsy	9.16	NA	NA	3.92	4.44	0.88	000
50976		A	Ureter endoscopy & treatment	9.03	NA	NA	3.87	4.36	0.87	000
50980		A	Ureter endoscopy & treatment	6.84	NA	NA	3.01	3.41	0.65	000
5100F		I	Rsk fx ref w/n 24 hrs xray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
51020		A	Incise & treat bladder	7.69	NA	NA	5.19	5.78	0.78	090
51030		A	Incise & treat bladder	7.81	NA	NA	5.14	5.56	0.75	090
51040		A	Incise & drain bladder	4.49	NA	NA	3.46	3.90	0.44	090
51045		A	Incise bladder/drain ureter	7.81	NA	NA	5.56	5.85	1.06	090
51050		A	Removal of bladder stone	7.97	NA	NA	5.04	5.62	0.78	090
51060		A	Removal of ureter stone	9.95	NA	NA	6.05	6.76	0.98	090
51065		A	Remove ureter calculus	9.95	NA	NA	5.97	6.65	0.98	090
51080		A	Drainage of bladder abscess	6.71	NA	NA	4.53	5.01	0.65	090
51100		A	Drain bladder by needle	0.78	0.95	1.02	0.31	0.33	0.08	000
51101		A	Drain bladder by trocar/cath	1.02	2.45	2.70	0.44	0.45	0.12	000
51102		A	Drain bl w/cath insertion	2.70	3.49	4.01	1.31	1.49	0.29	000
51500		A	Removal of bladder cyst	11.05	NA	NA	7.92	7.56	1.08	090
51520		A	Removal of bladder lesion	10.21	NA	NA	6.15	6.70	0.99	090
51525		A	Removal of bladder lesion	15.42	NA	NA	8.23	9.17	1.57	090
51530		A	Removal of bladder lesion	13.71	NA	NA	7.97	8.45	1.65	090

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51535		A	Repair of ureter lesion	13.90	NA	NA	7.58	8.27	1.33	090
51550		A	Partial removal of bladder	17.23	NA	NA	9.18	9.88	2.14	090
51555		A	Partial removal of bladder	23.18	NA	NA	11.68	12.71	2.60	090
51565		A	Revise bladder & ureter(s)	23.68	NA	NA	12.05	13.12	2.42	090
51570		A	Removal of bladder	27.46	NA	NA	13.47	14.60	2.80	090
51575		A	Removal of bladder & nodes	34.18	NA	NA	16.07	17.94	3.35	090
51580		A	Remove bladder/revise tract	35.37	NA	NA	16.93	18.97	3.44	090
51585		A	Removal of bladder & nodes	39.64	NA	NA	18.60	20.85	3.85	090
51590		A	Remove bladder/revise tract	36.33	NA	NA	16.93	18.83	3.67	090
51595		A	Remove bladder/revise tract	41.32	NA	NA	19.09	21.29	4.11	090
51596		A	Remove bladder/create pouch	44.26	NA	NA	20.67	23.09	4.34	090
51597		A	Removal of pelvic structures	42.86	NA	NA	20.33	22.31	4.53	090
51600		A	Injection for bladder x-ray	0.88	4.21	4.81	0.34	0.38	0.08	000
51605		A	Preparation for bladder xray	0.64	NA	NA	0.42	0.47	0.05	000
51610		A	Injection for bladder x-ray	1.05	1.87	2.16	0.71	0.78	0.10	000
51700		A	Irrigation of bladder	0.88	1.39	1.62	0.36	0.39	0.08	000
51701		A	Insert bladder catheter	0.50	0.99	1.21	0.26	0.28	0.05	000
51702		A	Insert temp bladder cath	0.50	1.43	1.72	0.33	0.36	0.05	000
51703		A	Insert bladder cath complex	1.47	2.07	2.50	0.78	0.87	0.14	000
51705		A	Change of bladder tube	0.90	1.59	1.59	0.51	0.51	0.09	000
51710		A	Change of bladder tube	1.35	1.21	1.21	0.83	0.83	0.12	000
51715		A	Endoscopic injection/implant	3.73	4.16	4.72	1.79	1.94	0.39	000
51720		A	Treatment of bladder lesion	1.50	1.48	1.76	0.72	0.83	0.14	000
51725		A	Simple cystometrogram	1.51	3.62	4.57	NA	NA	0.13	000
51725	TC	A	Simple cystometrogram	0.00	2.99	3.91	NA	NA	0.01	000
51725	26	A	Simple cystometrogram	1.51	0.63	0.66	0.63	0.66	0.12	000
51726		A	Complex cystometrogram	1.71	5.69	7.19	NA	NA	0.17	000
51726	TC	A	Complex cystometrogram	0.00	4.98	6.43	NA	NA	0.03	000
51726	26	A	Complex cystometrogram	1.71	0.71	0.76	0.71	0.76	0.14	000
51727		A	Cystometrogram w/up	2.11	6.68	6.68	NA	NA	0.23	000

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51727	TC	A	Cystometrogram w/up	0.00	5.78	5.78	NA	NA	0.01	000
51727	26	A	Cystometrogram w/up	2.11	0.90	0.90	0.90	0.90	0.22	000
51728		A	Cystometrogram w/vp	2.11	6.63	6.63	NA	NA	0.19	000
51728	TC	A	Cystometrogram w/vp	0.00	5.76	5.76	NA	NA	0.01	000
51728	26	A	Cystometrogram w/vp	2.11	0.87	0.87	0.87	0.87	0.18	000
51729		A	Cystometrogram w/vp&up	2.51	7.02	7.02	NA	NA	0.25	000
51729	TC	A	Cystometrogram w/vp&up	0.00	5.96	5.96	NA	NA	0.01	000
51729	26	A	Cystometrogram w/vp&up	2.51	1.06	1.06	1.06	1.06	0.24	000
51736		A	Urine flow measurement	0.17	0.66	0.85	NA	NA	0.02	XXX
51736	TC	A	Urine flow measurement	0.00	0.59	0.67	NA	NA	0.01	XXX
51736	26	A	Urine flow measurement	0.17	0.07	0.18	0.07	0.18	0.01	XXX
51741		A	Electro-uroflowmetry first	0.17	0.75	1.08	NA	NA	0.02	XXX
51741	TC	A	Electro-uroflowmetry first	0.00	0.68	0.77	NA	NA	0.01	XXX
51741	26	A	Electro-uroflowmetry first	0.17	0.07	0.31	0.07	0.31	0.01	XXX
51784		A	Anal/urinary muscle study	1.53	3.90	4.40	NA	NA	0.13	000
51784	TC	A	Anal/urinary muscle study	0.00	3.26	3.73	NA	NA	0.01	000
51784	26	A	Anal/urinary muscle study	1.53	0.64	0.67	0.64	0.67	0.12	000
51785		A	Anal/urinary muscle study	1.53	4.50	5.00	NA	NA	0.13	000
51785	TC	A	Anal/urinary muscle study	0.00	3.85	4.32	NA	NA	0.01	000
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.68	0.65	0.68	0.12	000
51792		A	Urinary reflex study	1.10	4.96	5.65	NA	NA	0.11	000
51792	TC	A	Urinary reflex study	0.00	4.49	5.16	NA	NA	0.01	000
51792	26	A	Urinary reflex study	1.10	0.47	0.49	0.47	0.49	0.10	000
51797		A	Intraabdominal pressure test	0.80	2.27	3.12	NA	NA	0.06	ZZZ
51797	TC	A	Intraabdominal pressure test	0.00	1.94	2.73	NA	NA	0.01	ZZZ
51797	26	A	Intraabdominal pressure test	0.80	0.33	0.39	0.33	0.39	0.05	ZZZ
51798		A	Us urine capacity measure	0.00	0.50	0.57	NA	NA	0.01	XXX
51800		A	Revision of bladder/urethra	18.89	NA	NA	9.89	10.94	1.95	090
51820		A	Revision of urinary tract	19.59	NA	NA	10.27	10.89	1.89	090
51840		A	Attach bladder/urethra	11.36	NA	NA	6.78	7.02	1.50	090

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51841		A	Attach bladder/urethra	13.68	NA	NA	7.92	8.14	1.84	090
51845		A	Repair bladder neck	10.15	NA	NA	6.05	6.53	1.20	090
51860		A	Repair of bladder wound	12.60	NA	NA	7.68	7.94	1.85	090
51865		A	Repair of bladder wound	15.80	NA	NA	8.71	9.38	1.92	090
51880		A	Repair of bladder opening	7.87	NA	NA	4.97	5.34	0.99	090
51900		A	Repair bladder/vagina lesion	14.63	NA	NA	8.34	8.84	1.42	090
51920		A	Close bladder-uterus fistula	13.41	NA	NA	7.61	8.18	1.29	090
51925		A	Hysterectomy/bladder repair	17.53	NA	NA	11.65	11.30	2.97	090
51940		A	Correction of bladder defect	30.66	NA	NA	14.62	15.48	2.98	090
51960		A	Revision of bladder & bowel	25.40	NA	NA	12.83	14.25	2.65	090
51980		A	Construct bladder opening	12.57	NA	NA	7.07	7.83	1.22	090
51990		A	Laparo urethral suspension	13.36	NA	NA	7.43	7.64	1.77	090
51992		A	Laparo sling operation	14.87	NA	NA	8.51	8.39	2.23	090
51999		C	Laparoscope proc bla	0.00	0.00	0.00	0.00	0.00	0.00	YYY
52000		A	Cystoscopy	2.23	3.29	3.83	1.25	1.37	0.23	000
52001		A	Cystoscopy removal of clots	5.44	4.68	5.49	2.51	2.80	0.53	000
52005		A	Cystoscopy & ureter catheter	2.37	5.14	5.54	1.23	1.31	0.24	000
52007		A	Cystoscopy and biopsy	3.02	9.47	10.69	1.46	1.57	0.30	000
5200F		I	Eval appros surg thxpy epi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
52010		A	Cystoscopy & duct catheter	3.02	7.18	8.60	1.55	1.65	0.30	000
52204		A	Cystoscopy w/biopsy(s)	2.59	7.35	9.64	1.32	1.46	0.26	000
52214		A	Cystoscopy and treatment	3.70	13.84	14.60	1.75	2.31	0.35	000
52224		A	Cystoscopy and treatment	3.14	13.13	18.84	1.53	1.72	0.31	000
52234		A	Cystoscopy and treatment	4.62	NA	NA	2.18	2.46	0.44	000
52235		A	Cystoscopy and treatment	5.44	NA	NA	2.53	2.85	0.53	000
52240		A	Cystoscopy and treatment	9.71	NA	NA	4.20	4.75	0.95	000
52250		A	Cystoscopy and radiotracer	4.49	NA	NA	2.22	2.48	0.45	000
52260		A	Cystoscopy and treatment	3.91	NA	NA	1.90	2.11	0.39	000
52265		A	Cystoscopy and treatment	2.94	6.98	8.90	1.57	1.66	0.35	000
52270		A	Cystoscopy & revise urethra	3.36	6.23	8.00	1.66	1.87	0.33	000

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52275		A	Cystoscopy & revise urethra	4.69	8.28	10.76	2.18	2.46	0.45	000
52276		A	Cystoscopy and treatment	4.99	NA	NA	2.35	2.64	0.49	000
52277		A	Cystoscopy and treatment	6.16	NA	NA	2.86	3.18	0.60	000
52281		A	Cystoscopy and treatment	2.60	4.54	5.77	1.39	1.60	0.27	000
52282		A	Cystoscopy implant stent	6.39	NA	NA	2.92	3.25	0.65	000
52283		A	Cystoscopy and treatment	3.73	3.82	4.41	1.85	2.05	0.37	000
52285		A	Cystoscopy and treatment	3.60	3.99	4.61	1.81	2.00	0.37	000
52290		A	Cystoscopy and treatment	4.58	NA	NA	2.17	2.45	0.44	000
52300		A	Cystoscopy and treatment	5.30	NA	NA	2.54	2.80	0.56	000
52301		A	Cystoscopy and treatment	5.50	NA	NA	2.59	2.92	0.53	000
52305		A	Cystoscopy and treatment	5.30	NA	NA	2.41	2.70	0.52	000
52310		A	Cystoscopy and treatment	2.81	3.78	4.08	1.29	1.38	0.29	000
52315		A	Cystoscopy and treatment	5.20	5.98	6.62	2.22	2.39	0.50	000
52317		A	Remove bladder stone	6.71	15.10	19.72	2.89	3.27	0.65	000
52318		A	Remove bladder stone	9.18	NA	NA	3.92	4.42	0.88	000
52320		A	Cystoscopy and treatment	4.69	NA	NA	2.13	2.39	0.45	000
52325		A	Cystoscopy stone removal	6.15	NA	NA	2.71	3.05	0.60	000
52327		A	Cystoscopy inject material	5.18	NA	NA	2.05	2.32	0.52	000
52330		A	Cystoscopy and treatment	5.03	8.33	14.31	2.26	2.54	0.49	000
52332		A	Cystoscopy and treatment	2.60	10.78	11.89	1.39	1.61	0.26	000
52334		A	Create passage to kidney	4.82	NA	NA	2.26	2.55	0.48	000
52341		A	Cysto w/ureter stricture tx	5.35	NA	NA	2.63	2.99	0.52	000
52342		A	Cysto w/up stricture tx	5.85	NA	NA	2.82	3.22	0.56	000
52343		A	Cysto w/renal stricture tx	6.55	NA	NA	3.10	3.53	0.64	000
52344		A	Cysto/uretero stricture tx	7.05	NA	NA	3.44	3.90	0.68	000
52345		A	Cysto/uretero w/up stricture	7.55	NA	NA	3.64	4.13	0.72	000
52346		A	Cystouretero w/renal strict	8.58	NA	NA	4.03	4.59	0.83	000
52351		A	Cystouretero & or pyeloscope	5.85	NA	NA	2.83	3.18	0.56	000
52352		A	Cystouretero w/stone remove	6.87	NA	NA	3.31	3.73	0.67	000
52353		A	Cystouretero w/lithotripsy	7.96	NA	NA	3.74	4.22	0.76	000

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52354		A	Cystouretero w/biopsy	7.33	NA	NA	3.50	3.94	0.71	000
52355		A	Cystouretero w/excise tumor	8.81	NA	NA	4.08	4.60	0.86	000
52400		A	Cystouretero w/congen repr	8.69	NA	NA	4.49	5.11	0.84	090
52402		A	Cystourethro cut ejacul duct	5.27	NA	NA	2.11	2.39	0.50	000
52450		A	Incision of prostate	7.78	NA	NA	5.16	5.75	0.75	090
52500		A	Revision of bladder neck	8.14	NA	NA	5.30	5.93	0.78	090
52601		A	Prostatectomy (turp)	15.26	NA	NA	8.04	8.68	1.50	090
52630		A	Remove prostate regrowth	6.55	NA	NA	4.32	4.57	0.64	090
52640		A	Relieve bladder contracture	4.79	NA	NA	3.80	3.89	0.45	090
52647		A	Laser surgery of prostate	11.30	36.89	48.67	6.53	7.27	1.10	090
52648		A	Laser surgery of prostate	12.15	37.46	49.21	6.86	7.64	1.20	090
52649		A	Prostate laser enucleation	14.56	NA	NA	7.50	8.55	1.41	090
52700		A	Drainage of prostate abscess	7.49	NA	NA	4.65	5.08	0.72	090
53000		A	Incision of urethra	2.33	NA	NA	1.74	1.96	0.24	010
53010		A	Incision of urethra	4.45	NA	NA	3.65	4.08	0.42	090
53020		A	Incision of urethra	1.77	NA	NA	0.91	1.01	0.18	000
53025		A	Incision of urethra	1.13	NA	NA	0.83	0.81	0.07	000
53040		A	Drainage of urethra abscess	6.55	NA	NA	4.26	4.73	0.64	090
53060		A	Drainage of urethra abscess	2.68	2.39	2.44	1.89	1.85	0.44	010
53080		A	Drainage of urinary leakage	6.92	NA	NA	4.64	5.42	0.67	090
53085		A	Drainage of urinary leakage	11.18	NA	NA	6.69	6.81	1.46	090
53200		A	Biopsy of urethra	2.59	1.68	1.85	1.32	1.43	0.27	000
53210		A	Removal of urethra	13.72	NA	NA	7.68	8.43	1.32	090
53215		A	Removal of urethra	16.85	NA	NA	8.74	9.81	1.63	090
53220		A	Treatment of urethra lesion	7.63	NA	NA	4.93	5.41	0.73	090
53230		A	Removal of urethra lesion	10.44	NA	NA	6.28	6.87	1.17	090
53235		A	Removal of urethra lesion	10.99	NA	NA	6.44	7.27	1.06	090
53240		A	Surgery for urethra pouch	7.08	NA	NA	4.61	5.21	0.68	090
53250		A	Removal of urethra gland	6.52	NA	NA	4.82	5.14	1.42	090
53260		A	Treatment of urethra lesion	3.03	2.50	2.73	1.94	2.05	0.35	010

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53265		A	Treatment of urethra lesion	3.17	2.79	3.17	1.96	2.13	0.34	010
53270		A	Removal of urethra gland	3.14	2.65	2.78	2.11	2.14	0.53	010
53275		A	Repair of urethra defect	4.57	NA	NA	2.65	3.00	0.45	010
53400		A	Revise urethra stage 1	14.13	NA	NA	7.98	8.84	1.42	090
53405		A	Revise urethra stage 2	15.66	NA	NA	8.41	9.47	1.52	090
53410		A	Reconstruction of urethra	17.68	NA	NA	9.34	10.44	1.71	090
53415		A	Reconstruction of urethra	20.70	NA	NA	10.44	11.65	2.04	090
53420		A	Reconstruct urethra stage 1	15.17	NA	NA	8.01	8.31	1.48	090
53425		A	Reconstruct urethra stage 2	17.07	NA	NA	8.75	9.89	1.65	090
53430		A	Reconstruction of urethra	17.43	NA	NA	9.19	9.84	1.97	090
53431		A	Reconstruct urethra/bladder	21.18	NA	NA	10.65	11.88	2.04	090
53440		A	Male sling procedure	13.36	NA	NA	7.02	7.86	1.31	090
53442		A	Remove/revise male sling	13.49	NA	NA	8.09	8.91	1.31	090
53444		A	Insert tandem cuff	14.19	NA	NA	7.68	8.62	1.37	090
53445		A	Insert uro/ves nck sphincter	15.39	NA	NA	8.77	9.88	1.51	090
53446		A	Remove uro sphincter	11.02	NA	NA	6.67	7.50	1.09	090
53447		A	Remove/replace ur sphincter	14.28	NA	NA	8.01	9.02	1.40	090
53448		A	Remov/replc ur sphinctr comp	23.44	NA	NA	11.86	13.30	2.26	090
53449		A	Repair uro sphincter	10.56	NA	NA	6.29	7.05	1.05	090
53450		A	Revision of urethra	6.77	NA	NA	4.47	5.01	0.65	090
53460		A	Revision of urethra	7.75	NA	NA	4.85	5.44	0.73	090
53500		A	Urethrlys transvag w/ scope	13.00	NA	NA	7.59	8.25	1.50	090
53502		A	Repair of urethra injury	8.26	NA	NA	5.14	5.67	0.80	090
53505		A	Repair of urethra injury	8.26	NA	NA	5.12	5.74	0.80	090
53510		A	Repair of urethra injury	10.96	NA	NA	6.42	7.20	1.06	090
53515		A	Repair of urethra injury	14.22	NA	NA	7.70	8.57	1.37	090
53520		A	Repair of urethra defect	9.48	NA	NA	5.84	6.53	0.91	090
53600		A	Dilate urethra stricture	1.21	1.07	1.25	0.55	0.62	0.11	000
53601		A	Dilate urethra stricture	0.98	1.23	1.44	0.50	0.56	0.08	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.50	0.56	0.12	000

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53620		A	Dilate urethra stricture	1.62	1.55	1.87	0.79	0.89	0.16	000
53621		A	Dilate urethra stricture	1.35	1.63	1.97	0.64	0.72	0.12	000
53660		A	Dilation of urethra	0.71	1.21	1.41	0.44	0.48	0.07	000
53661		A	Dilation of urethra	0.72	1.17	1.38	0.40	0.44	0.07	000
53665		A	Dilation of urethra	0.76	NA	NA	0.31	0.33	0.08	000
53850		A	Prostatic microwave thermotx	10.08	43.20	58.11	5.58	6.22	0.99	090
53852		A	Prostatic rf thermotx	10.83	40.73	54.81	6.31	7.02	1.06	090
53855		A	Insert prost urethral stent	1.64	19.26	19.26	0.64	0.64	0.16	000
53860		A	Transurethral rf treatment	3.97	38.32	38.32	2.23	2.23	0.68	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.59	2.44	2.91	1.38	1.53	0.14	010
54001		A	Slitting of prepuce	2.24	2.80	3.29	1.58	1.75	0.23	010
54015		A	Drain penis lesion	5.36	NA	NA	3.08	3.47	0.56	010
54050		A	Destruction penis lesion(s)	1.29	2.39	2.42	1.66	1.64	0.16	010
54055		A	Destruction penis lesion(s)	1.25	2.00	2.15	1.31	1.36	0.14	010
54056		A	Cryosurgery penis lesion(s)	1.29	2.71	2.68	1.86	1.81	0.18	010
54057		A	Laser surg penis lesion(s)	1.29	2.45	2.75	1.32	1.42	0.12	010
54060		A	Excision of penis lesion(s)	1.98	2.92	3.36	1.61	1.74	0.22	010
54065		A	Destruction penis lesion(s)	2.47	3.64	3.73	2.37	2.31	0.31	010
54100		A	Biopsy of penis	1.90	3.61	3.77	1.68	1.62	0.24	000
54105		A	Biopsy of penis	3.54	3.68	4.35	2.33	2.63	0.35	010
54110		A	Treatment of penis lesion	10.92	NA	NA	6.27	7.00	1.06	090
54111		A	Treat penis lesion graft	14.42	NA	NA	7.64	8.59	1.40	090
54112		A	Treat penis lesion graft	16.98	NA	NA	8.87	10.00	1.63	090
54115		A	Treatment of penis lesion	6.95	5.44	6.12	4.72	5.25	0.67	090
54120		A	Partial removal of penis	11.01	NA	NA	6.39	7.14	1.09	090
54125		A	Removal of penis	14.56	NA	NA	7.83	8.72	1.48	090
54130		A	Remove penis & nodes	21.84	NA	NA	11.06	12.41	2.12	090
54135		A	Remove penis & nodes	28.17	NA	NA	13.54	15.22	2.74	090
54150		A	Circumcision w/regionl block	1.90	2.33	2.83	0.80	0.86	0.23	000

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54160		A	Circumcision neonate	2.53	3.44	4.12	1.43	1.61	0.24	010
54161		A	Circum 28 days or older	3.32	NA	NA	2.09	2.34	0.34	010
54162		A	Lysis penil circumic lesion	3.32	3.71	4.42	2.17	2.38	0.33	010
54163		A	Repair of circumcision	3.32	NA	NA	2.71	3.01	0.33	010
54164		A	Frenulotomy of penis	2.82	NA	NA	2.48	2.77	0.29	010
54200		A	Treatment of penis lesion	1.11	1.82	2.11	1.20	1.36	0.10	010
54205		A	Treatment of penis lesion	8.97	NA	NA	5.69	6.45	0.86	090
54220		A	Treatment of penis lesion	2.42	3.05	3.64	1.29	1.43	0.26	000
54230		A	Prepare penis study	1.34	1.30	1.48	0.86	0.96	0.12	000
54231		A	Dynamic cavernosometry	2.04	1.79	2.03	1.17	1.32	0.20	000
54235		A	Penile injection	1.19	1.29	1.44	0.84	0.93	0.11	000
54240		A	Penis study	1.31	1.43	1.60	NA	NA	0.09	000
54240	TC	A	Penis study	0.00	0.92	1.03	NA	NA	0.01	000
54240	26	A	Penis study	1.31	0.51	0.57	0.51	0.57	0.08	000
54250		A	Penis study	2.22	1.15	1.32	NA	NA	0.15	000
54250	TC	A	Penis study	0.00	0.28	0.34	NA	NA	0.01	000
54250	26	A	Penis study	2.22	0.87	0.98	0.87	0.98	0.14	000
54300		A	Revision of penis	11.20	NA	NA	6.49	7.37	1.09	090
54304		A	Revision of penis	13.28	NA	NA	7.39	8.42	1.28	090
54308		A	Reconstruction of urethra	12.62	NA	NA	7.86	8.45	1.22	090
54312		A	Reconstruction of urethra	14.51	NA	NA	8.92	9.62	1.40	090
54316		A	Reconstruction of urethra	18.05	NA	NA	10.51	11.30	1.74	090
54318		A	Reconstruction of urethra	12.43	NA	NA	7.93	8.50	0.87	090
54322		A	Reconstruction of urethra	13.98	NA	NA	7.54	8.59	1.36	090
54324		A	Reconstruction of urethra	17.55	NA	NA	9.16	10.46	1.69	090
54326		A	Reconstruction of urethra	17.02	NA	NA	9.06	9.72	1.65	090
54328		A	Revise penis/urethra	16.89	NA	NA	9.01	10.06	1.63	090
54332		A	Revise penis/urethra	18.37	NA	NA	9.59	10.86	1.78	090
54336		A	Revise penis/urethra	21.62	NA	NA	12.42	12.29	2.10	090
54340		A	Secondary urethral surgery	9.71	NA	NA	5.98	6.61	0.93	090

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54344		A	Secondary urethral surgery	17.06	NA	NA	10.07	10.84	1.65	090
54348		A	Secondary urethral surgery	18.32	NA	NA	16.75	14.62	1.29	090
54352		A	Reconstruct urethra/penis	26.13	NA	NA	22.73	19.75	2.55	090
54360		A	Penis plastic surgery	12.78	NA	NA	7.08	8.06	1.24	090
54380		A	Repair penis	14.18	NA	NA	7.84	8.92	1.37	090
54385		A	Repair penis	16.56	NA	NA	9.02	11.01	2.42	090
54390		A	Repair penis and bladder	22.77	NA	NA	12.73	12.41	2.20	090
54400		A	Insert semi-rigid prosthesis	9.17	NA	NA	5.42	6.12	0.88	090
54401		A	Insert self-contd prosthesis	10.44	NA	NA	7.59	8.52	1.03	090
54405		A	Insert multi-comp penis pros	14.52	NA	NA	7.79	8.73	1.42	090
54406		A	Remove muti-comp penis pros	12.89	NA	NA	7.24	8.11	1.25	090
54408		A	Repair multi-comp penis pros	13.91	NA	NA	7.88	8.79	1.37	090
54410		A	Remove/replace penis prosth	15.18	NA	NA	8.52	9.58	1.48	090
54411		A	Remov/replc penis pros comp	18.35	NA	NA	9.96	11.10	1.78	090
54415		A	Remove self-contd penis pros	8.88	NA	NA	5.66	6.33	0.86	090
54416		A	Remv/repl penis contain pros	12.08	NA	NA	7.49	8.35	1.18	090
54417		A	Remv/replc penis pros compl	16.10	NA	NA	8.67	9.69	1.57	090
54420		A	Revision of penis	12.39	NA	NA	7.03	7.94	1.21	090
54430		A	Revision of penis	11.06	NA	NA	6.57	7.42	1.08	090
54435		A	Revision of penis	6.81	NA	NA	4.66	5.25	0.65	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.80	0.95	0.47	0.54	0.10	000
54500		A	Biopsy of testis	1.31	NA	NA	0.75	0.84	0.12	000
54505		A	Biopsy of testis	3.50	NA	NA	2.28	2.59	0.34	010
54512		A	Excise lesion testis	9.33	NA	NA	5.49	6.07	0.93	090
54520		A	Removal of testis	5.30	NA	NA	3.66	4.02	0.61	090
54522		A	Orchiectomy partial	10.25	NA	NA	6.00	6.46	1.01	090
54530		A	Removal of testis	8.46	NA	NA	5.43	6.08	0.87	090
54535		A	Extensive testis surgery	13.19	NA	NA	7.32	7.97	1.28	090
54550		A	Exploration for testis	8.41	NA	NA	5.14	5.68	0.82	090

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54560		A	Exploration for testis	12.10	NA	NA	6.82	7.21	1.18	090
54600		A	Reduce testis torsion	7.64	NA	NA	4.84	5.40	0.73	090
54620		A	Suspension of testis	5.21	NA	NA	3.05	3.45	0.50	010
54640		A	Suspension of testis	7.73	NA	NA	5.45	5.86	0.87	090
54650		A	Orchiopexy (fowler-stephens)	12.39	NA	NA	7.21	7.91	1.21	090
54660		A	Revision of testis	5.74	NA	NA	4.09	4.54	0.54	090
54670		A	Repair testis injury	6.65	NA	NA	4.50	5.01	0.64	090
54680		A	Relocation of testis(es)	14.04	NA	NA	7.65	8.38	1.36	090
54690		A	Laparoscopy orchiectomy	11.70	NA	NA	6.42	6.63	2.48	090
54692		A	Laparoscopy orchiopexy	13.74	NA	NA	7.19	8.09	1.32	090
54699		C	Laparoscope proc testis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.47	NA	NA	2.39	2.61	0.39	010
54800		A	Biopsy of epididymis	2.33	NA	NA	2.06	1.81	0.33	000
54830		A	Remove epididymis lesion	6.01	NA	NA	4.24	4.68	0.63	090
54840		A	Remove epididymis lesion	5.27	NA	NA	3.57	4.01	0.52	090
54860		A	Removal of epididymis	6.95	NA	NA	4.58	5.11	0.68	090
54861		A	Removal of epididymis	9.70	NA	NA	5.89	6.56	0.93	090
54865		A	Explore epididymis	5.77	NA	NA	4.10	4.55	0.56	090
54900		A	Fusion of spermatic ducts	14.20	NA	NA	7.85	7.99	1.02	090
54901		A	Fusion of spermatic ducts	19.10	NA	NA	11.13	11.82	1.36	090
55000		A	Drainage of hydrocele	1.43	1.78	2.06	0.91	0.99	0.14	000
55040		A	Removal of hydrocele	5.45	NA	NA	3.83	4.24	0.61	090
55041		A	Removal of hydroceles	8.54	NA	NA	5.49	6.06	0.90	090
55060		A	Repair of hydrocele	6.15	NA	NA	4.31	4.74	0.67	090
55100		A	Drainage of scrotum abscess	2.45	3.40	3.86	2.11	2.27	0.30	010
55110		A	Explore scrotum	6.33	NA	NA	4.37	4.78	0.68	090
55120		A	Removal of scrotum lesion	5.72	NA	NA	4.08	4.49	0.61	090
55150		A	Removal of scrotum	8.14	NA	NA	5.38	5.91	0.86	090
55175		A	Revision of scrotum	5.87	NA	NA	4.17	4.60	0.60	090
55180		A	Revision of scrotum	11.78	NA	NA	7.28	7.94	1.29	090

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55200		A	Incision of sperm duct	4.55	7.31	9.18	3.11	3.42	0.44	090
55250		A	Removal of sperm duct(s)	3.37	7.28	8.94	2.94	3.24	0.33	090
55300		A	Prepare sperm duct x-ray	3.50	NA	NA	1.67	1.72	0.34	000
55400		A	Repair of sperm duct	8.61	NA	NA	5.12	5.79	0.83	090
55450		A	Ligation of sperm duct	4.43	5.35	6.44	2.66	2.92	0.42	010
55500		A	Removal of hydrocele	6.22	NA	NA	4.65	4.78	0.88	090
55520		A	Removal of sperm cord lesion	6.66	NA	NA	5.36	4.98	1.36	090
55530		A	Revise spermatic cord veins	5.75	NA	NA	3.96	4.39	0.63	090
55535		A	Revise spermatic cord veins	7.19	NA	NA	4.66	5.14	0.69	090
55540		A	Revise hernia & sperm veins	8.30	NA	NA	6.09	5.66	1.65	090
55550		A	Laparo ligate spermatic vein	7.20	NA	NA	4.60	4.99	0.69	090
55559		C	Laparo proc spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	7.01	NA	NA	4.60	5.15	0.68	090
55605		A	Incise sperm duct pouch	8.76	NA	NA	6.18	6.21	0.84	090
55650		A	Remove sperm duct pouch	12.65	NA	NA	7.12	7.84	1.22	090
55680		A	Remove sperm pouch lesion	5.67	NA	NA	3.86	4.15	0.54	090
55700		A	Biopsy of prostate	2.58	3.35	4.03	1.27	1.38	0.26	000
55705		A	Biopsy of prostate	4.61	NA	NA	2.74	3.09	0.45	010
55706		A	Prostate saturation sampling	6.28	NA	NA	3.99	4.67	0.44	010
55720		A	Drainage of prostate abscess	7.73	NA	NA	4.72	5.26	0.73	090
55725		A	Drainage of prostate abscess	10.05	NA	NA	6.29	6.93	0.98	090
55801		A	Removal of prostate	19.80	NA	NA	10.35	11.43	1.92	090
55810		A	Extensive prostate surgery	24.29	NA	NA	12.00	13.32	2.48	090
55812		A	Extensive prostate surgery	29.89	NA	NA	14.50	16.20	2.91	090
55815		A	Extensive prostate surgery	32.95	NA	NA	15.70	17.59	3.20	090
55821		A	Removal of prostate	15.76	NA	NA	8.35	9.33	1.55	090
55831		A	Removal of prostate	17.19	NA	NA	8.90	9.96	1.66	090
55840		A	Extensive prostate surgery	24.63	NA	NA	12.28	13.74	2.41	090
55842		A	Extensive prostate surgery	26.49	NA	NA	13.01	14.57	2.60	090
55845		A	Extensive prostate surgery	30.67	NA	NA	14.46	16.18	3.04	090

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55860		A	Surgical exposure prostate	15.84	NA	NA	8.27	9.28	1.52	090
55862		A	Extensive prostate surgery	20.04	NA	NA	10.21	11.50	1.93	090
55865		A	Extensive prostate surgery	24.57	NA	NA	12.23	13.76	2.38	090
55866		A	Laparo radical prostatectomy	32.06	NA	NA	15.90	17.57	3.18	090
55870		A	Electroejaculation	2.58	2.22	2.50	1.34	1.53	0.26	000
55873		A	Cryoablate prostate	13.60	171.44	171.44	7.46	10.53	1.36	090
55875		A	Transperi needle place pros	13.46	NA	NA	7.57	8.45	1.29	090
55876		A	Place rt device/marker pros	1.73	1.97	2.26	1.04	1.19	0.16	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55920		A	Place needles pelvic for rt	8.31	NA	NA	4.05	4.11	0.80	000
55970		N	Sex transformation m to f	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	XXX
56405		A	I & d of vulva/perineum	1.49	1.49	1.49	1.47	1.45	0.26	010
56420		A	Drainage of gland abscess	1.44	1.87	1.98	1.05	1.05	0.24	010
56440		A	Surgery for vulva lesion	2.89	NA	NA	2.11	2.06	0.49	010
56441		A	Lysis of labial lesion(s)	2.02	1.92	2.03	1.77	1.83	0.29	010
56442		A	Hymenotomy	0.68	NA	NA	0.63	0.64	0.11	000
56501		A	Destroy vulva lesions sim	1.58	1.99	2.02	1.56	1.54	0.27	010
56515		A	Destroy vulva lesion/s compl	3.08	3.09	3.05	2.42	2.31	0.50	010
56605		A	Biopsy of vulva/perineum	1.10	1.15	1.17	0.56	0.52	0.18	000
56606		A	Biopsy of vulva/perineum	0.55	0.47	0.48	0.26	0.24	0.08	ZZZ
56620		A	Partial removal of vulva	7.53	NA	NA	6.26	6.03	1.27	090
56625		A	Complete removal of vulva	9.68	NA	NA	6.83	6.50	1.62	090
56630		A	Extensive vulva surgery	14.80	NA	NA	9.43	8.79	2.56	090
56631		A	Extensive vulva surgery	18.99	NA	NA	11.73	10.94	3.21	090
56632		A	Extensive vulva surgery	21.86	NA	NA	14.04	12.95	3.70	090
56633		A	Extensive vulva surgery	19.62	NA	NA	11.91	11.05	3.32	090
56634		A	Extensive vulva surgery	20.66	NA	NA	12.73	11.77	3.50	090
56637		A	Extensive vulva surgery	24.75	NA	NA	14.43	13.36	4.18	090
56640		A	Extensive vulva surgery	24.78	NA	NA	13.65	12.74	4.18	090

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56700		A	Partial removal of hymen	2.84	NA	NA	2.28	2.24	0.48	010
56740		A	Remove vagina gland lesion	4.88	NA	NA	3.26	3.12	0.83	010
56800		A	Repair of vagina	3.93	NA	NA	2.66	2.61	0.64	010
56805		A	Repair clitoris	19.88	NA	NA	11.30	10.79	3.38	090
56810		A	Repair of perineum	4.29	NA	NA	2.83	2.74	0.69	010
56820		A	Exam of vulva w/scope	1.50	1.51	1.51	0.82	0.77	0.26	000
56821		A	Exam/biopsy of vulva w/scope	2.05	1.94	1.96	1.08	1.01	0.34	000
57000		A	Exploration of vagina	3.02	NA	NA	2.16	2.13	0.50	010
57010		A	Drainage of pelvic abscess	6.84	NA	NA	5.05	4.88	1.16	090
57020		A	Drainage of pelvic fluid	1.50	1.05	1.03	0.73	0.67	0.26	000
57022		A	I & d vaginal hematoma pp	2.73	NA	NA	1.88	1.80	0.45	010
57023		A	I & d vag hematoma non-ob	5.18	NA	NA	3.33	3.20	0.87	010
57061		A	Destroy vag lesions simple	1.30	1.80	1.85	1.38	1.38	0.22	010
57065		A	Destroy vag lesions complex	2.66	2.56	2.57	2.02	1.97	0.44	010
57100		A	Biopsy of vagina	1.20	1.20	1.20	0.60	0.55	0.20	000
57105		A	Biopsy of vagina	1.74	1.92	1.97	1.66	1.67	0.29	010
57106		A	Remove vagina wall partial	7.50	NA	NA	5.71	5.52	1.21	090
57107		A	Remove vagina tissue part	24.56	NA	NA	13.86	12.94	4.15	090
57109		A	Vaginectomy partial w/nodes	28.40	NA	NA	15.55	14.40	4.80	090
57110		A	Remove vagina wall complete	15.48	NA	NA	9.08	8.63	2.59	090
57111		A	Remove vagina tissue compl	28.40	NA	NA	15.55	14.69	4.80	090
57112		A	Vaginectomy w/nodes compl	30.52	NA	NA	9.59	11.96	2.42	090
57120		A	Closure of vagina	8.28	NA	NA	5.70	5.55	1.36	090
57130		A	Remove vagina lesion	2.46	2.38	2.43	1.90	1.88	0.41	010
57135		A	Remove vagina lesion	2.70	2.52	2.55	2.02	1.98	0.44	010
57150		A	Treat vagina infection	0.55	0.69	0.78	0.25	0.24	0.08	000
57155		A	Insert uteri tandems/ovoids	3.37	5.99	5.99	1.66	1.66	0.30	000
57156		A	Ins vag brachytx device	1.87	2.38	2.38	0.99	0.99	0.16	000
57160		A	Insert pessary/other device	0.89	1.20	1.24	0.41	0.38	0.14	000
57170		A	Fitting of diaphragm/cap	0.91	0.75	0.87	0.41	0.38	0.14	000

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57180		A	Treat vaginal bleeding	1.63	2.19	2.28	1.25	1.25	0.27	010
57200		A	Repair of vagina	4.42	NA	NA	3.76	3.70	0.71	090
57210		A	Repair vagina/perineum	5.71	NA	NA	4.31	4.24	0.91	090
57220		A	Revision of urethra	4.85	NA	NA	3.91	3.86	0.80	090
57230		A	Repair of urethral lesion	6.30	NA	NA	4.52	4.53	1.06	090
57240		A	Repair bladder & vagina	11.50	NA	NA	6.88	6.66	1.63	090
57250		A	Repair rectum & vagina	11.50	NA	NA	7.05	6.50	1.86	090
57260		A	Repair of vagina	14.44	NA	NA	8.39	7.76	2.34	090
57265		A	Extensive repair of vagina	15.94	NA	NA	9.05	8.53	2.57	090
57267		A	Insert mesh/pelvic flr addon	4.88	NA	NA	2.17	2.13	0.72	ZZZ
57268		A	Repair of bowel bulge	7.57	NA	NA	5.64	5.51	1.22	090
57270		A	Repair of bowel pouch	13.67	NA	NA	8.18	7.79	2.25	090
57280		A	Suspension of vagina	16.72	NA	NA	9.41	9.15	2.60	090
57282		A	Colpopexy extraperitoneal	7.97	NA	NA	5.77	5.72	1.24	090
57283		A	Colpopexy intraperitoneal	11.66	NA	NA	7.23	6.97	1.92	090
57284		A	Repair paravag defect open	14.33	NA	NA	8.03	7.98	2.16	090
57285		A	Repair paravag defect vag	11.60	NA	NA	6.93	6.75	1.80	090
57287		A	Revise/remove sling repair	11.15	NA	NA	7.21	7.38	1.47	090
57288		A	Repair bladder defect	12.13	NA	NA	7.11	7.23	1.59	090
57289		A	Repair bladder & vagina	12.80	NA	NA	7.28	7.69	1.24	090
57291		A	Construction of vagina	8.64	NA	NA	9.07	7.51	1.47	090
57292		A	Construct vagina with graft	14.01	NA	NA	8.37	8.13	2.34	090
57295		A	Revise vag graft via vagina	7.82	NA	NA	5.30	5.33	1.20	090
57296		A	Revise vag graft open abd	16.56	NA	NA	9.44	8.94	2.79	090
57300		A	Repair rectum-vagina fistula	8.71	NA	NA	6.48	6.01	1.52	090
57305		A	Repair rectum-vagina fistula	15.35	NA	NA	9.60	8.75	2.97	090
57307		A	Fistula repair & colostomy	17.17	NA	NA	10.99	9.90	3.67	090
57308		A	Fistula repair transperine	10.59	NA	NA	7.40	6.81	1.80	090
57310		A	Repair urethrovaginal lesion	7.65	NA	NA	5.02	5.48	0.73	090
57311		A	Repair urethrovaginal lesion	8.91	NA	NA	5.51	6.01	0.86	090

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57320		A	Repair bladder-vagina lesion	8.88	NA	NA	5.76	6.10	1.05	090
57330		A	Repair bladder-vagina lesion	13.21	NA	NA	7.15	7.72	1.28	090
57335		A	Repair vagina	20.02	NA	NA	11.66	11.27	3.39	090
57400		A	Dilation of vagina	2.27	NA	NA	1.36	1.34	0.38	000
57410		A	Pelvic examination	1.75	NA	NA	1.18	1.14	0.29	000
57415		A	Remove vaginal foreign body	2.49	NA	NA	1.89	1.88	0.37	010
57420		A	Exam of vagina w/scope	1.60	1.56	1.56	0.87	0.81	0.26	000
57421		A	Exam/biopsy of vag w/scope	2.20	2.04	2.04	1.15	1.07	0.37	000
57423		A	Repair paravag defect lap	16.08	NA	NA	8.92	8.63	2.72	090
57425		A	Laparoscopy surg colpopexy	17.03	NA	NA	9.62	9.17	2.67	090
57426		A	Revise prosth vag graft lap	14.30	NA	NA	8.32	8.32	2.41	090
57452		A	Exam of cervix w/scope	1.50	1.46	1.47	1.02	0.97	0.24	000
57454		A	Bx/curett of cervix w/scope	2.33	1.86	1.84	1.40	1.33	0.38	000
57455		A	Biopsy of cervix w/scope	1.99	1.91	1.91	1.04	0.98	0.33	000
57456		A	Endocerv curettage w/scope	1.85	1.83	1.84	0.98	0.92	0.31	000
57460		A	Bx of cervix w/scope leep	2.83	4.89	5.30	1.63	1.55	0.48	000
57461		A	Conz of cervix w/scope leep	3.43	5.28	5.67	1.71	1.60	0.59	000
57500		A	Biopsy of cervix	1.20	2.28	2.45	0.88	0.84	0.20	000
57505		A	Endocervical curettage	1.19	1.58	1.62	1.32	1.32	0.20	010
57510		A	Cauterization of cervix	1.90	1.69	1.69	1.27	1.22	0.31	010
57511		A	Cryocautery of cervix	1.95	2.02	2.03	1.67	1.64	0.33	010
57513		A	Laser surgery of cervix	1.95	1.97	1.98	1.67	1.65	0.33	010
57520		A	Conization of cervix	4.11	4.21	4.27	3.33	3.28	0.68	090
57522		A	Conization of cervix	3.67	3.50	3.52	2.97	2.92	0.63	090
57530		A	Removal of cervix	5.27	NA	NA	4.15	4.07	0.87	090
57531		A	Removal of cervix radical	29.95	NA	NA	17.20	15.82	5.06	090
57540		A	Removal of residual cervix	13.29	NA	NA	8.05	7.62	2.23	090
57545		A	Remove cervix/repair pelvis	14.10	NA	NA	8.42	7.97	2.35	090
57550		A	Removal of residual cervix	6.34	NA	NA	4.82	4.71	1.08	090
57555		A	Remove cervix/repair vagina	9.94	NA	NA	6.52	6.23	1.66	090

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57556		A	Remove cervix repair bowel	9.36	NA	NA	6.12	6.03	1.46	090
57558		A	D&c of cervical stump	1.72	1.69	1.70	1.39	1.36	0.29	010
57700		A	Revision of cervix	4.35	NA	NA	4.16	4.15	0.72	090
57720		A	Revision of cervix	4.61	NA	NA	3.81	3.75	0.76	090
57800		A	Dilation of cervical canal	0.77	0.88	0.88	0.56	0.54	0.12	000
58100		A	Biopsy of uterus lining	1.53	1.45	1.46	0.87	0.82	0.26	000
58110		A	Bx done w/colposcopy add-on	0.77	0.55	0.54	0.36	0.33	0.12	ZZZ
58120		A	Dilation and curettage	3.59	3.43	3.32	2.36	2.26	0.61	010
58140		A	Myomectomy abdom method	15.79	NA	NA	9.24	8.66	2.80	090
58145		A	Myomectomy vag method	8.91	NA	NA	5.97	5.73	1.50	090
58146		A	Myomectomy abdom complex	20.34	NA	NA	11.25	10.61	3.44	090
58150		A	Total hysterectomy	17.31	NA	NA	9.93	9.27	2.94	090
58152		A	Total hysterectomy	21.86	NA	NA	12.19	11.46	3.74	090
58180		A	Partial hysterectomy	16.60	NA	NA	9.56	8.98	2.80	090
58200		A	Extensive hysterectomy	23.10	NA	NA	12.86	11.92	3.89	090
58210		A	Extensive hysterectomy	30.91	NA	NA	17.15	15.82	5.27	090
58240		A	Removal of pelvis contents	49.33	NA	NA	26.84	24.85	8.33	090
58260		A	Vaginal hysterectomy	14.15	NA	NA	8.49	8.05	2.38	090
58262		A	Vag hyst including t/o	15.94	NA	NA	9.30	8.79	2.69	090
58263		A	Vag hyst w/t/o & vag repair	17.23	NA	NA	9.90	9.36	2.91	090
58267		A	Vag hyst w/urinary repair	18.36	NA	NA	10.49	9.90	3.12	090
58270		A	Vag hyst w/enterocele repair	15.30	NA	NA	8.82	8.35	2.57	090
58275		A	Hysterectomy/revise vagina	17.03	NA	NA	9.85	9.32	2.90	090
58280		A	Hysterectomy/revise vagina	18.33	NA	NA	10.50	9.87	3.08	090
58285		A	Extensive hysterectomy	23.38	NA	NA	12.52	11.73	3.93	090
58290		A	Vag hyst complex	20.27	NA	NA	11.22	10.57	3.43	090
58291		A	Vag hyst incl t/o complex	22.06	NA	NA	12.05	11.38	3.73	090
58292		A	Vag hyst t/o & repair compl	23.35	NA	NA	12.64	11.89	3.93	090
58293		A	Vag hyst w/uro repair compl	24.33	NA	NA	13.10	12.27	4.11	090
58294		A	Vag hyst w/enterocele compl	21.55	NA	NA	11.81	11.06	3.66	090

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58300		N	Insert intrauterine device	1.01	0.94	1.04	0.44	0.44	0.07	XXX
58301		A	Remove intrauterine device	1.27	1.32	1.35	0.59	0.54	0.22	000
58321		A	Artificial insemination	0.92	1.18	1.23	0.42	0.40	0.05	000
58322		A	Artificial insemination	1.10	1.24	1.28	0.51	0.47	0.18	000
58323		A	Sperm washing	0.23	0.19	0.25	0.11	0.10	0.04	000
58340		A	Catheter for hysterography	0.88	2.33	2.62	0.71	0.72	0.12	000
58345		A	Reopen fallopian tube	4.70	NA	NA	2.94	2.84	0.78	010
58346		A	Insert heyman uteri capsule	7.56	NA	NA	4.70	4.73	0.63	090
58350		A	Reopen fallopian tube	1.06	1.57	1.63	1.09	1.10	0.18	010
58353		A	Endometr ablate thermal	3.60	23.80	27.59	2.40	2.33	0.61	010
58356		A	Endometrial cryoablation	6.41	45.11	51.43	3.06	2.85	1.08	010
58400		A	Suspension of uterus	7.14	NA	NA	4.93	4.89	1.08	090
58410		A	Suspension of uterus	13.80	NA	NA	8.22	7.77	2.31	090
58520		A	Repair of ruptured uterus	13.48	NA	NA	8.07	7.58	2.90	090
58540		A	Revision of uterus	15.71	NA	NA	9.17	8.62	2.65	090
58541		A	Lsh uterus 250 g or less	14.70	NA	NA	8.97	8.39	2.46	090
58542		A	Lsh w/t/o ut 250 g or less	16.56	NA	NA	9.84	9.18	2.80	090
58543		A	Lsh uterus above 250 g	16.87	NA	NA	10.00	9.30	2.86	090
58544		A	Lsh w/t/o uterus above 250 g	18.37	NA	NA	10.68	9.89	3.12	090
58545		A	Laparoscopic myomectomy	15.55	NA	NA	8.89	8.37	2.67	090
58546		A	Laparo-myomectomy complex	19.94	NA	NA	10.88	10.23	3.39	090
58548		A	Lap radical hyst	31.63	NA	NA	17.80	16.09	5.32	090
58550		A	Laparo-asst vag hysterectomy	15.10	NA	NA	9.05	8.58	2.56	090
58552		A	Laparo-vag hyst incl t/o	16.91	NA	NA	9.87	9.33	2.87	090
58553		A	Laparo-vag hyst complex	20.06	NA	NA	10.99	10.30	3.40	090
58554		A	Laparo-vag hyst w/t/o compl	23.11	NA	NA	12.84	12.01	3.93	090
58555		A	Hysteroscopy dx sep proc	3.33	4.95	4.10	1.87	1.76	0.56	000
58558		A	Hysteroscopy biopsy	4.74	6.06	5.06	2.55	2.41	0.80	000
58559		A	Hysteroscopy lysis	6.16	NA	NA	3.21	3.02	1.05	000
58560		A	Hysteroscopy resect septum	6.99	NA	NA	3.60	3.38	1.18	000

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58561		A	Hysteroscopy remove myoma	9.99	NA	NA	4.99	4.67	1.67	000
58562		A	Hysteroscopy remove fb	5.20	5.99	5.01	2.73	2.58	0.87	000
58563		A	Hysteroscopy ablation	6.16	39.03	44.84	3.21	3.02	1.05	000
58565		A	Hysteroscopy sterilization	7.12	43.73	48.34	4.75	4.58	1.20	090
58570		A	Tlh uterus 250 g or less	15.88	NA	NA	9.55	8.90	2.69	090
58571		A	Tlh w/t/o 250 g or less	17.69	NA	NA	10.56	9.73	3.01	090
58572		A	Tlh uterus over 250 g	20.09	NA	NA	11.55	10.65	3.40	090
58573		A	Tlh w/t/o uterus over 250 g	23.11	NA	NA	13.10	11.97	3.89	090
58578		C	Laparo proc uterus	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	YYY
58600		A	Division of fallopian tube	5.91	NA	NA	4.07	3.90	1.01	090
58605		A	Division of fallopian tube	5.28	NA	NA	3.74	3.62	0.88	090
58611		A	Ligate oviduct(s) add-on	1.45	NA	NA	0.67	0.62	0.24	ZZZ
58615		A	Occlude fallopian tube(s)	3.94	NA	NA	2.73	2.71	0.67	010
58660		A	Laparoscopy lysis	11.59	NA	NA	6.73	6.33	2.04	090
58661		A	Laparoscopy remove adnexa	11.35	NA	NA	6.21	5.83	1.93	010
58662		A	Laparoscopy excise lesions	12.15	NA	NA	7.10	6.72	2.07	090
58670		A	Laparoscopy tubal cautery	5.91	NA	NA	4.09	3.94	1.01	090
58671		A	Laparoscopy tubal block	5.91	NA	NA	4.08	3.93	1.01	090
58672		A	Laparoscopy fimbrioplasty	12.91	NA	NA	7.23	6.81	2.18	090
58673		A	Laparoscopy salpingostomy	14.04	NA	NA	7.85	7.43	2.35	090
58679		C	Laparo proc oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700		A	Removal of fallopian tube	12.95	NA	NA	8.09	7.58	2.41	090
58720		A	Removal of ovary/tube(s)	12.16	NA	NA	7.50	7.08	2.15	090
58740		A	Adhesiolysis tube ovary	14.90	NA	NA	8.90	8.45	2.64	090
58750		A	Repair oviduct	15.64	NA	NA	9.04	8.56	2.64	090
58752		A	Revise ovarian tube(s)	15.64	NA	NA	8.81	8.57	1.10	090
58760		A	Fimbrioplasty	13.93	NA	NA	8.24	7.87	2.34	090
58770		A	Create new tubal opening	14.77	NA	NA	8.57	7.88	2.48	090
58800		A	Drainage of ovarian cyst(s)	4.62	4.08	4.12	3.55	3.51	0.76	090

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58805		A	Drainage of ovarian cyst(s)	6.42	NA	NA	4.52	4.46	1.09	090
58820		A	Drain ovary abscess open	4.70	NA	NA	4.60	4.19	0.78	090
58822		A	Drain ovary abscess percut	11.81	NA	NA	7.36	7.14	2.52	090
58823		A	Drain pelvic abscess percut	3.37	21.52	23.12	1.26	1.39	0.38	000
58825		A	Transposition ovary(s)	11.78	NA	NA	7.55	7.05	1.97	090
58900		A	Biopsy of ovary(s)	6.59	NA	NA	5.42	4.95	1.40	090
58920		A	Partial removal of ovary(s)	11.95	NA	NA	7.22	6.81	2.00	090
58925		A	Removal of ovarian cyst(s)	12.43	NA	NA	7.71	7.25	2.23	090
58940		A	Removal of ovary(s)	8.22	NA	NA	5.85	5.47	1.54	090
58943		A	Removal of ovary(s)	19.52	NA	NA	11.19	10.39	3.52	090
58950		A	Resect ovarian malignancy	18.37	NA	NA	11.08	10.32	3.25	090
58951		A	Resect ovarian malignancy	24.26	NA	NA	13.64	12.60	4.18	090
58952		A	Resect ovarian malignancy	27.29	NA	NA	15.46	14.29	4.74	090
58953		A	Tah rad dissect for debulk	34.13	NA	NA	18.76	17.30	5.88	090
58954		A	Tah rad debulk/lymph remove	37.13	NA	NA	20.19	18.63	6.36	090
58956		A	Bso omentectomy w/tah	22.80	NA	NA	13.29	12.38	3.99	090
58957		A	Resect recurrent gyn mal	26.22	NA	NA	14.99	13.65	4.80	090
58958		A	Resect recur gyn mal w/lym	29.22	NA	NA	16.35	14.95	4.94	090
58960		A	Exploration of abdomen	15.79	NA	NA	9.50	8.92	2.76	090
58970		A	Retrieval of oocyte	3.52	2.56	2.51	1.98	1.83	0.26	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.82	2.99	3.03	2.07	2.07	0.27	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis diagnostic	1.30	2.01	2.12	0.79	0.76	0.37	000
59001		A	Amniocentesis therapeutic	3.00	NA	NA	1.64	1.63	0.86	000
59012		A	Fetal cord puncture prenatal	3.44	NA	NA	1.79	1.69	0.99	000
59015		A	Chorion biopsy	2.20	1.85	1.83	1.21	1.15	0.63	000
59020		A	Fetal contract stress test	0.66	1.22	1.21	NA	NA	0.17	000
59020	TC	A	Fetal contract stress test	0.00	0.91	0.93	NA	NA	0.01	000
59020	26	A	Fetal contract stress test	0.66	0.31	0.28	0.31	0.28	0.16	000

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59025		A	Fetal non-stress test	0.53	0.75	0.73	NA	NA	0.13	000
59025	TC	A	Fetal non-stress test	0.00	0.50	0.50	NA	NA	0.01	000
59025	26	A	Fetal non-stress test	0.53	0.25	0.23	0.25	0.23	0.12	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.87	0.82	0.12	000
59050		A	Fetal monitor w/report	0.89	NA	NA	0.41	0.38	0.26	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.34	0.31	0.22	XXX
59070		A	Transabdom amnioinfus w/us	5.24	5.72	5.80	2.70	2.64	1.51	000
59072		A	Umbilical cord occlud w/us	8.99	NA	NA	4.34	4.20	2.59	000
59074		A	Fetal fluid drainage w/us	5.24	5.89	5.56	3.00	2.75	1.51	000
59076		A	Fetal shunt placement w/us	8.99	NA	NA	4.34	4.03	2.59	000
59100		A	Remove uterus lesion	13.37	NA	NA	8.18	7.70	3.84	090
59120		A	Treat ectopic pregnancy	12.67	NA	NA	7.85	7.48	3.66	090
59121		A	Treat ectopic pregnancy	12.74	NA	NA	7.79	7.43	3.67	090
59130		A	Treat ectopic pregnancy	15.08	NA	NA	8.88	8.37	1.08	090
59135		A	Treat ectopic pregnancy	14.92	NA	NA	8.62	8.54	1.06	090
59136		A	Treat ectopic pregnancy	14.25	NA	NA	8.43	7.97	4.10	090
59140		A	Treat ectopic pregnancy	5.94	NA	NA	4.46	4.26	0.41	090
59150		A	Treat ectopic pregnancy	12.29	NA	NA	7.59	7.20	3.54	090
59151		A	Treat ectopic pregnancy	12.11	NA	NA	7.22	6.87	3.48	090
59160		A	D & c after delivery	2.76	2.55	2.71	1.73	1.76	0.78	010
59200		A	Insert cervical dilator	0.79	1.10	1.16	0.37	0.34	0.23	000
59300		A	Episiotomy or vaginal repair	2.41	2.64	2.64	1.44	1.33	0.68	000
59320		A	Revision of cervix	2.48	NA	NA	1.47	1.40	0.69	000
59325		A	Revision of cervix	4.06	NA	NA	2.20	2.08	0.29	000
59350		A	Repair of uterus	4.94	NA	NA	2.29	2.05	1.42	000
59400		A	Obstetrical care	28.69	NA	NA	20.58	19.32	7.99	MMM
59409		A	Obstetrical care	12.82	NA	NA	6.00	5.63	3.55	MMM
59410		A	Obstetrical care	16.07	NA	NA	7.99	7.37	4.45	MMM
59412		A	Antepartum manipulation	1.53	NA	NA	0.88	0.87	0.44	MMM
59414		A	Deliver placenta	1.44	NA	NA	0.67	0.65	0.41	MMM

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59425		A	Antepartum care only	5.63	5.32	5.28	2.61	2.42	1.55	MMM
59426		A	Antepartum care only	9.96	9.69	9.62	4.61	4.28	2.69	MMM
59430		A	Care after delivery	2.20	2.26	1.84	1.02	0.99	0.60	MMM
59510		A	Cesarean delivery	31.80	NA	NA	22.58	21.50	9.06	MMM
59514		A	Cesarean delivery only	14.39	NA	NA	6.74	6.50	4.08	MMM
59515		A	Cesarean delivery	19.15	NA	NA	10.02	9.21	5.43	MMM
59525		A	Remove uterus after cesarean	8.53	NA	NA	3.96	3.65	2.44	ZZZ
59610		A	Vbac delivery	30.22	NA	NA	21.22	20.09	8.70	MMM
59612		A	Vbac delivery only	14.35	NA	NA	6.67	6.33	4.12	MMM
59614		A	Vbac care after delivery	17.60	NA	NA	8.62	7.88	5.05	MMM
59618		A	Attempted vbac delivery	32.26	NA	NA	22.73	21.98	9.28	MMM
59620		A	Attempted vbac delivery only	14.86	NA	NA	6.90	6.88	4.27	MMM
59622		A	Attempted vbac after care	19.63	NA	NA	10.27	9.74	5.65	MMM
59812		A	Treatment of miscarriage	4.44	3.85	3.76	3.24	3.12	1.25	090
59820		A	Care of miscarriage	4.84	5.06	5.09	4.45	4.38	1.39	090
59821		A	Treatment of miscarriage	5.09	4.86	4.87	4.19	4.10	1.47	090
59830		A	Treat uterus infection	6.59	NA	NA	4.72	4.59	1.89	090
59840		R	Abortion	3.01	2.66	2.60	2.41	2.37	0.80	010
59841		R	Abortion	5.65	4.26	4.13	3.68	3.51	1.62	010
59850		R	Abortion	5.90	NA	NA	3.94	3.93	0.41	090
59851		R	Abortion	5.92	NA	NA	4.42	4.32	1.69	090
59852		R	Abortion	8.23	NA	NA	5.99	6.01	0.59	090
59855		R	Abortion	6.43	NA	NA	4.31	4.16	1.85	090
59856		R	Abortion	7.79	NA	NA	4.80	4.61	2.23	090
59857		R	Abortion	9.33	NA	NA	5.42	5.37	0.65	090
59866		R	Abortion (mpr)	3.99	NA	NA	2.15	2.07	0.29	000
59870		A	Evacuate mole of uterus	6.57	NA	NA	5.71	5.69	1.89	090
59871		A	Remove cerclage suture	2.13	NA	NA	1.34	1.28	0.61	000
59897		C	Fetal invas px w/us	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59898		C	Laparo proc ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	YYY

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.81	2.84	2.73	2.36	2.27	0.24	010
6005F		I	Care level rationale doc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
60100		A	Biopsy of thyroid	1.56	1.48	1.58	0.61	0.65	0.16	000
60200		A	Remove thyroid lesion	10.02	NA	NA	8.22	7.64	1.70	090
60210		A	Partial thyroid excision	11.23	NA	NA	8.10	7.42	2.07	090
60212		A	Partial thyroid excision	16.43	NA	NA	11.36	10.26	3.06	090
60220		A	Partial removal of thyroid	11.19	NA	NA	8.04	7.80	1.94	090
60225		A	Partial removal of thyroid	14.79	NA	NA	10.67	9.78	2.64	090
60240		A	Removal of thyroid	15.04	NA	NA	9.66	9.30	2.74	090
60252		A	Removal of thyroid	22.01	NA	NA	14.08	12.86	3.88	090
60254		A	Extensive thyroid surgery	28.42	NA	NA	18.34	16.76	4.53	090
60260		A	Repeat thyroid surgery	18.26	NA	NA	11.87	10.85	3.13	090
60270		A	Removal of thyroid	23.20	NA	NA	13.98	13.11	4.38	090
60271		A	Removal of thyroid	17.62	NA	NA	11.38	10.50	3.01	090
60280		A	Remove thyroid duct lesion	6.16	NA	NA	6.50	6.07	0.84	090
60281		A	Remove thyroid duct lesion	8.82	NA	NA	8.18	7.46	1.14	090
60300		A	Aspir/inj thyroid cyst	0.97	2.17	2.18	0.38	0.39	0.11	000
6040F		I	Appro rad ds dvcs techs docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
60500		A	Explore parathyroid glands	15.60	NA	NA	10.06	9.68	3.01	090
60502		A	Re-explore parathyroids	21.15	NA	NA	13.36	12.20	4.15	090
60505		A	Explore parathyroid glands	23.06	NA	NA	14.68	13.56	4.33	090
60512		A	Autotransplant parathyroid	4.44	NA	NA	2.09	1.89	0.83	ZZZ
60520		A	Removal of thymus gland	17.16	NA	NA	10.49	9.84	3.47	090
60521		A	Removal of thymus gland	19.18	NA	NA	10.37	10.62	4.53	090
60522		A	Removal of thymus gland	23.48	NA	NA	12.47	12.64	5.46	090
60540		A	Explore adrenal gland	18.02	NA	NA	10.18	10.21	3.04	090
60545		A	Explore adrenal gland	20.93	NA	NA	11.56	11.30	3.69	090
60600		A	Remove carotid body lesion	25.09	NA	NA	12.87	12.44	5.31	090
60605		A	Remove carotid body lesion	31.96	NA	NA	18.71	16.77	4.11	090

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60650		A	Laparoscopy adrenalectomy	20.73	NA	NA	11.09	10.69	3.74	090
60659		C	Laparo proc endocrine	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	YYY
6070F		I	Pt asked/cnsld aed effects	0.00	0.00	0.00	0.00	0.00	0.00	XXX
6080F		I	Pt/caregiver queried falls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
6090F		I	Pt/caregiver counsel safety	0.00	0.00	0.00	0.00	0.00	0.00	XXX
61000		A	Remove cranial cavity fluid	1.58	NA	NA	1.53	1.46	0.14	000
61001		A	Remove cranial cavity fluid	1.49	NA	NA	1.32	1.36	0.53	000
61020		A	Remove brain cavity fluid	1.51	NA	NA	2.08	1.98	0.50	000
61026		A	Injection into brain canal	1.69	NA	NA	1.69	1.67	0.38	000
61050		A	Remove brain canal fluid	1.51	NA	NA	1.37	1.42	0.12	000
61055		A	Injection into brain canal	2.10	NA	NA	1.55	1.61	0.29	000
61070		A	Brain canal shunt procedure	0.89	NA	NA	1.39	1.36	0.20	000
61105		A	Twist drill hole	5.45	NA	NA	6.30	5.88	1.92	090
61107		A	Drill skull for implantation	4.99	NA	NA	2.76	2.66	1.78	000
61108		A	Drill skull for drainage	11.64	NA	NA	11.17	10.51	4.14	090
61120		A	Burr hole for puncture	9.60	NA	NA	9.16	8.60	3.46	090
61140		A	Pierce skull for biopsy	17.23	NA	NA	14.16	13.48	6.11	090
61150		A	Pierce skull for drainage	18.90	NA	NA	14.82	13.98	6.78	090
61151		A	Pierce skull for drainage	13.49	NA	NA	11.33	10.60	4.85	090
61154		A	Pierce skull & remove clot	17.07	NA	NA	14.59	13.80	6.10	090
61156		A	Pierce skull for drainage	17.45	NA	NA	13.44	12.87	6.26	090
61210		A	Pierce skull implant device	5.83	NA	NA	3.22	3.10	2.08	000
61215		A	Insert brain-fluid device	5.85	NA	NA	6.97	6.59	2.07	090
61250		A	Pierce skull & explore	11.49	NA	NA	10.22	9.51	4.12	090
61253		A	Pierce skull & explore	13.49	NA	NA	10.12	9.56	1.71	090
61304		A	Open skull for exploration	23.41	NA	NA	17.52	16.63	8.15	090
61305		A	Open skull for exploration	28.64	NA	NA	21.25	20.15	10.28	090
61312		A	Open skull for drainage	30.17	NA	NA	21.27	20.19	10.79	090
61313		A	Open skull for drainage	28.09	NA	NA	21.13	20.05	10.03	090

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61314		A	Open skull for drainage	25.90	NA	NA	19.46	18.43	9.27	090
61315		A	Open skull for drainage	29.65	NA	NA	21.55	20.56	10.66	090
61316		A	Implt cran bone flap to abdo	1.39	NA	NA	0.77	0.73	0.49	ZZZ
61320		A	Open skull for drainage	27.42	NA	NA	19.72	18.89	9.69	090
61321		A	Open skull for drainage	30.53	NA	NA	22.30	20.83	10.97	090
61322		A	Decompressive craniotomy	34.26	NA	NA	24.55	22.94	12.24	090
61323		A	Decompressive lobectomy	35.06	NA	NA	24.23	22.69	12.45	090
61330		A	Decompress eye socket	25.30	NA	NA	19.33	17.48	9.09	090
61332		A	Explore/biopsy eye socket	28.60	NA	NA	20.61	18.89	10.26	090
61333		A	Explore orbit/remove lesion	29.27	NA	NA	23.18	20.44	10.51	090
61334		A	Explore orbit/remove object	19.60	NA	NA	14.21	12.81	7.02	090
61340		A	Subtemporal decompression	20.11	NA	NA	15.88	14.92	7.23	090
61343		A	Incise skull (press relief)	31.86	NA	NA	22.52	21.47	11.35	090
61345		A	Relieve cranial pressure	29.23	NA	NA	21.38	20.32	10.49	090
61440		A	Incise skull for surgery	28.66	NA	NA	21.06	19.93	10.28	090
61450		A	Incise skull for surgery	27.69	NA	NA	19.98	18.85	9.94	090
61458		A	Incise skull for brain wound	28.84	NA	NA	20.96	20.01	10.25	090
61460		A	Incise skull for surgery	30.24	NA	NA	21.94	20.46	10.85	090
61470		A	Incise skull for surgery	27.62	NA	NA	19.94	18.91	9.91	090
61480		A	Incise skull for surgery	28.05	NA	NA	14.41	14.71	1.97	090
61490		A	Incise skull for surgery	27.22	NA	NA	19.72	18.80	9.79	090
61500		A	Removal of skull lesion	19.18	NA	NA	15.26	14.35	5.78	090
61501		A	Remove infected skull bone	16.35	NA	NA	13.65	12.78	4.67	090
61510		A	Removal of brain lesion	30.83	NA	NA	23.35	22.26	11.01	090
61512		A	Remove brain lining lesion	37.14	NA	NA	25.91	24.76	13.28	090
61514		A	Removal of brain abscess	27.23	NA	NA	19.80	18.97	9.72	090
61516		A	Removal of brain lesion	26.58	NA	NA	19.56	18.63	9.23	090
61517		A	Implt brain chemotx add-on	1.38	NA	NA	0.76	0.73	0.49	ZZZ
61518		A	Removal of brain lesion	39.89	NA	NA	28.33	26.99	14.30	090
61519		A	Remove brain lining lesion	43.43	NA	NA	29.48	28.12	15.49	090

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61520		A	Removal of brain lesion	57.09	NA	NA	37.72	35.97	17.97	090
61521		A	Removal of brain lesion	46.99	NA	NA	31.73	30.05	16.86	090
61522		A	Removal of brain abscess	31.54	NA	NA	22.66	21.59	11.32	090
61524		A	Removal of brain lesion	29.89	NA	NA	21.74	20.51	10.74	090
61526		A	Removal of brain lesion	54.08	NA	NA	36.11	33.50	19.41	090
61530		A	Removal of brain lesion	45.56	NA	NA	30.47	28.51	16.37	090
61531		A	Implant brain electrodes	16.41	NA	NA	14.13	13.40	5.89	090
61533		A	Implant brain electrodes	21.46	NA	NA	16.43	15.57	7.69	090
61534		A	Removal of brain lesion	23.01	NA	NA	17.91	17.00	8.26	090
61535		A	Remove brain electrodes	13.15	NA	NA	11.88	11.25	4.72	090
61536		A	Removal of brain lesion	37.72	NA	NA	26.11	24.95	13.54	090
61537		A	Removal of brain tissue	36.45	NA	NA	24.52	22.79	13.01	090
61538		A	Removal of brain tissue	39.45	NA	NA	26.53	24.53	14.18	090
61539		A	Removal of brain tissue	34.28	NA	NA	24.19	22.81	12.30	090
61540		A	Removal of brain tissue	31.43	NA	NA	22.70	21.64	11.28	090
61541		A	Incision of brain tissue	30.94	NA	NA	22.33	21.14	11.11	090
61542		A	Removal of brain tissue	33.16	NA	NA	20.39	20.88	11.90	090
61543		A	Removal of brain tissue	31.31	NA	NA	22.54	21.06	11.23	090
61544		A	Remove & treat brain lesion	27.36	NA	NA	19.80	17.16	9.83	090
61545		A	Excision of brain tumor	46.43	NA	NA	32.41	30.64	16.66	090
61546		A	Removal of pituitary gland	33.44	NA	NA	23.72	22.46	11.99	090
61548		A	Removal of pituitary gland	23.37	NA	NA	16.80	15.91	6.67	090
61550		A	Release of skull seams	15.59	NA	NA	10.51	10.57	1.10	090
61552		A	Release of skull seams	20.40	NA	NA	11.39	12.76	1.46	090
61556		A	Incise skull/sutures	24.09	NA	NA	15.82	15.64	8.66	090
61557		A	Incise skull/sutures	23.31	NA	NA	18.54	17.77	8.37	090
61558		A	Excision of skull/sutures	26.50	NA	NA	14.21	16.17	9.51	090
61559		A	Excision of skull/sutures	34.02	NA	NA	25.34	24.32	2.41	090
61563		A	Excision of skull tumor	28.44	NA	NA	20.66	19.67	10.21	090
61564		A	Excision of skull tumor	34.74	NA	NA	24.90	23.76	12.45	090

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61566		A	Removal of brain tissue	32.45	NA	NA	23.27	22.30	11.64	090
61567		A	Incision of brain tissue	37.00	NA	NA	26.52	25.48	13.30	090
61570		A	Remove foreign body brain	26.51	NA	NA	19.86	18.62	9.51	090
61571		A	Incise skull for brain wound	28.42	NA	NA	20.93	19.95	10.19	090
61575		A	Skull base/brainstem surgery	36.56	NA	NA	25.46	23.50	13.12	090
61576		A	Skull base/brainstem surgery	55.31	NA	NA	43.49	42.09	7.10	090
61580		A	Craniofacial approach skull	34.51	NA	NA	34.24	31.81	5.89	090
61581		A	Craniofacial approach skull	39.13	NA	NA	38.38	35.43	5.04	090
61582		A	Craniofacial approach skull	35.14	NA	NA	42.42	39.60	12.62	090
61583		A	Craniofacial approach skull	38.50	NA	NA	34.81	33.29	12.94	090
61584		A	Orbitocranial approach/skull	37.70	NA	NA	34.50	32.92	12.70	090
61585		A	Orbitocranial approach/skull	42.57	NA	NA	38.65	35.04	15.28	090
61586		A	Resect nasopharynx skull	27.48	NA	NA	34.97	31.16	9.87	090
61590		A	Infratemporal approach/skull	47.04	NA	NA	38.39	35.52	8.45	090
61591		A	Infratemporal approach/skull	47.02	NA	NA	38.04	35.53	9.60	090
61592		A	Orbitocranial approach/skull	43.08	NA	NA	36.78	35.27	14.51	090
61595		A	Transtemporal approach/skull	33.74	NA	NA	30.62	28.83	7.15	090
61596		A	Transcochlear approach/skull	39.43	NA	NA	31.43	29.50	5.06	090
61597		A	Transcondylar approach/skull	40.82	NA	NA	31.11	29.89	14.66	090
61598		A	Transpetrosal approach/skull	36.53	NA	NA	34.68	30.82	13.11	090
61600		A	Resect/excise cranial lesion	30.01	NA	NA	28.72	26.70	6.22	090
61601		A	Resect/excise cranial lesion	31.14	NA	NA	29.74	28.27	10.17	090
61605		A	Resect/excise cranial lesion	32.57	NA	NA	29.59	27.47	4.95	090
61606		A	Resect/excise cranial lesion	42.05	NA	NA	33.65	32.50	13.68	090
61607		A	Resect/excise cranial lesion	40.93	NA	NA	31.82	29.85	14.69	090
61608		A	Resect/excise cranial lesion	45.54	NA	NA	35.89	34.28	15.38	090
61609		A	Transect artery sinus	9.88	NA	NA	4.33	4.43	3.55	ZZZ
61610		A	Transect artery sinus	29.63	NA	NA	16.50	15.68	10.64	ZZZ
61611		A	Transect artery sinus	7.41	NA	NA	3.25	3.55	0.52	ZZZ
61612		A	Transect artery sinus	27.84	NA	NA	12.20	12.79	1.96	ZZZ

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61613		A	Remove aneurysm sinus	45.03	NA	NA	36.84	34.66	16.17	090
61615		A	Resect/excise lesion skull	35.77	NA	NA	29.44	28.31	4.60	090
61616		A	Resect/excise lesion skull	46.74	NA	NA	38.15	36.19	14.41	090
61618		A	Repair dura	18.69	NA	NA	14.66	13.80	5.76	090
61619		A	Repair dura	22.10	NA	NA	16.55	15.51	6.33	090
61623		A	Endovasc tempory vessel occl	9.95	NA	NA	4.46	4.68	1.85	000
61624		A	Transcath occlusion cns	20.12	NA	NA	8.75	9.10	3.77	000
61626		A	Transcath occlusion non-cns	16.60	NA	NA	6.42	7.07	2.14	000
61630		R	Intracranial angioplasty	22.07	NA	NA	11.18	11.59	4.18	XXX
61635		R	Intracran angioplsty w/stent	24.28	NA	NA	12.09	12.54	4.07	XXX
61640		N	Dilate ic vasospasm init	12.32	NA	NA	5.40	5.23	0.87	000
61641		N	Dilate ic vasospasm add-on	4.33	NA	NA	1.90	1.84	0.31	ZZZ
61642		N	Dilate ic vasospasm add-on	8.66	NA	NA	3.79	3.67	0.61	ZZZ
61680		A	Intracranial vessel surgery	32.55	NA	NA	23.42	22.40	11.68	090
61682		A	Intracranial vessel surgery	63.41	NA	NA	39.62	37.99	22.76	090
61684		A	Intracranial vessel surgery	41.64	NA	NA	28.75	27.01	14.94	090
61686		A	Intracranial vessel surgery	67.50	NA	NA	43.58	41.67	24.24	090
61690		A	Intracranial vessel surgery	31.34	NA	NA	22.88	21.65	11.26	090
61692		A	Intracranial vessel surgery	54.59	NA	NA	35.83	33.97	19.60	090
61697		A	Brain aneurysm repr complx	63.40	NA	NA	41.00	38.60	22.52	090
61698		A	Brain aneurysm repr complx	69.63	NA	NA	44.77	41.53	24.99	090
61700		A	Brain aneurysm repr simple	50.62	NA	NA	33.89	32.61	18.06	090
61702		A	Inner skull vessel surgery	60.04	NA	NA	39.43	36.78	21.54	090
61703		A	Clamp neck artery	18.80	NA	NA	15.03	14.33	6.75	090
61705		A	Revise circulation to head	38.10	NA	NA	26.32	24.49	13.68	090
61708		A	Revise circulation to head	37.20	NA	NA	22.49	20.59	3.08	090
61710		A	Revise circulation to head	31.29	NA	NA	16.07	17.11	6.52	090
61711		A	Fusion of skull arteries	38.23	NA	NA	26.32	24.90	13.72	090
61720		A	Incise skull/brain surgery	17.62	NA	NA	14.00	12.53	6.33	090
61735		A	Incise skull/brain surgery	22.35	NA	NA	14.95	14.10	8.02	090

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61750		A	Incise skull/brain biopsy	19.83	NA	NA	15.13	14.39	7.06	090
61751		A	Brain biopsy w/ct/mr guide	18.79	NA	NA	15.51	14.78	6.70	090
61760		A	Implant brain electrodes	22.39	NA	NA	16.86	15.52	8.03	090
61770		A	Incise skull for treatment	23.19	NA	NA	17.10	15.60	8.19	090
61781		A	Scan proc cranial intra	3.75	NA	NA	2.13	2.13	1.25	ZZZ
61782		A	Scan proc cranial extra	3.18	NA	NA	1.80	1.80	0.87	ZZZ
61783		A	Scan proc spinal	3.75	NA	NA	2.13	2.13	1.25	ZZZ
61790		A	Treat trigeminal nerve	11.60	NA	NA	10.40	9.62	4.07	090
61791		A	Treat trigeminal tract	15.41	NA	NA	12.61	11.88	5.20	090
61796		A	Srs cranial lesion simple	13.93	NA	NA	11.36	9.90	4.63	090
61797		A	Srs cran les simple addl	3.48	NA	NA	1.93	1.79	1.16	ZZZ
61798		A	Srs cranial lesion complex	19.85	NA	NA	14.63	11.56	6.60	090
61799		A	Srs cran les complex addl	4.81	NA	NA	2.66	2.47	1.59	ZZZ
61800		A	Apply srs headframe add-on	2.25	NA	NA	1.58	1.47	0.73	ZZZ
61850		A	Implant neuroelectrodes	13.34	NA	NA	8.19	9.14	4.80	090
61860		A	Implant neuroelectrodes	22.26	NA	NA	16.58	15.80	7.99	090
61863		A	Implant neuroelectrode	20.71	NA	NA	16.62	15.92	7.40	090
61864		A	Implant neuroelectrde addl	4.49	NA	NA	2.50	2.41	1.61	ZZZ
61867		A	Implant neuroelectrode	33.03	NA	NA	23.53	22.45	11.83	090
61868		A	Implant neuroelectrde addl	7.91	NA	NA	4.39	4.24	2.84	ZZZ
61870		A	Implant neuroelectrodes	16.34	NA	NA	13.13	12.60	5.87	090
61875		A	Implant neuroelectrodes	16.46	NA	NA	13.20	12.49	1.17	090
61880		A	Revise/remove neuroelectrode	6.95	NA	NA	7.41	6.92	2.46	090
61885		A	Insrt/redo neurostim 1 array	6.05	NA	NA	7.19	7.79	2.07	090
61886		A	Implant neurostim arrays	9.93	NA	NA	11.55	10.83	3.52	090
61888		A	Revise/remove neuroreceiver	5.23	NA	NA	4.66	4.52	1.71	010
62000		A	Treat skull fracture	13.93	NA	NA	11.79	10.06	5.01	090
62005		A	Treat skull fracture	17.63	NA	NA	14.00	13.08	6.33	090
62010		A	Treatment of head injury	21.43	NA	NA	16.65	15.65	7.69	090
62100		A	Repair brain fluid leakage	23.53	NA	NA	17.14	16.18	7.51	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
62115		A	Reduction of skull defect	22.91	NA	NA	12.93	11.57	1.62	090
62116		A	Reduction of skull defect	25.02	NA	NA	19.04	18.12	8.98	090
62117		A	Reduction of skull defect	28.35	NA	NA	20.28	19.42	3.66	090
62120		A	Repair skull cavity lesion	24.59	NA	NA	23.61	22.72	3.17	090
62121		A	Incise skull repair	23.03	NA	NA	19.50	18.71	8.27	090
62140		A	Repair of skull defect	14.55	NA	NA	11.88	11.23	4.75	090
62141		A	Repair of skull defect	16.07	NA	NA	12.80	12.16	5.31	090
62142		A	Remove skull plate/flap	11.83	NA	NA	10.52	9.98	4.08	090
62143		A	Replace skull plate/flap	14.15	NA	NA	11.80	11.17	5.01	090
62145		A	Repair of skull & brain	20.09	NA	NA	14.95	14.29	7.21	090
62146		A	Repair of skull with graft	17.28	NA	NA	13.81	12.84	6.21	090
62147		A	Repair of skull with graft	20.67	NA	NA	15.70	14.78	7.40	090
62148		A	Retr bone flap to fix skull	2.00	NA	NA	1.11	1.05	0.71	ZZZ
62160		A	Neuroendoscopy add-on	3.00	NA	NA	1.66	1.61	1.08	ZZZ
62161		A	Dissect brain w/scope	21.23	NA	NA	16.48	15.67	7.62	090
62162		A	Remove colloid cyst w/scope	26.80	NA	NA	20.14	19.27	9.61	090
62163		A	Neuroendoscopy w/fb removal	16.53	NA	NA	14.04	13.44	5.92	090
62164		A	Remove brain tumor w/scope	29.43	NA	NA	22.50	20.93	10.57	090
62165		A	Remove pituit tumor w/scope	23.23	NA	NA	17.27	16.38	6.37	090
62180		A	Establish brain cavity shunt	22.58	NA	NA	17.19	16.36	8.11	090
62190		A	Establish brain cavity shunt	12.17	NA	NA	10.96	10.35	4.37	090
62192		A	Establish brain cavity shunt	13.35	NA	NA	11.14	10.51	4.63	090
62194		A	Replace/irrigate catheter	5.78	NA	NA	6.53	5.26	0.45	010
62200		A	Establish brain cavity shunt	19.29	NA	NA	14.93	14.18	6.93	090
62201		A	Brain cavity shunt w/scope	16.04	NA	NA	14.07	13.29	5.73	090
62220		A	Establish brain cavity shunt	14.10	NA	NA	11.46	10.79	4.83	090
62223		A	Establish brain cavity shunt	14.05	NA	NA	12.44	11.84	4.85	090
62225		A	Replace/irrigate catheter	6.19	NA	NA	7.00	6.55	2.20	090
62230		A	Replace/revise brain shunt	11.43	NA	NA	9.65	9.17	3.97	090
62252		A	Csf shunt reprogram	0.74	1.42	1.71	NA	NA	0.25	XXX

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62252	TC	A	Csf shunt reprogram	0.00	1.01	1.32	NA	NA	0.01	XXX
62252	26	A	Csf shunt reprogram	0.74	0.41	0.39	0.41	0.39	0.24	XXX
62256		A	Remove brain cavity shunt	7.38	NA	NA	7.75	7.32	2.63	090
62258		A	Replace brain cavity shunt	15.64	NA	NA	12.38	11.82	5.43	090
62263		A	Epidural lysis mult sessions	6.54	15.62	13.80	5.75	4.70	0.52	010
62264		A	Epidural lysis on single day	4.42	8.05	7.37	2.54	2.07	0.35	010
62267		A	Interdiscal perq aspir dx	3.00	3.80	3.96	1.37	1.39	0.30	000
62268		A	Drain spinal cord cyst	4.73	2.03	5.19	2.52	2.45	0.45	000
62269		A	Needle biopsy spinal cord	5.01	1.91	5.59	2.30	2.26	0.56	000
62270		A	Spinal fluid tap diagnostic	1.37	2.85	2.97	0.71	0.72	0.23	000
62272		A	Drain cerebro spinal fluid	1.35	4.06	3.99	0.84	0.82	0.33	000
62273		A	Inject epidural patch	2.15	2.75	2.58	1.08	0.93	0.20	000
62280		A	Treat spinal cord lesion	2.63	6.72	6.39	1.92	1.64	0.50	010
62281		A	Treat spinal cord lesion	2.66	4.02	4.70	1.73	1.48	0.27	010
62282		A	Treat spinal canal lesion	2.33	5.88	6.01	1.69	1.49	0.29	010
62284		A	Injection for myelogram	1.54	3.93	4.15	0.77	0.80	0.18	000
62287		A	Percutaneous diskectomy	9.03	NA	NA	6.87	6.32	0.82	090
62290		A	Inject for spine disk x-ray	3.00	6.63	6.47	1.91	1.72	0.30	000
62291		A	Inject for spine disk x-ray	2.91	6.32	6.04	1.88	1.66	0.27	000
62292		A	Injection into disk lesion	9.24	NA	NA	8.47	6.03	0.75	090
62294		A	Injection into spinal artery	12.87	NA	NA	4.61	6.31	1.02	090
62310		A	Inject spine c/t	1.91	5.13	4.71	1.19	0.97	0.16	000
62311		A	Inject spine l/s (cd)	1.54	4.35	4.16	0.99	0.84	0.12	000
62318		A	Inject spine w/cath c/t	2.04	4.96	4.77	0.83	0.72	0.16	000
62319		A	Inject spine w/cath l/s (cd)	1.87	2.97	3.53	0.86	0.74	0.16	000
62350		A	Implant spinal canal cath	6.05	NA	NA	4.93	4.37	1.05	010
62351		A	Implant spinal canal cath	11.66	NA	NA	10.84	10.06	3.39	090
62355		A	Remove spinal canal catheter	4.35	NA	NA	4.01	3.58	0.73	010
62360		A	Insert spine infusion device	4.33	NA	NA	4.16	3.65	0.87	010
62361		A	Implant spine infusion pump	5.65	NA	NA	4.93	4.67	1.10	010

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62362		A	Implant spine infusion pump	6.10	NA	NA	5.08	4.65	1.22	010
62365		A	Remove spine infusion device	4.65	NA	NA	4.41	4.01	0.88	010
62367		A	Analyze spine infusion pump	0.48	0.72	0.65	0.23	0.19	0.05	XXX
62368		A	Analyze spine infusion pump	0.75	1.00	0.88	0.37	0.30	0.07	XXX
63001		A	Removal of spinal lamina	17.61	NA	NA	13.65	12.91	5.69	090
63003		A	Removal of spinal lamina	17.74	NA	NA	13.72	13.00	5.63	090
63005		A	Removal of spinal lamina	16.43	NA	NA	13.66	13.02	5.08	090
63011		A	Removal of spinal lamina	15.91	NA	NA	12.71	11.88	4.01	090
63012		A	Removal of spinal lamina	16.85	NA	NA	13.47	12.90	5.10	090
63015		A	Removal of spinal lamina	20.85	NA	NA	16.41	15.62	7.01	090
63016		A	Removal of spinal lamina	22.03	NA	NA	16.58	15.67	6.78	090
63017		A	Removal of spinal lamina	17.33	NA	NA	14.34	13.65	5.57	090
63020		A	Neck spine disk surgery	16.20	NA	NA	13.56	12.92	5.06	090
63030		A	Low back disk surgery	13.18	NA	NA	11.84	11.25	3.87	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	1.79	1.73	0.88	ZZZ
63040		A	Laminotomy single cervical	20.31	NA	NA	15.40	14.67	6.27	090
63042		A	Laminotomy single lumbar	18.76	NA	NA	14.91	14.21	5.20	090
63043		C	Laminotomy addl cervical	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63044		C	Laminotomy addl lumbar	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63045		A	Removal of spinal lamina	17.95	NA	NA	14.28	13.60	5.73	090
63046		A	Removal of spinal lamina	17.25	NA	NA	13.77	13.11	5.14	090
63047		A	Removal of spinal lamina	15.37	NA	NA	13.04	12.45	4.41	090
63048		A	Remove spinal lamina add-on	3.47	NA	NA	1.97	1.89	1.01	ZZZ
63050		A	Cervical laminoplasty	22.01	NA	NA	17.34	16.20	7.91	090
63051		A	C-laminoplasty w/graft/plate	25.51	NA	NA	18.70	17.68	7.24	090
63055		A	Decompress spinal cord	23.55	NA	NA	17.47	16.67	7.66	090
63056		A	Decompress spinal cord	21.86	NA	NA	16.27	15.46	6.19	090
63057		A	Decompress spine cord add-on	5.25	NA	NA	2.99	2.87	1.51	ZZZ
63064		A	Decompress spinal cord	26.22	NA	NA	18.85	17.85	7.95	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	1.82	1.77	1.17	ZZZ

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63075		A	Neck spine disk surgery	19.60	NA	NA	15.34	14.72	6.11	090
63076		A	Neck spine disk surgery	4.04	NA	NA	2.28	2.20	1.25	ZZZ
63077		A	Spine disk surgery thorax	22.88	NA	NA	16.23	15.43	5.87	090
63078		A	Spine disk surgery thorax	3.28	NA	NA	1.86	1.78	0.75	ZZZ
63081		A	Removal of vertebral body	26.10	NA	NA	19.10	18.18	7.89	090
63082		A	Remove vertebral body add-on	4.36	NA	NA	2.47	2.38	1.31	ZZZ
63085		A	Removal of vertebral body	29.47	NA	NA	19.44	18.57	7.93	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	1.71	1.67	0.87	ZZZ
63087		A	Removal of vertebral body	37.53	NA	NA	24.39	23.34	9.73	090
63088		A	Remove vertebral body add-on	4.32	NA	NA	2.47	2.37	1.06	ZZZ
63090		A	Removal of vertebral body	30.93	NA	NA	21.02	19.88	7.20	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	1.69	1.62	0.68	ZZZ
63101		A	Removal of vertebral body	34.10	NA	NA	24.88	23.63	10.63	090
63102		A	Removal of vertebral body	34.10	NA	NA	24.52	23.31	8.60	090
63103		A	Remove vertebral body add-on	4.82	NA	NA	2.74	2.66	1.29	ZZZ
63170		A	Incise spinal cord tract(s)	22.21	NA	NA	17.42	16.18	7.98	090
63172		A	Drainage of spinal cyst	19.76	NA	NA	15.26	14.44	7.08	090
63173		A	Drainage of spinal cyst	24.31	NA	NA	18.59	17.66	8.75	090
63180		A	Revise spinal cord ligaments	20.53	NA	NA	16.48	14.93	7.36	090
63182		A	Revise spinal cord ligaments	22.82	NA	NA	17.76	15.09	8.19	090
63185		A	Incise spinal column/nerves	16.49	NA	NA	13.29	12.41	5.92	090
63190		A	Incise spinal column/nerves	18.89	NA	NA	14.84	14.06	4.29	090
63191		A	Incise spinal column/nerves	18.92	NA	NA	15.43	12.18	3.74	090
63194		A	Incise spinal column & cord	22.10	NA	NA	16.08	15.35	2.84	090
63195		A	Incise spinal column & cord	21.64	NA	NA	16.56	15.47	7.77	090
63196		A	Incise spinal column & cord	25.27	NA	NA	13.43	15.23	1.80	090
63197		A	Incise spinal column & cord	24.08	NA	NA	18.46	17.46	8.66	090
63198		A	Incise spinal column & cord	29.90	NA	NA	15.68	14.78	2.12	090
63199		A	Incise spinal column & cord	31.47	NA	NA	16.36	17.88	2.23	090
63200		A	Release of spinal cord	21.44	NA	NA	16.53	15.63	7.58	090

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63250		A	Revise spinal cord vessels	43.86	NA	NA	29.53	27.81	15.75	090
63251		A	Revise spinal cord vessels	44.64	NA	NA	30.42	28.87	16.03	090
63252		A	Revise spinal cord vessels	44.63	NA	NA	30.41	28.81	16.03	090
63265		A	Excise intraspinal lesion	23.82	NA	NA	17.97	17.11	8.08	090
63266		A	Excise intraspinal lesion	24.68	NA	NA	18.33	17.41	8.40	090
63267		A	Excise intraspinal lesion	19.45	NA	NA	15.36	14.64	6.26	090
63268		A	Excise intraspinal lesion	20.02	NA	NA	16.25	15.10	7.19	090
63270		A	Excise intraspinal lesion	29.80	NA	NA	21.69	20.47	10.71	090
63271		A	Excise intraspinal lesion	29.92	NA	NA	21.50	20.44	10.57	090
63272		A	Excise intraspinal lesion	27.50	NA	NA	19.95	19.02	9.47	090
63273		A	Excise intraspinal lesion	26.47	NA	NA	19.84	18.21	9.50	090
63275		A	Biopsy/excise spinal tumor	25.86	NA	NA	19.04	18.08	8.82	090
63276		A	Biopsy/excise spinal tumor	25.69	NA	NA	19.02	18.06	8.71	090
63277		A	Biopsy/excise spinal tumor	22.39	NA	NA	17.05	16.18	7.00	090
63278		A	Biopsy/excise spinal tumor	22.12	NA	NA	17.42	16.24	7.95	090
63280		A	Biopsy/excise spinal tumor	30.29	NA	NA	22.05	21.14	10.83	090
63281		A	Biopsy/excise spinal tumor	29.99	NA	NA	22.00	20.99	10.67	090
63282		A	Biopsy/excise spinal tumor	28.15	NA	NA	20.88	19.97	9.95	090
63283		A	Biopsy/excise spinal tumor	26.76	NA	NA	20.46	19.27	9.60	090
63285		A	Biopsy/excise spinal tumor	38.05	NA	NA	26.47	24.99	13.66	090
63286		A	Biopsy/excise spinal tumor	37.62	NA	NA	26.16	24.95	13.20	090
63287		A	Biopsy/excise spinal tumor	40.08	NA	NA	27.88	26.35	14.40	090
63290		A	Biopsy/excise spinal tumor	40.82	NA	NA	27.88	26.53	14.66	090
63295		A	Repair of laminectomy defect	5.25	NA	NA	2.92	2.73	1.88	ZZZ
63300		A	Removal of vertebral body	26.80	NA	NA	19.39	18.43	8.68	090
63301		A	Removal of vertebral body	31.57	NA	NA	23.14	20.98	11.34	090
63302		A	Removal of vertebral body	31.15	NA	NA	22.90	20.88	11.17	090
63303		A	Removal of vertebral body	33.55	NA	NA	23.78	21.57	12.03	090
63304		A	Removal of vertebral body	33.85	NA	NA	24.41	22.98	12.14	090
63305		A	Removal of vertebral body	36.24	NA	NA	25.65	23.12	13.01	090

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63306		A	Removal of vertebral body	35.55	NA	NA	15.84	19.22	12.77	090
63307		A	Removal of vertebral body	34.96	NA	NA	24.65	22.97	12.56	090
63308		A	Remove vertebral body add-on	5.24	NA	NA	2.90	2.81	1.57	ZZZ
63600		A	Remove spinal cord lesion	15.12	NA	NA	10.44	8.18	1.58	090
63610		A	Stimulation of spinal cord	8.72	2.03	15.88	2.40	2.32	0.68	000
63615		A	Remove lesion of spinal cord	17.32	NA	NA	13.45	12.20	6.21	090
63620		A	Srs spinal lesion	15.60	NA	NA	12.14	10.29	5.19	090
63621		A	Srs spinal lesion addl	4.00	NA	NA	2.23	2.06	1.32	ZZZ
63650		A	Implant neuroelectrodes	7.20	NA	NA	5.25	4.37	0.64	010
63655		A	Implant neuroelectrodes	10.92	NA	NA	10.35	10.00	3.42	090
63661		A	Remove spine eltrd perq aray	5.08	11.80	11.80	3.93	3.93	0.71	010
63662		A	Remove spine eltrd plate	11.00	NA	NA	8.54	8.54	1.55	090
63663		A	Revise spine eltrd perq aray	7.75	16.29	16.29	5.27	5.27	1.09	010
63664		A	Revise spine eltrd plate	11.52	NA	NA	8.80	8.80	1.61	090
63685		A	Insrt/redo spine n generator	6.05	NA	NA	5.09	4.52	1.10	010
63688		A	Revise/remove neuroreceiver	5.30	NA	NA	4.73	4.24	1.01	010
63700		A	Repair of spinal herniation	17.47	NA	NA	14.96	13.80	6.26	090
63702		A	Repair of spinal herniation	19.41	NA	NA	16.04	15.19	6.97	090
63704		A	Repair of spinal herniation	22.43	NA	NA	18.71	16.88	8.04	090
63706		A	Repair of spinal herniation	25.35	NA	NA	20.34	19.02	9.12	090
63707		A	Repair spinal fluid leakage	12.65	NA	NA	11.02	10.38	3.50	090
63709		A	Repair spinal fluid leakage	15.65	NA	NA	12.68	12.05	4.50	090
63710		A	Graft repair of spine defect	15.40	NA	NA	12.72	12.08	4.86	090
63740		A	Install spinal shunt	12.63	NA	NA	10.97	10.60	4.26	090
63741		A	Install spinal shunt	9.12	NA	NA	7.57	6.67	2.19	090
63744		A	Revision of spinal shunt	8.94	NA	NA	8.06	7.36	3.06	090
63746		A	Removal of spinal shunt	7.33	NA	NA	7.81	7.17	2.63	090
64400		A	N block inj trigeminal	1.11	2.17	2.03	0.78	0.67	0.18	000
64402		A	N block inj facial	1.25	1.99	1.88	0.78	0.71	0.18	000
64405		A	N block inj occipital	0.94	1.76	1.68	0.70	0.67	0.19	000

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64408		A	N block inj vagus	1.41	2.20	2.04	1.24	1.10	0.16	000
64410		A	N block inj phrenic	1.43	2.73	2.60	0.75	0.70	0.33	000
64412		A	N block inj spinal accessor	1.18	3.25	3.01	0.92	0.80	0.20	000
64413		A	N block inj cervical plexus	1.40	2.00	1.89	0.83	0.72	0.20	000
64415		A	N block inj brachial plexus	1.48	1.89	2.01	0.36	0.39	0.11	000
64416		A	N block cont infuse b plex	1.81	NA	NA	0.43	0.44	0.14	000
64417		A	N block inj axillary	1.44	2.24	2.23	0.56	0.50	0.11	000
64418		A	N block inj suprascapular	1.32	2.69	2.59	0.83	0.72	0.12	000
64420		A	N block inj intercost sng	1.18	2.00	2.70	0.76	0.66	0.12	000
64421		A	N block inj intercost mlt	1.68	2.63	3.87	0.96	0.82	0.20	000
64425		A	N block inj ilio-ing/hypogi	1.75	2.07	1.89	0.95	0.82	0.20	000
64430		A	N block inj pudendal	1.46	2.25	2.60	0.78	0.84	0.14	000
64435		A	N block inj paracervical	1.45	2.35	2.46	0.79	0.77	0.24	000
64445		A	N block inj sciatic sng	1.48	2.29	2.29	0.54	0.58	0.16	000
64446		A	N blk inj sciatic cont inf	1.81	NA	NA	0.44	0.48	0.14	000
64447		A	N block inj fem single	1.50	1.89	1.89	0.36	0.33	0.11	000
64448		A	N block inj fem cont inf	1.63	NA	NA	0.39	0.41	0.12	000
64449		A	N block inj lumbar plexus	1.81	NA	NA	0.51	0.52	0.14	000
64450		A	N block other peripheral	1.27	1.72	1.63	0.67	0.64	0.11	000
64455		A	N block inj plantar digit	0.75	0.58	0.61	0.24	0.26	0.08	000
64479		A	Inj foramen epidural c/t	2.29	4.75	5.25	1.54	1.30	0.27	000
64480		A	Inj foramen epidural add-on	1.20	2.36	2.34	0.63	0.59	0.18	ZZZ
64483		A	Inj foramen epidural l/s	1.75	4.46	5.17	1.27	1.12	0.15	000
64484		A	Inj foramen epidural add-on	1.00	1.60	2.05	0.52	0.48	0.08	ZZZ
64490		A	Inj paravert f jnt c/t 1 lev	1.82	3.76	3.76	1.26	1.26	0.20	000
64491		A	Inj paravert f jnt c/t 2 lev	1.16	1.59	1.59	0.58	0.58	0.11	ZZZ
64492		A	Inj paravert f jnt c/t 3 lev	1.16	1.62	1.62	0.61	0.61	0.11	ZZZ
64493		A	Inj paravert f jnt l/s 1 lev	1.52	3.49	3.49	1.10	1.10	0.14	000
64494		A	Inj paravert f jnt l/s 2 lev	1.00	1.50	1.50	0.49	0.49	0.08	ZZZ
64495		A	Inj paravert f jnt l/s 3 lev	1.00	1.54	1.54	0.51	0.51	0.08	ZZZ

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64505		A	N block spenopalatine gangl	1.36	1.44	1.42	1.01	0.95	0.10	000
64508		A	N block carotid sinus s/p	1.12	0.50	1.71	0.94	0.84	0.24	000
64510		A	N block stellate ganglion	1.22	2.48	2.65	0.90	0.73	0.10	000
64517		A	N block inj hypogas plxs	2.20	2.98	2.72	1.35	1.14	0.18	000
64520		A	N block lumbar/thoracic	1.35	4.32	4.16	1.01	0.84	0.11	000
64530		A	N block inj celiac pelus	1.58	4.05	3.97	1.06	0.94	0.14	000
64550		A	Apply neurostimulator	0.18	0.29	0.27	0.08	0.07	0.01	000
64553		A	Implant neuroelectrodes	2.36	3.38	3.32	2.00	1.96	0.38	010
64555		A	Implant neuroelectrodes	2.32	3.00	3.34	1.71	1.79	0.26	010
64560		A	Implant neuroelectrodes	2.41	4.83	4.17	2.49	2.19	0.16	010
64561		A	Implant neuroelectrodes	7.15	14.80	20.79	3.86	4.15	0.78	010
64565		A	Implant neuroelectrodes	1.81	3.30	3.13	1.80	1.61	0.24	010
64566		A	Neuroeltrd stim post tibial	0.60	3.15	3.15	0.23	0.23	0.05	000
64568		A	Inc for vagus n elect impl	9.00	NA	NA	8.64	8.64	1.25	090
64569		A	Revise/repl vagus n eltrd	11.00	NA	NA	4.49	4.49	3.16	090
64570		A	Remove vagus n eltrd	9.10	NA	NA	4.05	4.05	3.27	090
64575		A	Implant neuroelectrodes	4.42	NA	NA	4.19	3.57	0.44	090
64577		A	Implant neuroelectrodes	4.69	NA	NA	2.74	3.52	1.67	090
64580		A	Implant neuroelectrodes	4.19	NA	NA	3.91	3.81	0.88	090
64581		A	Implant neuroelectrodes	12.20	NA	NA	6.00	7.02	1.58	090
64585		A	Revise/remove neuroelectrode	2.11	4.73	6.20	1.88	2.09	0.27	010
64590		A	Insrt/redo pn/gastr stimul	2.45	4.73	5.68	1.95	2.21	0.29	010
64595		A	Revise/rmv pn/gastr stimul	1.78	4.94	6.35	1.69	1.91	0.22	010
64600		A	Injection treatment of nerve	3.49	8.21	8.05	2.80	2.45	0.53	010
64605		A	Injection treatment of nerve	5.65	15.88	12.95	4.82	3.92	0.44	010
64610		A	Injection treatment of nerve	7.20	12.97	12.07	5.24	4.98	2.15	010
64611		A	Chemodenerv saliv glands	1.03	1.63	1.63	1.35	1.35	0.29	010
64612		A	Destroy nerve face muscle	2.01	2.51	2.38	2.18	1.93	0.65	010
64613		A	Destroy nerve neck muscle	2.01	2.29	2.23	1.92	1.68	0.59	010
64614		A	Destroy nerve extrem musc	2.20	2.58	2.53	2.08	1.85	0.42	010

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64620		A	Injection treatment of nerve	2.89	3.06	3.85	2.12	1.81	0.29	010
64622		A	Destr paravertebrl nerve l/s	3.05	6.94	6.55	2.50	2.07	0.26	010
64623		A	Destr paravertebral n add-on	0.99	2.76	2.61	0.51	0.40	0.08	ZZZ
64626		A	Destr paravertebrl nerve c/t	3.92	8.13	7.47	3.65	3.03	0.34	010
64627		A	Destr paravertebral n add-on	1.16	3.95	3.77	0.60	0.47	0.10	ZZZ
64630		A	Injection treatment of nerve	3.05	3.15	3.24	2.16	2.14	0.34	010
64632		A	N block inj common digit	1.23	1.17	1.17	0.72	0.74	0.10	010
64640		A	Injection treatment of nerve	2.81	3.26	3.36	1.93	1.90	0.24	010
64650		A	Chemodenerv eccrine glands	0.70	2.59	1.89	0.42	0.37	0.11	000
64653		A	Chemodenerv eccrine glands	0.88	2.92	2.11	0.47	0.44	0.24	000
64680		A	Injection treatment of nerve	2.67	6.45	6.26	2.03	1.83	0.30	010
64681		A	Injection treatment of nerve	3.78	6.48	6.91	1.70	1.78	0.30	010
64702		A	Revise finger/toe nerve	6.26	NA	NA	7.50	6.77	1.06	090
64704		A	Revise hand/foot nerve	4.69	NA	NA	4.32	4.23	0.54	090
64708		A	Revise arm/leg nerve	6.36	NA	NA	7.07	6.60	1.16	090
64712		A	Revision of sciatic nerve	8.07	NA	NA	7.22	6.69	1.33	090
64713		A	Revision of arm nerve(s)	11.40	NA	NA	9.01	8.52	2.34	090
64714		A	Revise low back nerve(s)	10.55	NA	NA	8.63	7.42	1.71	090
64716		A	Revision of cranial nerve	6.99	NA	NA	7.94	7.46	1.13	090
64718		A	Revise ulnar nerve at elbow	7.26	NA	NA	8.87	8.26	1.48	090
64719		A	Revise ulnar nerve at wrist	4.97	NA	NA	5.96	5.62	0.93	090
64721		A	Carpal tunnel surgery	4.97	6.71	6.37	6.64	6.31	0.98	090
64722		A	Relieve pressure on nerve(s)	4.82	NA	NA	4.80	4.39	0.84	090
64726		A	Release foot/toe nerve	4.27	NA	NA	3.55	3.45	0.39	090
64727		A	Internal nerve revision	3.10	NA	NA	1.89	1.77	0.60	ZZZ
64732		A	Incision of brow nerve	4.89	NA	NA	6.30	5.63	1.77	090
64734		A	Incision of cheek nerve	5.55	NA	NA	7.12	6.15	0.71	090
64736		A	Incision of chin nerve	5.23	NA	NA	5.95	5.56	1.88	090
64738		A	Incision of jaw nerve	6.36	NA	NA	7.57	6.53	2.27	090
64740		A	Incision of tongue nerve	6.22	NA	NA	6.98	6.46	0.80	090

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64742		A	Incision of facial nerve	6.85	NA	NA	7.07	6.27	0.87	090
64744		A	Incise nerve back of head	5.72	NA	NA	6.76	5.75	2.04	090
64746		A	Incise diaphragm nerve	6.56	NA	NA	4.76	4.86	1.54	090
64752		A	Incision of vagus nerve	7.69	NA	NA	6.03	5.65	1.81	090
64755		A	Incision of stomach nerves	15.05	NA	NA	9.08	8.25	3.21	090
64760		A	Incision of vagus nerve	7.59	NA	NA	5.99	5.32	1.61	090
64761		A	Incision of pelvis nerve	7.04	NA	NA	5.41	5.09	1.01	090
64763		A	Incise hip/thigh nerve	7.56	NA	NA	5.88	6.28	1.61	090
64766		A	Incise hip/thigh nerve	9.47	NA	NA	7.05	6.93	0.91	090
64771		A	Sever cranial nerve	8.15	NA	NA	7.51	7.32	1.05	090
64772		A	Incision of spinal nerve	7.84	NA	NA	7.64	7.15	1.81	090
64774		A	Remove skin nerve lesion	5.80	NA	NA	5.61	5.25	1.05	090
64776		A	Remove digit nerve lesion	5.60	NA	NA	5.27	4.94	0.84	090
64778		A	Digit nerve surgery add-on	3.11	NA	NA	2.24	1.93	0.61	ZZZ
64782		A	Remove limb nerve lesion	6.86	NA	NA	5.74	5.43	0.91	090
64783		A	Limb nerve surgery add-on	3.71	NA	NA	2.57	2.27	0.45	ZZZ
64784		A	Remove nerve lesion	10.62	NA	NA	9.45	8.72	2.00	090
64786		A	Remove sciatic nerve lesion	16.25	NA	NA	13.01	12.05	3.21	090
64787		A	Implant nerve end	4.29	NA	NA	2.27	2.25	0.68	ZZZ
64788		A	Remove skin nerve lesion	5.24	NA	NA	5.65	5.24	1.08	090
64790		A	Removal of nerve lesion	12.10	NA	NA	10.28	9.51	2.75	090
64792		A	Removal of nerve lesion	15.86	NA	NA	12.16	11.73	5.69	090
64795		A	Biopsy of nerve	3.01	NA	NA	2.14	1.99	0.82	000
64802		A	Remove sympathetic nerves	10.37	NA	NA	8.81	6.86	0.82	090
64804		A	Remove sympathetic nerves	15.91	NA	NA	6.59	6.80	1.27	090
64809		A	Remove sympathetic nerves	14.71	NA	NA	10.77	9.05	1.17	090
64818		A	Remove sympathetic nerves	11.34	NA	NA	6.74	6.20	2.07	090
64820		A	Remove sympathetic nerves	10.74	NA	NA	10.47	9.62	1.91	090
64821		A	Remove sympathetic nerves	9.33	NA	NA	9.42	8.96	1.84	090
64822		A	Remove sympathetic nerves	9.33	NA	NA	9.42	8.81	1.84	090

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64823		A	Remove sympathetic nerves	10.94	NA	NA	10.38	9.58	2.15	090
64831		A	Repair of digit nerve	9.16	NA	NA	9.76	9.09	1.63	090
64832		A	Repair nerve add-on	5.65	NA	NA	3.70	3.43	1.01	ZZZ
64834		A	Repair of hand or foot nerve	10.81	NA	NA	9.76	9.07	1.85	090
64835		A	Repair of hand or foot nerve	11.73	NA	NA	10.32	9.68	2.30	090
64836		A	Repair of hand or foot nerve	11.73	NA	NA	10.32	9.70	2.30	090
64837		A	Repair nerve add-on	6.25	NA	NA	3.73	3.61	0.76	ZZZ
64840		A	Repair of leg nerve	14.02	NA	NA	11.17	10.55	1.08	090
64856		A	Repair/transpose nerve	15.07	NA	NA	12.74	11.86	2.84	090
64857		A	Repair arm/leg nerve	15.82	NA	NA	13.11	12.26	2.91	090
64858		A	Repair sciatic nerve	17.82	NA	NA	15.85	14.44	3.51	090
64859		A	Nerve surgery	4.25	NA	NA	3.06	2.71	0.83	ZZZ
64861		A	Repair of arm nerves	20.89	NA	NA	12.41	12.89	4.12	090
64862		A	Repair of low back nerves	21.09	NA	NA	16.77	14.47	7.57	090
64864		A	Repair of facial nerve	13.41	NA	NA	11.08	10.31	1.70	090
64865		A	Repair of facial nerve	16.09	NA	NA	16.04	15.42	2.04	090
64866		A	Fusion of facial/other nerve	16.83	NA	NA	14.65	14.74	2.16	090
64868		A	Fusion of facial/other nerve	14.90	NA	NA	14.51	13.79	1.91	090
64870		A	Fusion of facial/other nerve	17.08	NA	NA	12.14	10.94	4.00	090
64872		A	Subsequent repair of nerve	1.99	NA	NA	1.19	1.16	0.26	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	NA	2.07	1.83	0.37	ZZZ
64876		A	Repair nerve/shorten bone	3.37	NA	NA	1.88	1.73	0.65	ZZZ
64885		A	Nerve graft head or neck	17.60	NA	NA	13.83	13.03	2.25	090
64886		A	Nerve graft head or neck	20.82	NA	NA	15.77	15.10	2.67	090
64890		A	Nerve graft hand or foot	16.24	NA	NA	13.01	12.40	3.20	090
64891		A	Nerve graft hand or foot	17.35	NA	NA	15.51	13.80	3.43	090
64892		A	Nerve graft arm or leg	15.74	NA	NA	12.71	12.03	3.12	090
64893		A	Nerve graft arm or leg	16.87	NA	NA	14.11	12.85	3.35	090
64895		A	Nerve graft hand or foot	20.39	NA	NA	17.70	15.47	4.01	090
64896		A	Nerve graft hand or foot	21.96	NA	NA	15.88	15.41	7.89	090

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64897		A	Nerve graft arm or leg	19.38	NA	NA	15.51	14.35	3.82	090
64898		A	Nerve graft arm or leg	20.97	NA	NA	16.27	15.43	4.14	090
64901		A	Nerve graft add-on	10.20	NA	NA	7.34	6.38	2.00	ZZZ
64902		A	Nerve graft add-on	11.81	NA	NA	8.50	7.32	2.31	ZZZ
64905		A	Nerve pedicle transfer	15.11	NA	NA	12.98	12.04	2.98	090
64907		A	Nerve pedicle transfer	20.03	NA	NA	10.97	12.38	1.42	090
64910		A	Nerve repair w/allograft	11.39	NA	NA	11.45	10.66	1.97	090
64911		A	Neurorraphy w/vein autograft	14.39	NA	NA	14.24	12.74	2.84	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	7.26	NA	NA	10.39	9.65	1.44	090
65093		A	Revise eye with implant	7.04	NA	NA	10.39	9.75	1.39	090
65101		A	Removal of eye	8.30	NA	NA	12.21	11.32	1.63	090
65103		A	Remove eye/insert implant	8.84	NA	NA	12.59	11.63	1.74	090
65105		A	Remove eye/attach implant	9.93	NA	NA	13.71	12.63	1.95	090
65110		A	Removal of eye	15.70	NA	NA	18.29	16.70	2.00	090
65112		A	Remove eye/revise socket	18.51	NA	NA	21.16	19.32	2.35	090
65114		A	Remove eye/revise socket	19.65	NA	NA	21.96	19.94	2.52	090
65125		A	Revise ocular implant	3.27	9.14	8.98	4.82	4.45	0.64	090
65130		A	Insert ocular implant	8.42	NA	NA	11.94	11.00	1.65	090
65135		A	Insert ocular implant	8.60	NA	NA	12.07	11.14	1.67	090
65140		A	Attach ocular implant	9.46	NA	NA	13.03	12.03	1.22	090
65150		A	Revise ocular implant	6.43	NA	NA	9.61	9.02	0.45	090
65155		A	Reinsert ocular implant	10.10	NA	NA	13.48	12.44	1.97	090
65175		A	Removal of ocular implant	7.40	NA	NA	10.90	10.10	0.95	090
65205		A	Remove foreign body from eye	0.71	0.82	0.77	0.51	0.45	0.10	000
65210		A	Remove foreign body from eye	0.84	1.08	1.00	0.67	0.58	0.12	000
65220		A	Remove foreign body from eye	0.71	0.87	0.81	0.45	0.40	0.11	000
65222		A	Remove foreign body from eye	0.93	1.18	1.09	0.71	0.62	0.14	000
65235		A	Remove foreign body from eye	9.01	NA	NA	10.91	9.74	1.24	090
65260		A	Remove foreign body from eye	12.54	NA	NA	14.32	12.85	0.88	090

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65265		A	Remove foreign body from eye	14.34	NA	NA	15.91	14.23	3.08	090
65270		A	Repair of eye wound	1.95	5.30	5.21	1.99	1.78	0.27	010
65272		A	Repair of eye wound	4.62	9.23	8.75	5.24	4.66	0.33	090
65273		A	Repair of eye wound	5.16	NA	NA	5.55	4.95	0.37	090
65275		A	Repair of eye wound	6.29	9.78	8.83	6.71	5.84	0.86	090
65280		A	Repair of eye wound	9.10	NA	NA	9.62	8.59	1.80	090
65285		A	Repair of eye wound	14.71	NA	NA	14.44	12.73	2.60	090
65286		A	Repair of eye wound	6.63	12.80	12.19	7.29	6.47	0.90	090
65290		A	Repair of eye socket wound	6.53	NA	NA	7.25	6.49	1.28	090
65400		A	Removal of eye lesion	7.50	11.41	10.50	9.38	8.43	1.03	090
65410		A	Biopsy of cornea	1.47	2.48	2.35	1.46	1.30	0.31	000
65420		A	Removal of eye lesion	4.36	9.83	9.46	6.16	5.64	0.56	090
65426		A	Removal of eye lesion	6.05	11.95	11.36	7.36	6.62	0.83	090
65430		A	Corneal smear	1.47	1.73	1.58	1.44	1.28	0.22	000
65435		A	Curette/treat cornea	0.92	1.31	1.21	1.04	0.94	0.16	000
65436		A	Curette/treat cornea	4.82	6.02	5.44	5.60	5.01	0.84	090
65450		A	Treatment of corneal lesion	3.47	5.57	5.14	5.48	5.04	0.48	090
65600		A	Revision of cornea	4.20	6.78	6.25	5.45	4.86	0.60	090
65710		A	Corneal transplant	14.45	NA	NA	16.63	14.92	1.97	090
65730		A	Corneal transplant	16.35	NA	NA	18.14	16.21	2.23	090
65750		A	Corneal transplant	16.90	NA	NA	17.81	15.89	2.16	090
65755		A	Corneal transplant	16.79	NA	NA	17.74	15.83	2.29	090
65756		A	Corneal trnspl endothelial	16.84	NA	NA	16.51	14.50	1.20	090
65757		C	Prep corneal endo allograft	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
65760		N	Revision of cornea	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	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	19.74	NA	NA	19.79	17.60	7.08	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	5.09	7.48	6.88	6.29	5.66	0.65	090

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65775		A	Correction of astigmatism	6.91	NA	NA	8.55	7.73	0.49	090
65778		A	Cover eye w/membrane	1.19	35.56	35.56	0.84	0.84	0.18	010
65779		A	Cover eye w/membrane stent	3.92	28.93	28.93	4.07	4.07	0.56	010
65780		A	Ocular reconst transplant	10.73	NA	NA	14.12	12.89	1.39	090
65781		A	Ocular reconst transplant	18.14	NA	NA	19.36	17.39	1.28	090
65782		A	Ocular reconst transplant	15.43	NA	NA	16.92	15.23	3.06	090
65800		A	Drainage of eye	1.91	2.24	2.06	1.76	1.57	0.27	000
65805		A	Drainage of eye	1.91	2.63	2.46	1.78	1.57	0.34	000
65810		A	Drainage of eye	5.82	NA	NA	7.43	6.67	0.84	090
65815		A	Drainage of eye	6.00	11.60	11.04	7.37	6.62	1.06	090
65820		A	Relieve inner eye pressure	8.91	NA	NA	11.98	10.99	0.63	090
65850		A	Incision of eye	11.39	NA	NA	12.20	10.94	1.99	090
65855		A	Laser surgery of eye	3.99	5.46	5.05	4.37	3.93	0.63	010
65860		A	Incise inner eye adhesions	3.59	5.04	4.68	3.54	3.17	1.32	090
65865		A	Incise inner eye adhesions	5.77	NA	NA	7.44	6.82	0.39	090
65870		A	Incise inner eye adhesions	7.39	NA	NA	9.16	8.29	1.29	090
65875		A	Incise inner eye adhesions	7.81	NA	NA	9.82	8.89	1.08	090
65880		A	Incise inner eye adhesions	8.36	NA	NA	10.20	9.20	0.60	090
65900		A	Remove eye lesion	12.51	NA	NA	14.52	13.09	0.88	090
65920		A	Remove implant of eye	9.99	NA	NA	12.09	10.88	1.29	090
65930		A	Remove blood clot from eye	8.39	NA	NA	9.48	8.57	1.48	090
66020		A	Injection treatment of eye	1.64	3.49	3.35	2.04	1.85	0.11	010
66030		A	Injection treatment of eye	1.30	3.25	3.15	1.80	1.64	0.18	010
66130		A	Remove eye lesion	7.83	11.53	10.80	8.17	7.31	1.66	090
66150		A	Glaucoma surgery	10.53	NA	NA	13.97	12.63	0.73	090
66155		A	Glaucoma surgery	10.52	NA	NA	13.96	12.62	0.73	090
66160		A	Glaucoma surgery	12.39	NA	NA	15.28	13.75	0.87	090
66165		A	Glaucoma surgery	10.24	NA	NA	13.77	12.45	0.72	090
66170		A	Glaucoma surgery	15.02	NA	NA	18.61	16.71	1.92	090
66172		A	Incision of eye	18.86	NA	NA	23.57	21.13	2.41	090

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66174		A	Translum dil eye canal	12.85	NA	NA	13.79	13.79	2.27	090
66175		A	Trnslum dil eye canal w/stnt	13.60	NA	NA	14.31	14.31	4.87	090
66180		A	Implant eye shunt	16.30	NA	NA	16.48	14.61	2.12	090
66185		A	Revise eye shunt	9.58	NA	NA	11.43	10.24	1.67	090
66220		A	Repair eye lesion	9.21	NA	NA	11.61	10.31	1.27	090
66225		A	Repair/graft eye lesion	12.63	NA	NA	13.54	12.04	2.48	090
66250		A	Follow-up surgery of eye	7.10	13.58	12.91	8.51	7.62	1.40	090
66500		A	Incision of iris	3.83	NA	NA	6.00	5.57	0.27	090
66505		A	Incision of iris	4.22	NA	NA	6.56	6.08	0.30	090
66600		A	Remove iris and lesion	10.12	NA	NA	13.14	11.79	0.76	090
66605		A	Removal of iris	14.22	NA	NA	15.47	13.73	1.02	090
66625		A	Removal of iris	5.30	NA	NA	6.71	6.09	0.72	090
66630		A	Removal of iris	7.28	NA	NA	8.68	7.78	1.22	090
66635		A	Removal of iris	7.37	NA	NA	8.74	7.84	0.52	090
66680		A	Repair iris & ciliary body	6.39	NA	NA	8.07	7.26	1.36	090
66682		A	Repair iris & ciliary body	7.33	NA	NA	10.42	9.42	1.46	090
66700		A	Destruction ciliary body	5.14	7.41	6.79	5.89	5.28	0.49	090
66710		A	Ciliary transsleral therapy	5.14	7.16	6.56	5.89	5.27	1.02	090
66711		A	Ciliary endoscopic ablation	7.93	NA	NA	10.08	9.05	0.56	090
66720		A	Destruction ciliary body	5.00	8.13	7.46	6.77	6.15	0.68	090
66740		A	Destruction ciliary body	5.14	7.06	6.47	5.89	5.30	0.35	090
66761		A	Revision of iris	3.00	5.22	5.82	3.61	4.44	0.45	010
66762		A	Revision of iris	5.38	7.88	7.22	6.56	5.89	0.68	090
66770		A	Removal of inner eye lesion	6.13	8.60	7.85	7.40	6.64	0.42	090
66820		A	Incision secondary cataract	4.01	NA	NA	6.88	6.51	0.67	090
66821		A	After cataract laser surgery	3.42	5.75	5.31	5.23	4.79	0.53	090
66825		A	Reposition intraocular lens	9.01	NA	NA	12.18	11.18	1.17	090
66830		A	Removal of lens lesion	9.47	NA	NA	10.56	9.42	0.67	090
66840		A	Removal of lens material	9.18	NA	NA	10.37	9.24	1.81	090
66850		A	Removal of lens material	10.55	NA	NA	11.71	10.44	1.46	090

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66852		A	Removal of lens material	11.41	NA	NA	12.32	10.98	2.00	090
66920		A	Extraction of lens	10.13	NA	NA	11.06	9.86	0.71	090
66930		A	Extraction of lens	11.61	NA	NA	12.47	11.10	0.82	090
66940		A	Extraction of lens	10.37	NA	NA	11.58	10.33	1.74	090
66982		A	Cataract surgery complex	15.02	NA	NA	14.64	13.01	2.33	090
66983		A	Cataract surg w/iol 1 stage	10.43	NA	NA	10.36	9.25	0.83	090
66984		A	Cataract surg w/iol 1 stage	10.52	NA	NA	10.81	9.68	1.65	090
66985		A	Insert lens prosthesis	9.98	NA	NA	11.63	10.38	1.29	090
66986		A	Exchange lens prosthesis	12.26	NA	NA	13.26	11.94	1.57	090
66990		A	Ophthalmic endoscope add-on	1.51	NA	NA	1.06	0.91	0.10	ZZZ
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.89	NA	NA	7.33	6.60	1.25	090
67010		A	Partial removal of eye fluid	7.06	NA	NA	8.14	7.30	0.98	090
67015		A	Release of eye fluid	7.14	NA	NA	9.08	8.25	0.99	090
67025		A	Replace eye fluid	8.11	12.09	11.18	9.62	8.61	1.44	090
67027		A	Implant eye drug system	11.62	NA	NA	12.26	10.93	2.03	090
67028		A	Injection eye drug	1.44	1.42	2.14	1.37	1.52	0.20	000
67030		A	Incise inner eye strands	6.11	NA	NA	8.73	7.92	0.42	090
67031		A	Laser surgery eye strands	4.47	6.37	5.83	5.52	4.96	0.59	090
67036		A	Removal of inner eye fluid	13.32	NA	NA	13.66	12.15	1.82	090
67039		A	Laser treatment of retina	16.74	NA	NA	17.91	16.01	2.97	090
67040		A	Laser treatment of retina	19.61	NA	NA	20.32	18.09	2.69	090
67041		A	Vit for macular pucker	19.25	NA	NA	18.09	15.81	2.64	090
67042		A	Vit for macular hole	22.38	NA	NA	20.28	17.66	3.09	090
67043		A	Vit for membrane dissect	23.24	NA	NA	21.60	18.87	4.10	090
67101		A	Repair detached retina	8.80	13.06	11.95	10.12	9.03	1.55	090
67105		A	Repair detached retina	8.53	11.62	10.58	9.55	8.52	1.17	090
67107		A	Repair detached retina	16.71	NA	NA	17.47	15.50	2.95	090
67108		A	Repair detached retina	22.89	NA	NA	22.31	19.69	3.14	090
67110		A	Repair detached retina	10.25	14.00	12.82	11.51	10.25	1.31	090

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67112		A	Rerepair detached retina	18.75	NA	NA	18.57	16.40	2.57	090
67113		A	Repair retinal detach cplx	25.35	NA	NA	23.82	20.82	3.48	090
67115		A	Release encircling material	6.11	NA	NA	7.86	7.07	0.78	090
67120		A	Remove eye implant material	7.10	11.18	10.38	8.55	7.66	1.40	090
67121		A	Remove eye implant material	12.25	NA	NA	13.28	11.80	2.16	090
67141		A	Treatment of retina	6.15	8.47	7.71	7.51	6.73	1.09	090
67145		A	Treatment of retina	6.32	8.42	7.64	7.63	6.83	0.86	090
67208		A	Treatment of retinal lesion	7.65	9.14	8.22	8.57	7.65	0.53	090
67210		A	Treatment of retinal lesion	9.45	9.91	8.84	9.31	8.21	1.40	090
67218		A	Treatment of retinal lesion	20.36	NA	NA	18.64	16.41	1.46	090
67220		A	Treatment of choroid lesion	14.39	15.38	13.76	14.04	12.39	2.55	090
67221		R	Ocular photodynamic ther	3.45	4.56	4.34	2.61	2.28	0.48	000
67225		A	Eye photodynamic ther add-on	0.47	0.37	0.33	0.33	0.28	0.03	ZZZ
67227		A	Treatment of retinal lesion	7.53	9.55	8.65	8.49	7.58	0.53	090
67228		A	Treatment of retinal lesion	13.82	18.46	17.42	15.95	14.18	2.10	090
67229		A	Tr retinal les preterm inf	16.30	NA	NA	15.55	13.92	1.17	090
67250		A	Reinforce eye wall	9.61	NA	NA	12.20	11.17	1.62	090
67255		A	Reinforce/graft eye wall	10.17	NA	NA	13.31	12.20	1.99	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	7.77	NA	NA	9.00	8.08	1.31	090
67312		A	Revise two eye muscles	9.66	NA	NA	10.32	9.19	1.91	090
67314		A	Revise eye muscle	8.79	NA	NA	10.08	9.01	1.48	090
67316		A	Revise two eye muscles	10.93	NA	NA	11.55	10.25	2.15	090
67318		A	Revise eye muscle(s)	9.12	NA	NA	10.66	9.53	0.64	090
67320		A	Revise eye muscle(s) add-on	5.40	NA	NA	3.76	3.17	0.38	ZZZ
67331		A	Eye surgery follow-up add-on	5.13	NA	NA	3.54	2.98	0.86	ZZZ
67332		A	Rerevise eye muscles add-on	5.56	NA	NA	3.89	3.26	0.93	ZZZ
67334		A	Revise eye muscle w/suture	5.05	NA	NA	3.54	2.97	0.35	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	1.73	1.49	0.41	ZZZ
67340		A	Revise eye muscle add-on	6.00	NA	NA	4.21	3.54	0.42	ZZZ

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67343		A	Release eye tissue	8.47	NA	NA	9.84	8.82	1.66	090
67345		A	Destroy nerve of eye muscle	3.01	3.55	3.21	2.92	2.59	0.80	010
67346		A	Biopsy eye muscle	2.87	NA	NA	2.78	2.47	0.61	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	11.20	NA	NA	14.76	13.59	2.07	090
67405		A	Explore/drain eye socket	9.20	NA	NA	12.89	11.95	1.18	090
67412		A	Explore/treat eye socket	10.30	NA	NA	13.44	12.47	1.86	090
67413		A	Explore/treat eye socket	10.24	NA	NA	13.59	12.60	2.00	090
67414		A	Explr/decompress eye socket	17.94	NA	NA	19.25	17.12	2.29	090
67415		A	Aspiration orbital contents	1.76	NA	NA	1.24	1.04	0.24	000
67420		A	Explore/treat eye socket	21.87	NA	NA	23.51	21.29	4.31	090
67430		A	Explore/treat eye socket	15.29	NA	NA	19.53	17.91	1.09	090
67440		A	Explore/drain eye socket	14.84	NA	NA	18.84	17.26	1.91	090
67445		A	Explr/decompress eye socket	19.12	NA	NA	20.21	18.14	3.77	090
67450		A	Explore/biopsy eye socket	15.41	NA	NA	19.61	17.96	1.97	090
67500		A	Inject/treat eye socket	1.44	0.89	0.83	0.70	0.62	0.11	000
67505		A	Inject/treat eye socket	1.27	1.24	1.08	1.04	0.85	0.26	000
67515		A	Inject/treat eye socket	1.40	1.33	1.13	1.13	0.93	0.26	000
67550		A	Insert eye socket implant	11.77	NA	NA	15.18	13.95	2.30	090
67560		A	Revise eye socket implant	12.18	NA	NA	15.50	14.15	1.57	090
67570		A	Decompress optic nerve	14.40	NA	NA	17.39	16.11	5.16	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.40	5.84	5.82	1.84	1.67	0.23	010
67710		A	Incision of eyelid	1.07	4.97	5.01	1.64	1.51	0.22	010
67715		A	Incision of eyelid fold	1.27	5.14	5.13	1.77	1.63	0.26	010
67800		A	Remove eyelid lesion	1.41	2.13	1.97	1.50	1.35	0.24	010
67801		A	Remove eyelid lesions	1.91	2.61	2.40	1.85	1.65	0.37	010
67805		A	Remove eyelid lesions	2.27	3.35	3.10	2.37	2.12	0.44	010
67808		A	Remove eyelid lesion(s)	4.60	NA	NA	5.71	5.15	0.90	090
67810		A	Biopsy of eyelid	1.48	4.51	4.56	1.08	0.98	0.22	000

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67820		A	Revise eyelashes	0.71	0.70	0.65	0.79	0.72	0.11	000
67825		A	Revise eyelashes	1.43	2.14	2.00	1.96	1.80	0.27	010
67830		A	Revise eyelashes	1.75	5.51	5.44	2.12	1.92	0.34	010
67835		A	Revise eyelashes	5.70	NA	NA	6.61	5.96	1.13	090
67840		A	Remove eyelid lesion	2.09	5.45	5.37	2.36	2.13	0.34	010
67850		A	Treat eyelid lesion	1.74	4.24	4.22	2.10	1.99	0.24	010
67875		A	Closure of eyelid by suture	1.35	3.34	3.28	1.38	1.24	0.24	000
67880		A	Revision of eyelid	4.60	8.09	7.61	5.72	5.15	0.82	090
67882		A	Revision of eyelid	6.02	9.63	8.99	7.22	6.49	1.18	090
67900		A	Repair brow defect	6.82	10.96	10.33	7.48	6.76	1.22	090
67901		A	Repair eyelid defect	7.59	13.29	11.69	8.57	7.65	1.50	090
67902		A	Repair eyelid defect	9.82	NA	NA	10.54	9.20	1.93	090
67903		A	Repair eyelid defect	6.51	9.99	9.57	7.09	6.47	1.27	090
67904		A	Repair eyelid defect	7.97	12.36	11.51	8.81	7.80	1.52	090
67906		A	Repair eyelid defect	6.93	NA	NA	7.36	6.61	0.49	090
67908		A	Repair eyelid defect	5.30	8.41	7.84	6.59	6.09	1.05	090
67909		A	Revise eyelid defect	5.57	9.25	8.77	6.69	6.11	1.10	090
67911		A	Revise eyelid defect	7.50	NA	NA	8.29	7.31	1.40	090
67912		A	Correction eyelid w/implant	6.36	17.97	17.92	7.44	6.82	0.93	090
67914		A	Repair eyelid defect	3.75	6.96	6.67	4.33	3.92	0.68	090
67915		A	Repair eyelid defect	3.26	6.26	6.06	3.84	3.51	0.45	090
67916		A	Repair eyelid defect	5.48	9.43	8.94	6.62	6.03	0.95	090
67917		A	Repair eyelid defect	6.19	10.06	9.49	7.13	6.46	1.16	090
67921		A	Repair eyelid defect	3.47	6.74	6.48	4.13	3.73	0.68	090
67922		A	Repair eyelid defect	3.14	6.07	5.88	3.69	3.38	0.42	090
67923		A	Repair eyelid defect	6.05	9.70	9.12	7.02	6.35	1.13	090
67924		A	Repair eyelid defect	5.93	10.28	9.76	6.66	6.01	1.13	090
67930		A	Repair eyelid wound	3.65	6.45	6.15	3.14	2.79	0.71	010
67935		A	Repair eyelid wound	6.36	10.14	9.55	6.11	5.48	1.25	090
67938		A	Remove eyelid foreign body	1.38	5.23	5.20	1.86	1.70	0.22	010

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67950		A	Revision of eyelid	5.99	9.90	9.39	7.01	6.40	1.10	090
67961		A	Revision of eyelid	5.86	10.08	9.56	6.90	6.28	1.10	090
67966		A	Revision of eyelid	8.97	12.45	11.44	9.52	8.39	1.70	090
67971		A	Reconstruction of eyelid	10.01	NA	NA	10.35	9.29	1.96	090
67973		A	Reconstruction of eyelid	13.13	NA	NA	13.11	11.75	2.59	090
67974		A	Reconstruction of eyelid	13.10	NA	NA	13.08	11.70	2.59	090
67975		A	Reconstruction of eyelid	9.35	NA	NA	9.91	8.91	1.84	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.42	1.91	1.76	1.68	1.53	0.20	010
68040		A	Treatment of eyelid lesions	0.85	0.97	0.88	0.65	0.56	0.16	000
68100		A	Biopsy of eyelid lining	1.35	3.28	3.23	1.40	1.26	0.20	000
68110		A	Remove eyelid lining lesion	1.82	4.36	4.23	2.34	2.13	0.35	010
68115		A	Remove eyelid lining lesion	2.41	6.10	5.97	2.75	2.48	0.31	010
68130		A	Remove eyelid lining lesion	5.10	9.77	9.34	6.44	5.86	0.35	090
68135		A	Remove eyelid lining lesion	1.89	2.48	2.27	2.33	2.12	0.26	010
68200		A	Treat eyelid by injection	0.49	0.69	0.64	0.49	0.43	0.08	000
68320		A	Revise/graft eyelid lining	6.64	13.36	12.70	8.46	7.62	1.29	090
68325		A	Revise/graft eyelid lining	8.63	NA	NA	9.87	8.84	1.69	090
68326		A	Revise/graft eyelid lining	8.42	NA	NA	9.71	8.69	1.65	090
68328		A	Revise/graft eyelid lining	9.45	NA	NA	10.52	9.44	1.86	090
68330		A	Revise eyelid lining	5.78	10.90	10.36	7.14	6.42	1.14	090
68335		A	Revise/graft eyelid lining	8.46	NA	NA	9.70	8.68	1.66	090
68340		A	Separate eyelid adhesions	4.97	10.03	9.58	6.21	5.58	0.99	090
68360		A	Revise eyelid lining	5.17	9.46	8.98	6.32	5.70	1.02	090
68362		A	Revise eyelid lining	8.61	NA	NA	9.82	8.77	1.69	090
68371		A	Harvest eye tissue alograft	5.09	NA	NA	6.47	5.90	0.35	010
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.74	5.94	5.87	1.95	1.83	0.34	010
68420		A	Incise/drain tear sac	2.35	6.40	6.28	2.38	2.20	0.30	010
68440		A	Incise tear duct opening	0.99	1.84	1.82	1.76	1.63	0.20	010

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68500		A	Removal of tear gland	12.77	NA	NA	14.60	13.07	2.99	090
68505		A	Partial removal tear gland	12.69	NA	NA	14.54	13.18	2.48	090
68510		A	Biopsy of tear gland	4.60	7.73	7.43	3.69	3.18	0.90	000
68520		A	Removal of tear sac	8.78	NA	NA	10.45	9.48	1.14	090
68525		A	Biopsy of tear sac	4.42	NA	NA	3.10	2.65	0.86	000
68530		A	Clearance of tear duct	3.70	8.02	7.87	3.55	3.19	0.72	010
68540		A	Remove tear gland lesion	12.18	NA	NA	13.89	12.48	1.57	090
68550		A	Remove tear gland lesion	15.16	NA	NA	16.82	15.03	1.93	090
68700		A	Repair tear ducts	7.87	NA	NA	9.08	8.14	1.54	090
68705		A	Revise tear duct opening	2.11	4.38	4.25	2.55	2.31	0.41	010
68720		A	Create tear sac drain	9.96	NA	NA	11.27	10.16	1.66	090
68745		A	Create tear duct drain	9.90	NA	NA	11.42	10.29	1.95	090
68750		A	Create tear duct drain	10.10	NA	NA	11.97	10.80	1.97	090
68760		A	Close tear duct opening	1.78	3.74	3.62	2.30	2.10	0.34	010
68761		A	Close tear duct opening	1.41	2.66	2.54	1.91	1.76	0.22	010
68770		A	Close tear system fistula	8.29	NA	NA	9.37	7.92	1.62	090
68801		A	Dilate tear duct opening	1.00	2.44	2.34	1.99	1.88	0.16	010
68810		A	Probe nasolacrimal duct	2.15	4.52	4.28	3.07	2.89	0.39	010
68811		A	Probe nasolacrimal duct	2.45	NA	NA	3.32	3.04	0.48	010
68815		A	Probe nasolacrimal duct	3.30	8.97	8.72	3.92	3.56	0.59	010
68816		A	Probe nl duct w/balloon	3.06	17.02	16.27	3.98	3.59	0.60	010
68840		A	Explore/irrigate tear ducts	1.30	2.25	2.08	1.95	1.75	0.24	010
68850		A	Injection for tear sac x-ray	0.80	0.83	0.89	0.70	0.74	0.07	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.50	3.78	3.65	1.89	1.77	0.22	010
69005		A	Drain external ear lesion	2.16	3.98	3.83	2.34	2.21	0.29	010
69020		A	Drain outer ear canal lesion	1.53	5.22	5.10	2.59	2.50	0.20	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	2.02	2.11	0.59	0.55	0.11	000
69105		A	Biopsy of external ear canal	0.85	3.24	3.18	0.99	0.94	0.10	000

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69110		A	Remove external ear partial	3.53	9.56	9.41	5.77	5.64	0.53	090
69120		A	Removal of external ear	4.14	NA	NA	7.49	7.17	0.60	090
69140		A	Remove ear canal lesion(s)	8.14	NA	NA	17.26	16.74	1.05	090
69145		A	Remove ear canal lesion(s)	2.70	8.84	8.50	4.54	4.33	0.35	090
69150		A	Extensive ear canal surgery	13.61	NA	NA	16.15	15.52	1.95	090
69155		A	Extensive ear/neck surgery	23.35	NA	NA	24.86	23.53	3.01	090
69200		A	Clear outer ear canal	0.77	2.78	2.73	0.88	0.81	0.10	000
69205		A	Clear outer ear canal	1.21	NA	NA	1.72	1.64	0.16	010
69210		A	Remove impacted ear wax	0.61	0.85	0.79	0.32	0.28	0.07	000
69220		A	Clean out mastoid cavity	0.83	3.27	3.19	0.95	0.92	0.10	000
69222		A	Clean out mastoid cavity	1.45	4.97	4.87	2.53	2.45	0.18	010
69300		R	Revise external ear	6.69	13.36	12.17	7.06	6.57	0.86	YYY
69310		A	Rebuild outer ear canal	10.97	NA	NA	20.48	19.83	1.44	090
69320		A	Rebuild outer ear canal	17.18	NA	NA	27.10	26.20	2.20	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	3.48	3.34	0.96	0.91	0.10	000
69401		A	Inflate middle ear canal	0.63	1.89	1.79	0.80	0.76	0.07	000
69405		A	Catheterize middle ear canal	2.68	4.90	4.67	2.89	2.72	0.34	010
69420		A	Incision of eardrum	1.38	4.20	4.09	2.12	2.02	0.18	010
69421		A	Incision of eardrum	1.78	NA	NA	2.55	2.46	0.23	010
69424		A	Remove ventilating tube	0.85	2.89	2.84	0.95	0.89	0.10	000
69433		A	Create eardrum opening	1.57	4.23	4.10	2.20	2.09	0.22	010
69436		A	Create eardrum opening	2.01	NA	NA	2.65	2.56	0.26	010
69440		A	Exploration of middle ear	7.71	NA	NA	12.32	11.70	0.99	090
69450		A	Eardrum revision	5.69	NA	NA	10.16	9.67	0.72	090
69501		A	Mastoidectomy	9.21	NA	NA	12.02	11.35	1.18	090
69502		A	Mastoidectomy	12.56	NA	NA	15.51	14.66	1.69	090
69505		A	Remove mastoid structures	13.17	NA	NA	21.72	20.91	1.70	090
69511		A	Extensive mastoid surgery	13.70	NA	NA	22.03	21.24	1.77	090
69530		A	Extensive mastoid surgery	20.38	NA	NA	27.47	26.27	2.61	090

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69535		A	Remove part of temporal bone	37.42	NA	NA	39.37	37.20	5.23	090
69540		A	Remove ear lesion	1.25	4.86	4.76	2.45	2.38	0.16	010
69550		A	Remove ear lesion	11.15	NA	NA	19.04	18.36	1.44	090
69552		A	Remove ear lesion	19.81	NA	NA	25.62	24.44	2.55	090
69554		A	Remove ear lesion	35.97	NA	NA	36.94	34.02	4.61	090
69601		A	Mastoid surgery revision	13.45	NA	NA	16.90	15.97	1.71	090
69602		A	Mastoid surgery revision	13.76	NA	NA	17.82	16.86	1.77	090
69603		A	Mastoid surgery revision	14.20	NA	NA	22.33	21.60	1.82	090
69604		A	Mastoid surgery revision	14.20	NA	NA	18.08	17.23	1.82	090
69605		A	Mastoid surgery revision	18.69	NA	NA	26.48	25.40	2.40	090
69610		A	Repair of eardrum	4.47	6.68	6.46	3.94	3.71	0.59	010
69620		A	Repair of eardrum	6.03	14.07	13.72	8.09	7.72	0.76	090
69631		A	Repair eardrum structures	10.05	NA	NA	15.64	14.87	1.29	090
69632		A	Rebuild eardrum structures	12.96	NA	NA	18.34	17.42	1.66	090
69633		A	Rebuild eardrum structures	12.31	NA	NA	17.91	17.02	1.59	090
69635		A	Repair eardrum structures	13.51	NA	NA	21.93	21.06	1.74	090
69636		A	Rebuild eardrum structures	15.43	NA	NA	24.57	23.64	1.97	090
69637		A	Rebuild eardrum structures	15.32	NA	NA	24.54	23.60	2.00	090
69641		A	Revise middle ear & mastoid	12.89	NA	NA	17.27	16.39	1.67	090
69642		A	Revise middle ear & mastoid	17.06	NA	NA	21.72	20.58	2.19	090
69643		A	Revise middle ear & mastoid	15.59	NA	NA	19.87	18.81	2.00	090
69644		A	Revise middle ear & mastoid	17.23	NA	NA	25.55	24.59	2.22	090
69645		A	Revise middle ear & mastoid	16.71	NA	NA	25.32	24.34	2.18	090
69646		A	Revise middle ear & mastoid	18.37	NA	NA	26.24	25.14	2.35	090
69650		A	Release middle ear bone	9.80	NA	NA	13.54	12.69	1.25	090
69660		A	Revise middle ear bone	12.03	NA	NA	14.84	14.04	1.55	090
69661		A	Revise middle ear bone	15.92	NA	NA	19.09	18.09	2.00	090
69662		A	Revise middle ear bone	15.60	NA	NA	17.87	16.89	2.00	090
69666		A	Repair middle ear structures	9.89	NA	NA	13.58	12.83	1.28	090
69667		A	Repair middle ear structures	9.90	NA	NA	13.56	12.86	1.28	090

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69670		A	Remove mastoid air cells	11.73	NA	NA	15.66	14.80	1.51	090
69676		A	Remove middle ear nerve	9.69	NA	NA	14.46	13.79	1.24	090
69700		A	Close mastoid fistula	8.37	NA	NA	11.53	11.05	1.08	090
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711		A	Remove/repair hearing aid	10.62	NA	NA	14.42	13.74	1.36	090
69714		A	Implant temple bone w/stimul	14.45	NA	NA	16.69	15.76	1.86	090
69715		A	Temple bne implnt w/stimulat	18.96	NA	NA	19.53	18.35	2.42	090
69717		A	Temple bone implant revision	15.43	NA	NA	17.30	16.51	1.97	090
69718		A	Revise temple bone implant	19.21	NA	NA	19.68	18.51	2.45	090
69720		A	Release facial nerve	14.71	NA	NA	19.37	18.35	1.89	090
69725		A	Release facial nerve	27.64	NA	NA	26.81	25.02	3.55	090
69740		A	Repair facial nerve	16.27	NA	NA	17.55	16.53	2.08	090
69745		A	Repair facial nerve	17.02	NA	NA	18.98	17.98	2.18	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	2.06	3.61	3.61	1.57	6.59	0.27	000
69802		A	Incise inner ear	13.50	NA	NA	16.70	15.78	1.71	090
69805		A	Explore inner ear	14.71	NA	NA	15.84	14.84	1.89	090
69806		A	Explore inner ear	12.63	NA	NA	14.73	13.92	1.63	090
69820		A	Establish inner ear window	10.52	NA	NA	14.36	13.71	1.36	090
69840		A	Revise inner ear window	10.44	NA	NA	12.68	13.62	0.73	090
69905		A	Remove inner ear	11.26	NA	NA	15.38	14.64	1.46	090
69910		A	Remove inner ear & mastoid	13.91	NA	NA	15.57	14.71	1.80	090
69915		A	Incise inner ear nerve	22.77	NA	NA	21.76	20.27	2.97	090
69930		A	Implant cochlear device	17.73	NA	NA	17.65	16.73	2.27	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	27.63	NA	NA	28.74	25.02	3.55	090
69955		A	Release facial nerve	29.42	NA	NA	27.87	26.04	3.78	090
69960		A	Release inner ear canal	29.42	NA	NA	26.28	24.42	3.78	090
69970		A	Remove inner ear lesion	32.41	NA	NA	29.61	27.67	4.16	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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69990		R	Microsurgery add-on	3.46	NA	NA	1.93	1.86	1.16	ZZZ
70010		A	Contrast x-ray of brain	1.19	0.80	2.38	0.80	2.38	0.22	XXX
70010	TC	A	Contrast x-ray of brain	0.00	0.00	2.69	NA	NA	0.01	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.00	0.42	0.00	0.42	0.15	XXX
70015		A	Contrast x-ray of brain	1.19	3.01	3.09	NA	NA	0.08	XXX
70015	TC	A	Contrast x-ray of brain	0.00	2.56	2.59	NA	NA	0.01	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.45	0.50	0.45	0.50	0.07	XXX
70030		A	X-ray eye for foreign body	0.17	0.63	0.66	NA	NA	0.02	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.57	0.59	NA	NA	0.01	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.07	0.06	0.07	0.01	XXX
70100		A	X-ray exam of jaw	0.18	0.80	0.78	NA	NA	0.02	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.72	0.70	NA	NA	0.01	XXX
70100	26	A	X-ray exam of jaw	0.18	0.08	0.08	0.08	0.08	0.01	XXX
70110		A	X-ray exam of jaw	0.25	0.85	0.90	NA	NA	0.02	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.75	0.80	NA	NA	0.01	XXX
70110	26	A	X-ray exam of jaw	0.25	0.10	0.10	0.10	0.10	0.01	XXX
70120		A	X-ray exam of mastoids	0.18	0.84	0.84	NA	NA	0.02	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.76	0.76	NA	NA	0.01	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.08	0.08	0.08	0.08	0.01	XXX
70130		A	X-ray exam of mastoids	0.34	1.28	1.30	NA	NA	0.02	XXX
70130	TC	A	X-ray exam of mastoids	0.00	1.14	1.16	NA	NA	0.01	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.14	0.14	0.14	0.14	0.01	XXX
70134		A	X-ray exam of middle ear	0.34	0.95	1.01	NA	NA	0.02	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.82	0.87	NA	NA	0.01	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.13	0.14	0.13	0.14	0.01	XXX
70140		A	X-ray exam of facial bones	0.19	0.66	0.69	NA	NA	0.02	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.56	0.60	NA	NA	0.01	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.10	0.09	0.10	0.09	0.01	XXX
70150		A	X-ray exam of facial bones	0.26	0.94	0.99	NA	NA	0.02	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.83	0.88	NA	NA	0.01	XXX

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70150	26	A	X-ray exam of facial bones	0.26	0.11	0.11	0.11	0.11	0.01	XXX
70160		A	X-ray exam of nasal bones	0.17	0.76	0.79	NA	NA	0.02	XXX
70150	TC	A	X-ray exam of nasal bones	0.00	0.69	0.72	NA	NA	0.01	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.07	0.07	0.07	0.07	0.01	XXX
70170		C	X-ray exam of tear duct	0.00	0.00	0.00	NA	NA	0.00	XXX
70170	TC	C	X-ray exam of tear duct	0.00	0.00	0.00	NA	NA	0.00	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.11	0.12	0.11	0.12	0.03	XXX
70190		A	X-ray exam of eye sockets	0.21	0.80	0.83	NA	NA	0.02	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.71	0.74	NA	NA	0.01	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.09	0.09	0.09	0.09	0.01	XXX
70200		A	X-ray exam of eye sockets	0.28	0.94	1.01	NA	NA	0.02	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.83	0.89	NA	NA	0.01	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.11	0.12	0.11	0.12	0.01	XXX
7020F		I	Mammo assess cat in dbase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
70210		A	X-ray exam of sinuses	0.17	0.71	0.73	NA	NA	0.02	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.63	0.65	NA	NA	0.01	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.08	0.08	0.08	0.01	XXX
70220		A	X-ray exam of sinuses	0.25	0.85	0.88	NA	NA	0.02	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.74	0.78	NA	NA	0.01	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.11	0.10	0.11	0.10	0.01	XXX
70240		A	X-ray exam pituitary saddle	0.19	0.64	0.67	NA	NA	0.02	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.56	0.59	NA	NA	0.01	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.08	0.08	0.08	0.08	0.01	XXX
70250		A	X-ray exam of skull	0.24	0.81	0.84	NA	NA	0.02	XXX
70250	TC	A	X-ray exam of skull	0.00	0.70	0.73	NA	NA	0.01	XXX
70250	26	A	X-ray exam of skull	0.24	0.11	0.11	0.11	0.11	0.01	XXX
70260		A	X-ray exam of skull	0.34	0.99	1.04	NA	NA	0.02	XXX
70260	TC	A	X-ray exam of skull	0.00	0.84	0.90	NA	NA	0.01	XXX
70260	26	A	X-ray exam of skull	0.34	0.15	0.14	0.15	0.14	0.01	XXX
70300		A	X-ray exam of teeth	0.10	0.31	0.31	NA	NA	0.02	XXX

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70300	TC	A	X-ray exam of teeth	0.00	0.24	0.25	NA	NA	0.01	XXX
70300	26	A	X-ray exam of teeth	0.10	0.07	0.06	0.07	0.06	0.01	XXX
70310		A	X-ray exam of teeth	0.16	0.97	0.93	NA	NA	0.02	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.86	0.84	NA	NA	0.01	XXX
70310	26	A	X-ray exam of teeth	0.16	0.11	0.09	0.11	0.09	0.01	XXX
70320		A	Full mouth x-ray of teeth	0.22	1.25	1.25	NA	NA	0.02	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	1.12	1.14	NA	NA	0.01	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.13	0.11	0.13	0.11	0.01	XXX
70328		A	X-ray exam of jaw joint	0.18	0.69	0.72	NA	NA	0.02	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.61	0.64	NA	NA	0.01	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.08	0.08	0.08	0.08	0.01	XXX
70330		A	X-ray exam of jaw joints	0.24	1.12	1.17	NA	NA	0.02	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	1.01	1.06	NA	NA	0.01	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.11	0.11	0.11	0.01	XXX
70332		A	X-ray exam of jaw joint	0.54	1.87	1.95	NA	NA	0.04	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.56	1.68	NA	NA	0.01	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.31	0.27	0.31	0.27	0.03	XXX
70336		A	Magnetic image jaw joint	1.48	8.91	11.75	NA	NA	0.09	XXX
70336	TC	A	Magnetic image jaw joint	0.00	8.37	11.15	NA	NA	0.01	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.54	0.60	0.54	0.60	0.08	XXX
70350		A	X-ray head for orthodontia	0.17	0.44	0.44	NA	NA	0.02	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.32	0.34	NA	NA	0.01	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.12	0.10	0.12	0.10	0.01	XXX
70355		A	Panoramic x-ray of jaws	0.20	0.39	0.42	NA	NA	0.02	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.27	0.32	NA	NA	0.01	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.12	0.10	0.12	0.10	0.01	XXX
70360		A	X-ray exam of neck	0.17	0.60	0.63	NA	NA	0.02	XXX
70360	TC	A	X-ray exam of neck	0.00	0.53	0.56	NA	NA	0.01	XXX
70360	26	A	X-ray exam of neck	0.17	0.07	0.07	0.07	0.07	0.01	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	2.14	2.07	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
70370	TC	A	Throat x-ray & fluoroscopy	0.00	2.00	1.93	NA	NA	0.01	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.14	0.14	0.14	0.14	0.01	XXX
70371		A	Speech evaluation complex	0.84	1.76	1.91	NA	NA	0.04	XXX
70371	TC	A	Speech evaluation complex	0.00	1.41	1.57	NA	NA	0.01	XXX
70371	26	A	Speech evaluation complex	0.84	0.35	0.34	0.35	0.34	0.03	XXX
70373		A	Contrast x-ray of larynx	0.44	1.92	1.97	NA	NA	0.02	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.74	1.80	NA	NA	0.01	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.18	0.17	0.18	0.17	0.01	XXX
70380		A	X-ray exam of salivary gland	0.17	1.00	0.98	NA	NA	0.02	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.89	0.89	NA	NA	0.01	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.11	0.09	0.11	0.09	0.01	XXX
70390		A	X-ray exam of salivary duct	0.38	2.47	2.59	NA	NA	0.04	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	2.32	2.43	NA	NA	0.01	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.15	0.16	0.15	0.16	0.03	XXX
70450		A	Ct head/brain w/o dye	0.85	3.84	4.91	NA	NA	0.05	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	3.52	4.56	NA	NA	0.01	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.32	0.35	0.32	0.35	0.04	XXX
70460		A	Ct head/brain w/dye	1.13	5.04	6.38	NA	NA	0.06	XXX
70460	TC	A	Ct head/brain w/dye	0.00	4.61	5.91	NA	NA	0.01	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.43	0.47	0.43	0.47	0.05	XXX
70470		A	Ct head/brain w/o & w/dye	1.27	6.15	7.81	NA	NA	0.08	XXX
70470	TC	A	Ct head/brain w/o & w/dye	0.00	5.67	7.28	NA	NA	0.01	XXX
70470	26	A	Ct head/brain w/o & w/dye	1.27	0.48	0.53	0.48	0.53	0.07	XXX
70480		A	Ct orbit/ear/fossa w/o dye	1.28	6.63	7.94	NA	NA	0.08	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	6.14	7.41	NA	NA	0.01	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.49	0.53	0.49	0.53	0.07	XXX
70481		A	Ct orbit/ear/fossa w/dye	1.38	7.75	9.33	NA	NA	0.09	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	7.23	8.76	NA	NA	0.01	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.52	0.57	0.52	0.57	0.08	XXX
70482		A	Ct orbit/ear/fossa w/o&w/dye	1.45	8.68	10.65	NA	NA	0.09	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
70482	TC	A	Ct orbit/ear/fossa w/o&w/dye	0.00	8.14	10.06	NA	NA	0.01	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w/dye	1.45	0.54	0.59	0.54	0.59	0.08	XXX
70486		A	Ct maxillofacial w/o dye	1.14	5.38	6.55	NA	NA	0.06	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	4.93	6.07	NA	NA	0.01	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.45	0.48	0.45	0.48	0.05	XXX
70487		A	Ct maxillofacial w/dye	1.30	6.50	7.96	NA	NA	0.08	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	6.01	7.42	NA	NA	0.01	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.49	0.54	0.49	0.54	0.07	XXX
70488		A	Ct maxillofacial w/o & w/dye	1.42	8.00	9.84	NA	NA	0.09	XXX
70488	TC	A	Ct maxillofacial w/o & w/dye	0.00	7.47	9.26	NA	NA	0.01	XXX
70488	26	A	Ct maxillofacial w/o & w/dye	1.42	0.53	0.58	0.53	0.58	0.08	XXX
70490		A	Ct soft tissue neck w/o dye	1.28	5.03	6.24	NA	NA	0.08	XXX
70490	TC	A	Ct soft tissue neck w/o dye	0.00	4.55	5.71	NA	NA	0.01	XXX
70490	26	A	Ct soft tissue neck w/o dye	1.28	0.48	0.53	0.48	0.53	0.07	XXX
70491		A	Ct soft tissue neck w/dye	1.38	6.25	7.69	NA	NA	0.08	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	5.72	7.12	NA	NA	0.01	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.53	0.57	0.53	0.57	0.07	XXX
70492		A	Ct sft tsue nck w/o & w/dye	1.45	7.66	9.51	NA	NA	0.09	XXX
70492	TC	A	Ct sft tsue nck w/o & w/dye	0.00	7.12	8.92	NA	NA	0.01	XXX
70492	26	A	Ct sft tsue nck w/o & w/dye	1.45	0.54	0.59	0.54	0.59	0.08	XXX
70496		A	Ct angiography head	1.75	12.53	15.69	NA	NA	0.11	XXX
70496	TC	A	Ct angiography head	0.00	11.88	14.96	NA	NA	0.01	XXX
70496	26	A	Ct angiography head	1.75	0.65	0.73	0.65	0.73	0.10	XXX
70498		A	Ct angiography neck	1.75	13.03	15.99	NA	NA	0.11	XXX
70498	TC	A	Ct angiography neck	0.00	12.38	15.26	NA	NA	0.01	XXX
70498	26	A	Ct angiography neck	1.75	0.65	0.73	0.65	0.73	0.10	XXX
70540		A	Mri orbit/face/neck w/o dye	1.35	10.31	13.33	NA	NA	0.09	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	9.81	12.78	NA	NA	0.01	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.50	0.55	0.50	0.55	0.08	XXX
70542		A	Mri orbit/face/neck w/dye	1.62	11.58	14.78	NA	NA	0.11	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
70542	TC	A	Mri orbit/face/neck w/dye	0.00	10.98	14.12	NA	NA	0.01	XXX
70542	26	A	Mri orbit/face/neck w/dye	1.62	0.60	0.66	0.60	0.66	0.10	XXX
70543		A	Mri orbt/fac/nck w/o & w/dye	2.15	13.89	19.29	NA	NA	0.13	XXX
70543	TC	A	Mri orbt/fac/nck w/o & w/dye	0.00	13.10	18.42	NA	NA	0.01	XXX
70543	26	A	Mri orbt/fac/nck w/o & w/dye	2.15	0.79	0.87	0.79	0.87	0.12	XXX
70544		A	Mr angiography head w/o dye	1.20	11.92	14.87	NA	NA	0.08	XXX
70544	TC	A	Mr angiography head w/o dye	0.00	11.47	14.38	NA	NA	0.01	XXX
70544	26	A	Mr angiography head w/o dye	1.20	0.45	0.49	0.45	0.49	0.07	XXX
70545		A	Mr angiography head w/dye	1.20	11.80	14.77	NA	NA	0.08	XXX
70545	TC	A	Mr angiography head w/dye	0.00	11.36	14.28	NA	NA	0.01	XXX
70545	26	A	Mr angiography head w/dye	1.20	0.44	0.49	0.44	0.49	0.07	XXX
70546		A	Mr angiograph head w/o&w/dye	1.80	18.05	23.36	NA	NA	0.12	XXX
70546	TC	A	Mr angiograph head w/o&w/dye	0.00	17.38	22.62	NA	NA	0.01	XXX
70546	26	A	Mr angiograph head w/o&w/dye	1.80	0.67	0.74	0.67	0.74	0.11	XXX
70547		A	Mr angiography neck w/o dye	1.20	11.91	14.84	NA	NA	0.08	XXX
70547	TC	A	Mr angiography neck w/o dye	0.00	11.46	14.35	NA	NA	0.01	XXX
70547	26	A	Mr angiography neck w/o dye	1.20	0.45	0.49	0.45	0.49	0.07	XXX
70548		A	Mr angiography neck w/dye	1.20	12.72	15.64	NA	NA	0.08	XXX
70548	TC	A	Mr angiography neck w/dye	0.00	12.27	15.15	NA	NA	0.01	XXX
70548	26	A	Mr angiography neck w/dye	1.20	0.45	0.49	0.45	0.49	0.07	XXX
70549		A	Mr angiograph neck w/o&w/dye	1.80	18.06	23.38	NA	NA	0.11	XXX
70549	TC	A	Mr angiograph neck w/o&w/dye	0.00	17.39	22.64	NA	NA	0.01	XXX
70549	26	A	Mr angiograph neck w/o&w/dye	1.80	0.67	0.74	0.67	0.74	0.10	XXX
70551		A	Mri brain w/o dye	1.48	10.79	13.71	NA	NA	0.09	XXX
70551	TC	A	Mri brain w/o dye	0.00	10.24	13.10	NA	NA	0.01	XXX
70551	26	A	Mri brain w/o dye	1.48	0.55	0.61	0.55	0.61	0.08	XXX
70552		A	Mri brain w/dye	1.78	11.92	15.15	NA	NA	0.12	XXX
70552	TC	A	Mri brain w/dye	0.00	11.25	14.41	NA	NA	0.01	XXX
70552	26	A	Mri brain w/dye	1.78	0.67	0.74	0.67	0.74	0.11	XXX
70553		A	Mri brain w/o & w/dye	2.36	13.68	18.91	NA	NA	0.15	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
70553	TC	A	Mri brain w/o & w/dye	0.00	12.80	17.94	NA	NA	0.01	XXX
70553	26	A	Mri brain w/o & w/dye	2.36	0.88	0.97	0.88	0.97	0.14	XXX
70554		A	Fmri brain by tech	2.11	12.01	14.61	NA	NA	0.13	XXX
70554	TC	A	Fmri brain by tech	0.00	11.20	13.72	NA	NA	0.01	XXX
70554	26	A	Fmri brain by tech	2.11	0.81	0.89	0.81	0.89	0.12	XXX
70555		C	Fmri brain by phys/psych	0.00	0.00	0.00	NA	NA	0.00	XXX
70555	TC	C	Fmri brain by phys/psych	0.00	0.00	0.00	NA	NA	0.00	XXX
70555	26	A	Fmri brain by phys/psych	2.54	0.92	1.06	0.92	1.06	0.24	XXX
70557		C	Mri brain w/o dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70557	TC	C	Mri brain w/o dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70557	26	A	Mri brain w/o dye	2.90	1.62	1.50	1.62	1.50	1.05	XXX
70558		C	Mri brain w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70558	TC	C	Mri brain w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70558	26	A	Mri brain w/dye	3.20	1.20	1.33	1.20	1.33	0.30	XXX
70559		C	Mri brain w/o & w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70559	TC	C	Mri brain w/o & w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70559	26	A	Mri brain w/o & w/dye	3.20	1.24	1.38	1.24	1.38	0.30	XXX
71010		A	Chest x-ray	0.18	0.46	0.50	NA	NA	0.02	XXX
71010	TC	A	Chest x-ray	0.00	0.39	0.43	NA	NA	0.01	XXX
71010	26	A	Chest x-ray	0.18	0.07	0.07	0.07	0.07	0.01	XXX
71015		A	Chest x-ray	0.21	0.62	0.66	NA	NA	0.02	XXX
71015	TC	A	Chest x-ray	0.00	0.54	0.58	NA	NA	0.01	XXX
71015	26	A	Chest x-ray	0.21	0.08	0.08	0.08	0.08	0.01	XXX
71020		A	Chest x-ray	0.22	0.62	0.68	NA	NA	0.02	XXX
71020	TC	A	Chest x-ray	0.00	0.53	0.59	NA	NA	0.01	XXX
71020	26	A	Chest x-ray	0.22	0.09	0.09	0.09	0.09	0.01	XXX
71021		A	Chest x-ray	0.27	0.79	0.84	NA	NA	0.02	XXX
71021	TC	A	Chest x-ray	0.00	0.67	0.73	NA	NA	0.01	XXX
71021	26	A	Chest x-ray	0.27	0.12	0.11	0.12	0.11	0.01	XXX
71022		A	Chest x-ray	0.31	1.00	1.05	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
71022	TC	A	Chest x-ray	0.00	0.87	0.92	NA	NA	0.01	XXX
71022	26	A	Chest x-ray	0.31	0.13	0.13	0.13	0.13	0.01	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	1.60	1.65	NA	NA	0.02	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	1.45	1.48	NA	NA	0.01	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.15	0.17	0.15	0.17	0.01	XXX
71030		A	Chest x-ray	0.31	0.96	1.04	NA	NA	0.02	XXX
71030	TC	A	Chest x-ray	0.00	0.84	0.91	NA	NA	0.01	XXX
71030	26	A	Chest x-ray	0.31	0.12	0.13	0.12	0.13	0.01	XXX
71034		A	Chest x-ray and fluoroscopy	0.46	1.90	2.15	NA	NA	0.02	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.72	1.93	NA	NA	0.01	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.18	0.22	0.18	0.22	0.01	XXX
71035		A	Chest x-ray	0.18	0.81	0.85	NA	NA	0.02	XXX
71035	TC	A	Chest x-ray	0.00	0.74	0.77	NA	NA	0.01	XXX
71035	26	A	Chest x-ray	0.18	0.07	0.08	0.07	0.08	0.01	XXX
71040		A	Contrast x-ray of bronchi	0.58	2.15	2.26	NA	NA	0.02	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.94	2.03	NA	NA	0.01	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.21	0.23	0.21	0.23	0.01	XXX
71060		A	Contrast x-ray of bronchi	0.74	3.22	3.39	NA	NA	0.05	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.94	3.09	NA	NA	0.01	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.28	0.30	0.28	0.30	0.04	XXX
71090		C	X-ray & pacemaker insertion	0.00	0.00	0.00	NA	NA	0.00	XXX
71090	TC	C	X-ray & pacemaker insertion	0.00	0.00	0.00	NA	NA	0.00	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.21	0.26	0.21	0.26	0.04	XXX
71100		A	X-ray exam of ribs	0.22	0.68	0.72	NA	NA	0.02	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.59	0.63	NA	NA	0.01	XXX
71100	26	A	X-ray exam of ribs	0.22	0.09	0.09	0.09	0.09	0.01	XXX
71101		A	X-ray exam of ribs/chest	0.27	0.84	0.88	NA	NA	0.02	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.73	0.77	NA	NA	0.01	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.11	0.11	0.11	0.11	0.01	XXX
71110		A	X-ray exam of ribs	0.27	0.88	0.92	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
71110	TC	A	X-ray exam of ribs	0.00	0.76	0.81	NA	NA	0.01	XXX
71110	26	A	X-ray exam of ribs	0.27	0.12	0.11	0.12	0.11	0.01	XXX
71111		A	X-ray exam of ribs/chest	0.32	1.17	1.22	NA	NA	0.02	XXX
71111	TC	A	X-ray exam of ribs/chest	0.00	1.04	1.09	NA	NA	0.01	XXX
71111	26	A	X-ray exam of ribs/chest	0.32	0.13	0.13	0.13	0.13	0.01	XXX
71120		A	X-ray exam of breastbone	0.20	0.67	0.73	NA	NA	0.02	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.59	0.65	NA	NA	0.01	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.08	0.08	0.08	0.08	0.01	XXX
71130		A	X-ray exam of breastbone	0.22	0.81	0.87	NA	NA	0.02	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.72	0.78	NA	NA	0.01	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.09	0.09	0.09	0.09	0.01	XXX
71250		A	Ct thorax w/o dye	1.00	4.94	6.35	NA	NA	0.06	XXX
71250	TC	A	Ct thorax w/o dye	0.00	4.57	5.90	NA	NA	0.01	XXX
71250	26	A	Ct thorax w/o dye	1.00	0.37	0.45	0.37	0.45	0.05	XXX
71260		A	Ct thorax w/dye	1.24	6.21	7.87	NA	NA	0.08	XXX
71260	TC	A	Ct thorax w/dye	0.00	5.74	7.35	NA	NA	0.01	XXX
71260	26	A	Ct thorax w/dye	1.24	0.47	0.52	0.47	0.52	0.07	XXX
71270		A	Ct thorax w/o & w/dye	1.38	7.69	9.82	NA	NA	0.08	XXX
71270	TC	A	Ct thorax w/o & w/dye	0.00	7.18	9.25	NA	NA	0.01	XXX
71270	26	A	Ct thorax w/o & w/dye	1.38	0.51	0.57	0.51	0.57	0.07	XXX
71275		A	Ct angiography chest	1.92	9.41	12.00	NA	NA	0.12	XXX
71275	TC	A	Ct angiography chest	0.00	8.70	11.20	NA	NA	0.01	XXX
71275	26	A	Ct angiography chest	1.92	0.71	0.80	0.71	0.80	0.11	XXX
71550		A	Mri chest w/o dye	1.46	11.97	15.14	NA	NA	0.09	XXX
71550	TC	A	Mri chest w/o dye	0.00	11.43	14.55	NA	NA	0.01	XXX
71550	26	A	Mri chest w/o dye	1.46	0.54	0.59	0.54	0.59	0.08	XXX
71551		A	Mri chest w/dye	1.73	13.53	16.97	NA	NA	0.11	XXX
71551	TC	A	Mri chest w/dye	0.00	12.88	16.27	NA	NA	0.01	XXX
71551	26	A	Mri chest w/dye	1.73	0.65	0.70	0.65	0.70	0.10	XXX
71552		A	Mri chest w/o & w/dye	2.26	16.63	22.39	NA	NA	0.13	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
71552	TC	A	Mri chest w/o & w/dye	0.00	15.79	21.45	NA	NA	0.01	XXX
71552	26	A	Mri chest w/o & w/dye	2.26	0.84	0.94	0.84	0.94	0.12	XXX
71555		R	Mri angio chest w or w/o dye	1.81	11.54	14.47	NA	NA	0.11	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	10.86	13.71	NA	NA	0.01	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.68	0.76	0.68	0.76	0.10	XXX
72010		A	X-ray exam of spine	0.45	1.76	1.71	NA	NA	0.04	XXX
72010	TC	A	X-ray exam of spine	0.00	1.55	1.52	NA	NA	0.01	XXX
72010	26	A	X-ray exam of spine	0.45	0.21	0.19	0.21	0.19	0.03	XXX
72020		A	X-ray exam of spine	0.15	0.50	0.54	NA	NA	0.02	XXX
72020	TC	A	X-ray exam of spine	0.00	0.44	0.47	NA	NA	0.01	XXX
72020	26	A	X-ray exam of spine	0.15	0.06	0.07	0.06	0.07	0.01	XXX
72040		A	X-ray exam of neck spine	0.22	0.89	0.90	NA	NA	0.04	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.79	0.80	NA	NA	0.01	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.10	0.10	0.10	0.03	XXX
72050		A	X-ray exam of neck spine	0.31	1.16	1.22	NA	NA	0.04	XXX
72050	TC	A	X-ray exam of neck spine	0.00	1.04	1.09	NA	NA	0.01	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.12	0.13	0.12	0.13	0.03	XXX
72052		A	X-ray exam of neck spine	0.36	1.54	1.59	NA	NA	0.04	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.39	1.44	NA	NA	0.01	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.15	0.15	0.15	0.15	0.03	XXX
72069		A	X-ray exam of trunk spine	0.22	0.85	0.85	NA	NA	0.04	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.75	0.75	NA	NA	0.01	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.10	0.10	0.03	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.72	0.77	NA	NA	0.02	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.62	0.67	NA	NA	0.01	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.10	0.10	0.10	0.10	0.01	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.81	0.88	NA	NA	0.02	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.73	0.79	NA	NA	0.01	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.08	0.09	0.08	0.09	0.01	XXX
72074		A	X-ray exam of thoracic spine	0.22	1.01	1.08	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
72074	TC	A	X-ray exam of thoracic spine	0.00	0.92	0.99	NA	NA	0.01	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.09	0.09	0.09	0.09	0.01	XXX
72080		A	X-ray exam of trunk spine	0.22	0.80	0.83	NA	NA	0.04	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.70	0.73	NA	NA	0.01	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.10	0.10	0.03	XXX
72090		A	X-ray exam of trunk spine	0.28	1.14	1.14	NA	NA	0.05	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	1.01	1.01	NA	NA	0.01	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.13	0.13	0.13	0.04	XXX
72100		A	X-ray exam of lower spine	0.22	0.94	0.95	NA	NA	0.04	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.84	0.85	NA	NA	0.01	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.10	0.10	0.10	0.03	XXX
72110		A	X-ray exam of lower spine	0.31	1.25	1.30	NA	NA	0.04	XXX
72110	TC	A	X-ray exam of lower spine	0.00	1.12	1.17	NA	NA	0.01	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.13	0.13	0.13	0.13	0.03	XXX
72114		A	X-ray exam of lower spine	0.36	1.77	1.80	NA	NA	0.05	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.61	1.64	NA	NA	0.01	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.16	0.16	0.16	0.16	0.04	XXX
72120		A	X-ray exam of lower spine	0.22	1.28	1.27	NA	NA	0.04	XXX
72120	TC	A	X-ray exam of lower spine	0.00	1.17	1.17	NA	NA	0.01	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.11	0.10	0.11	0.10	0.03	XXX
72125		A	Ct neck spine w/o dye	1.00	4.99	6.39	NA	NA	0.06	XXX
72125	TC	A	Ct neck spine w/o dye	0.00	4.62	5.94	NA	NA	0.01	XXX
72125	26	A	Ct neck spine w/o dye	1.00	0.37	0.45	0.37	0.45	0.05	XXX
72126		A	Ct neck spine w/dye	1.22	6.22	7.87	NA	NA	0.08	XXX
72126	TC	A	Ct neck spine w/dye	0.00	5.77	7.37	NA	NA	0.01	XXX
72126	26	A	Ct neck spine w/dye	1.22	0.45	0.50	0.45	0.50	0.07	XXX
72127		A	Ct neck spine w/o & w/dye	1.27	7.66	9.76	NA	NA	0.08	XXX
72127	TC	A	Ct neck spine w/o & w/dye	0.00	7.19	9.24	NA	NA	0.01	XXX
72127	26	A	Ct neck spine w/o & w/dye	1.27	0.47	0.52	0.47	0.52	0.07	XXX
72128		A	Ct chest spine w/o dye	1.00	4.98	6.38	NA	NA	0.06	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
72128	TC	A	Ct chest spine w/o dye	0.00	4.61	5.93	NA	NA	0.01	XXX
72128	26	A	Ct chest spine w/o dye	1.00	0.37	0.45	0.37	0.45	0.05	XXX
72129		A	Ct chest spine w/dye	1.22	6.25	7.89	NA	NA	0.08	XXX
72129	TC	A	Ct chest spine w/dye	0.00	5.79	7.38	NA	NA	0.01	XXX
72129	26	A	Ct chest spine w/dye	1.22	0.46	0.51	0.46	0.51	0.07	XXX
72130		A	Ct chest spine w/o & w/dye	1.27	7.66	9.77	NA	NA	0.08	XXX
72130	TC	A	Ct chest spine w/o & w/dye	0.00	7.19	9.25	NA	NA	0.01	XXX
72130	26	A	Ct chest spine w/o & w/dye	1.27	0.47	0.52	0.47	0.52	0.07	XXX
72131		A	Ct lumbar spine w/o dye	1.00	4.97	6.36	NA	NA	0.06	XXX
72131	TC	A	Ct lumbar spine w/o dye	0.00	4.59	5.91	NA	NA	0.01	XXX
72131	26	A	Ct lumbar spine w/o dye	1.00	0.38	0.45	0.38	0.45	0.05	XXX
72132		A	Ct lumbar spine w/dye	1.22	6.22	7.87	NA	NA	0.08	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	5.77	7.36	NA	NA	0.01	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.45	0.51	0.45	0.51	0.07	XXX
72133		A	Ct lumbar spine w/o & w/dye	1.27	7.65	9.76	NA	NA	0.08	XXX
72133	TC	A	Ct lumbar spine w/o & w/dye	0.00	7.18	9.24	NA	NA	0.01	XXX
72133	26	A	Ct lumbar spine w/o & w/dye	1.27	0.47	0.52	0.47	0.52	0.07	XXX
72141		A	Mri neck spine w/o dye	1.60	9.32	12.08	NA	NA	0.11	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	8.71	11.42	NA	NA	0.01	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.61	0.66	0.61	0.66	0.10	XXX
72142		A	Mri neck spine w/dye	1.92	12.02	15.21	NA	NA	0.12	XXX
72142	TC	A	Mri neck spine w/dye	0.00	11.29	14.42	NA	NA	0.01	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.73	0.79	0.73	0.79	0.11	XXX
72146		A	Mri chest spine w/o dye	1.60	9.33	12.28	NA	NA	0.11	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	8.73	11.62	NA	NA	0.01	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.60	0.66	0.60	0.66	0.10	XXX
72147		A	Mri chest spine w/dye	1.92	10.48	13.52	NA	NA	0.12	XXX
72147	TC	A	Mri chest spine w/dye	0.00	9.75	12.72	NA	NA	0.01	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.73	0.80	0.73	0.80	0.11	XXX
72148		A	Mri lumbar spine w/o dye	1.48	9.26	12.21	NA	NA	0.11	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
72148	TC	A	Mri lumbar spine w/o dye	0.00	8.70	11.60	NA	NA	0.01	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.56	0.61	0.56	0.61	0.10	XXX
72149		A	Mri lumbar spine w/dye	1.78	11.81	15.07	NA	NA	0.12	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	11.13	14.33	NA	NA	0.01	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.68	0.74	0.68	0.74	0.11	XXX
72156		A	Mri neck spine w/o & w/dye	2.57	13.48	18.69	NA	NA	0.17	XXX
72156	TC	A	Mri neck spine w/o & w/dye	0.00	12.52	17.63	NA	NA	0.01	XXX
72156	26	A	Mri neck spine w/o & w/dye	2.57	0.96	1.06	0.96	1.06	0.16	XXX
72157		A	Mri chest spine w/o & w/dye	2.57	12.37	17.42	NA	NA	0.17	XXX
72157	TC	A	Mri chest spine w/o & w/dye	0.00	11.41	16.36	NA	NA	0.01	XXX
72157	26	A	Mri chest spine w/o & w/dye	2.57	0.96	1.06	0.96	1.06	0.16	XXX
72158		A	Mri lumbar spine w/o & w/dye	2.36	13.35	18.56	NA	NA	0.17	XXX
72158	TC	A	Mri lumbar spine w/o & w/dye	0.00	12.46	17.59	NA	NA	0.01	XXX
72158	26	A	Mri lumbar spine w/o & w/dye	2.36	0.89	0.97	0.89	0.97	0.16	XXX
72159		R	Mr angio spine w/o&w/dye	1.80	13.63	16.23	NA	NA	0.08	XXX
72159	TC	R	Mr angio spine w/o&w/dye	0.00	12.84	15.45	NA	NA	0.01	XXX
72159	26	R	Mr angio spine w/o&w/dye	1.80	0.79	0.78	0.79	0.78	0.07	XXX
72170		A	X-ray exam of pelvis	0.17	0.57	0.60	NA	NA	0.04	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.49	0.52	NA	NA	0.01	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.08	0.08	0.08	0.08	0.03	XXX
72190		A	X-ray exam of pelvis	0.21	0.99	1.00	NA	NA	0.04	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.89	0.90	NA	NA	0.01	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.10	0.10	0.10	0.03	XXX
72191		A	Ct angiograph pelv w/o&w/dye	1.81	8.94	11.52	NA	NA	0.13	XXX
72191	TC	A	Ct angiograph pelv w/o&w/dye	0.00	8.27	10.77	NA	NA	0.01	XXX
72191	26	A	Ct angiograph pelv w/o&w/dye	1.81	0.67	0.75	0.67	0.75	0.12	XXX
72192		A	Ct pelvis w/o dye	1.09	4.69	6.03	NA	NA	0.06	XXX
72192	TC	A	Ct pelvis w/o dye	0.00	4.28	5.58	NA	NA	0.01	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.41	0.45	0.41	0.45	0.05	XXX
72193		A	Ct pelvis w/dye	1.16	5.87	7.46	NA	NA	0.08	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
72193	TC	A	Ct pelvis w/dye	0.00	5.44	6.98	NA	NA	0.01	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.43	0.48	0.43	0.48	0.07	XXX
72194		A	Ct pelvis w/o & w/dye	1.22	7.78	9.84	NA	NA	0.08	XXX
72194	TC	A	Ct pelvis w/o & w/dye	0.00	7.33	9.34	NA	NA	0.01	XXX
72194	26	A	Ct pelvis w/o & w/dye	1.22	0.45	0.50	0.45	0.50	0.07	XXX
72195		A	Mri pelvis w/o dye	1.46	10.67	13.63	NA	NA	0.11	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	10.12	13.03	NA	NA	0.01	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.55	0.60	0.55	0.60	0.10	XXX
72196		A	Mri pelvis w/dye	1.73	11.76	14.99	NA	NA	0.11	XXX
72196	TC	A	Mri pelvis w/dye	0.00	11.11	14.27	NA	NA	0.01	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.65	0.72	0.65	0.72	0.10	XXX
72197		A	Mri pelvis w/o & w/dye	2.26	14.17	19.54	NA	NA	0.13	XXX
72197	TC	A	Mri pelvis w/o & w/dye	0.00	13.33	18.61	NA	NA	0.01	XXX
72197	26	A	Mri pelvis w/o & w/dye	2.26	0.84	0.93	0.84	0.93	0.12	XXX
72198		A	Mr angio pelvis w/o & w/dye	1.80	11.52	14.41	NA	NA	0.11	XXX
72198	TC	A	Mr angio pelvis w/o & w/dye	0.00	10.86	13.67	NA	NA	0.01	XXX
72198	26	A	Mr angio pelvis w/o & w/dye	1.80	0.66	0.74	0.66	0.74	0.10	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.65	0.69	NA	NA	0.02	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.58	0.62	NA	NA	0.01	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.07	0.07	0.07	0.07	0.01	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.76	0.82	NA	NA	0.02	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.69	0.74	NA	NA	0.01	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.07	0.08	0.07	0.08	0.01	XXX
72220		A	X-ray exam of tailbone	0.17	0.63	0.68	NA	NA	0.02	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.56	0.61	NA	NA	0.01	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.07	0.07	0.07	0.07	0.01	XXX
72240		A	Contrast x-ray of neck spine	0.91	2.73	3.31	NA	NA	0.06	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	2.38	2.93	NA	NA	0.01	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.35	0.38	0.35	0.38	0.05	XXX
72255		A	Contrast x-ray thorax spine	0.91	2.65	3.06	NA	NA	0.05	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
72255	TC	A	Contrast x-ray thorax spine	0.00	2.28	2.69	NA	NA	0.01	XXX
72255	26	A	Contrast x-ray thorax spine	0.91	0.37	0.37	0.37	0.37	0.04	XXX
72265		A	Contrast x-ray lower spine	0.83	2.75	3.20	NA	NA	0.05	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	2.42	2.85	NA	NA	0.01	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.33	0.35	0.33	0.35	0.04	XXX
72270		A	Contrast x-ray spine	1.33	4.24	4.94	NA	NA	0.08	XXX
72270	TC	A	Contrast x-ray spine	0.00	3.73	4.39	NA	NA	0.01	XXX
72270	26	A	Contrast x-ray spine	1.33	0.51	0.55	0.51	0.55	0.07	XXX
72275		A	Epidurography	0.76	2.68	2.49	NA	NA	0.05	XXX
72275	TC	A	Epidurography	0.00	2.30	2.17	NA	NA	0.01	XXX
72275	26	A	Epidurography	0.76	0.38	0.32	0.38	0.32	0.04	XXX
72285		A	X-ray c/t spine disk	1.16	2.26	3.14	NA	NA	0.06	XXX
72285	TC	A	X-ray c/t spine disk	0.00	1.66	2.63	NA	NA	0.01	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.60	0.51	0.60	0.51	0.05	XXX
72291		C	Perq verte/sacroplsty fluor	0.00	0.00	0.00	NA	NA	0.00	XXX
72291	TC	C	Perq verte/sacroplsty fluor	0.00	0.00	0.00	NA	NA	0.00	XXX
72291	26	A	Perq verte/sacroplsty fluor	1.31	0.60	0.61	0.60	0.61	0.22	XXX
72292		C	Perq verte/sacroplsty ct	0.00	0.00	0.00	NA	NA	0.00	XXX
72292	TC	C	Perq verte/sacroplsty ct	0.00	0.00	0.00	NA	NA	0.00	XXX
72292	26	A	Perq verte/sacroplsty ct	1.38	0.58	0.62	0.58	0.62	0.20	XXX
72295		A	X-ray of lower spine disk	0.83	2.12	2.96	NA	NA	0.05	XXX
72295	TC	A	X-ray of lower spine disk	0.00	1.70	2.59	NA	NA	0.01	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.42	0.37	0.42	0.37	0.04	XXX
73000		A	X-ray exam of collar bone	0.16	0.66	0.67	NA	NA	0.02	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.58	0.60	NA	NA	0.01	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.08	0.07	0.08	0.07	0.01	XXX
73010		A	X-ray exam of shoulder blade	0.17	0.70	0.70	NA	NA	0.04	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.62	0.62	NA	NA	0.01	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.08	0.08	0.08	0.03	XXX
73020		A	X-ray exam of shoulder	0.15	0.52	0.53	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.47	NA	NA	0.01	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.06	0.07	0.06	0.01	XXX
73030		A	X-ray exam of shoulder	0.18	0.68	0.70	NA	NA	0.04	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.59	0.61	NA	NA	0.01	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.09	0.09	0.09	0.09	0.03	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.46	2.60	NA	NA	0.05	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.24	2.37	NA	NA	0.01	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.22	0.23	0.22	0.23	0.04	XXX
73050		A	X-ray exam of shoulders	0.20	0.91	0.90	NA	NA	0.04	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.81	0.80	NA	NA	0.01	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.10	0.10	0.10	0.10	0.03	XXX
73060		A	X-ray exam of humerus	0.17	0.65	0.68	NA	NA	0.02	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.57	0.60	NA	NA	0.01	XXX
73060	26	A	X-ray exam of humerus	0.17	0.08	0.08	0.08	0.08	0.01	XXX
73070		A	X-ray exam of elbow	0.15	0.65	0.67	NA	NA	0.02	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.58	0.60	NA	NA	0.01	XXX
73070	26	A	X-ray exam of elbow	0.15	0.07	0.07	0.07	0.07	0.01	XXX
73080		A	X-ray exam of elbow	0.17	0.77	0.82	NA	NA	0.02	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.70	0.75	NA	NA	0.01	XXX
73080	26	A	X-ray exam of elbow	0.17	0.07	0.07	0.07	0.07	0.01	XXX
73085		A	Contrast x-ray of elbow	0.54	2.21	2.31	NA	NA	0.04	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.96	2.07	NA	NA	0.01	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.24	0.25	0.24	0.03	XXX
73090		A	X-ray exam of forearm	0.16	0.62	0.65	NA	NA	0.02	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.55	0.58	NA	NA	0.01	XXX
73090	26	A	X-ray exam of forearm	0.16	0.07	0.07	0.07	0.07	0.01	XXX
73092		A	X-ray exam of arm infant	0.16	0.76	0.73	NA	NA	0.02	XXX
73092	TC	A	X-ray exam of arm infant	0.00	0.69	0.66	NA	NA	0.01	XXX
73092	26	A	X-ray exam of arm infant	0.16	0.07	0.07	0.07	0.07	0.01	XXX
73100		A	X-ray exam of wrist	0.16	0.73	0.72	NA	NA	0.04	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73100	TC	A	X-ray exam of wrist	0.00	0.65	0.64	NA	NA	0.01	XXX
73100	26	A	X-ray exam of wrist	0.16	0.08	0.08	0.08	0.08	0.03	XXX
73110		A	X-ray exam of wrist	0.17	0.89	0.89	NA	NA	0.02	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.81	0.81	NA	NA	0.01	XXX
73110	26	A	X-ray exam of wrist	0.17	0.08	0.08	0.08	0.08	0.01	XXX
73115		A	Contrast x-ray of wrist	0.54	2.66	2.64	NA	NA	0.05	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	2.41	2.39	NA	NA	0.01	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.25	0.25	0.25	0.04	XXX
73120		A	X-ray exam of hand	0.16	0.62	0.64	NA	NA	0.02	XXX
73120	TC	A	X-ray exam of hand	0.00	0.55	0.57	NA	NA	0.01	XXX
73120	26	A	X-ray exam of hand	0.16	0.07	0.07	0.07	0.07	0.01	XXX
73130		A	X-ray exam of hand	0.17	0.75	0.76	NA	NA	0.02	XXX
73130	TC	A	X-ray exam of hand	0.00	0.67	0.69	NA	NA	0.01	XXX
73130	26	A	X-ray exam of hand	0.17	0.08	0.07	0.08	0.07	0.01	XXX
73140		A	X-ray exam of finger(s)	0.13	0.81	0.78	NA	NA	0.02	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.75	0.72	NA	NA	0.01	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.06	0.06	0.06	0.01	XXX
73200		A	Ct upper extremity w/o dye	1.00	4.93	6.17	NA	NA	0.08	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	4.56	5.74	NA	NA	0.01	XXX
73200	26	A	Ct upper extremity w/o dye	1.00	0.37	0.43	0.37	0.43	0.07	XXX
73201		A	Ct upper extremity w/dye	1.16	6.15	7.61	NA	NA	0.08	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	5.71	7.13	NA	NA	0.01	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.44	0.48	0.44	0.48	0.07	XXX
73202		A	Ct uppr extremity w/o&w/dye	1.22	8.09	10.02	NA	NA	0.08	XXX
73202	TC	A	Ct uppr extremity w/o&w/dye	0.00	7.63	9.52	NA	NA	0.01	XXX
73202	26	A	Ct uppr extremity w/o&w/dye	1.22	0.46	0.50	0.46	0.50	0.07	XXX
73206		A	Ct angio upr extrm w/o&w/dye	1.81	8.48	10.93	NA	NA	0.09	XXX
73206	TC	A	Ct angio upr extrm w/o&w/dye	0.00	7.81	10.17	NA	NA	0.01	XXX
73206	26	A	Ct angio upr extrm w/o&w/dye	1.81	0.67	0.76	0.67	0.76	0.08	XXX
73218		A	Mri upper extremity w/o dye	1.35	10.93	13.86	NA	NA	0.08	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73218	TC	A	Mri upper extremity w/o dye	0.00	10.40	13.30	NA	NA	0.01	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.53	0.56	0.53	0.56	0.07	XXX
73219		A	Mri upper extremity w/dye	1.62	11.43	14.82	NA	NA	0.11	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	10.82	14.15	NA	NA	0.01	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.61	0.67	0.61	0.67	0.10	XXX
73220		A	Mri uppr extremity w/o&w/dye	2.15	14.21	19.58	NA	NA	0.13	XXX
73220	TC	A	Mri uppr extremity w/o&w/dye	0.00	13.40	18.69	NA	NA	0.01	XXX
73220	26	A	Mri uppr extremity w/o&w/dye	2.15	0.81	0.89	0.81	0.89	0.12	XXX
73221		A	Mri joint upr extrem w/o dye	1.35	10.12	12.95	NA	NA	0.11	XXX
73221	TC	A	Mri joint upr extrem w/o dye	0.00	9.59	12.38	NA	NA	0.01	XXX
73221	26	A	Mri joint upr extrem w/o dye	1.35	0.53	0.57	0.53	0.57	0.10	XXX
73222		A	Mri joint upr extrem w/dye	1.62	10.75	13.97	NA	NA	0.11	XXX
73222	TC	A	Mri joint upr extrem w/dye	0.00	10.14	13.30	NA	NA	0.01	XXX
73222	26	A	Mri joint upr extrem w/dye	1.62	0.61	0.67	0.61	0.67	0.10	XXX
73223		A	Mri joint upr extr w/o&w/dye	2.15	13.25	18.47	NA	NA	0.13	XXX
73223	TC	A	Mri joint upr extr w/o&w/dye	0.00	12.43	17.59	NA	NA	0.01	XXX
73223	26	A	Mri joint upr extr w/o&w/dye	2.15	0.82	0.88	0.82	0.88	0.12	XXX
73225		R	Mr angio upr extr w/o&w/dye	1.73	13.60	16.01	NA	NA	0.08	XXX
73225	TC	R	Mr angio upr extr w/o&w/dye	0.00	12.84	15.26	NA	NA	0.01	XXX
73225	26	R	Mr angio upr extr w/o&w/dye	1.73	0.76	0.75	0.76	0.75	0.07	XXX
73500		A	X-ray exam of hip	0.17	0.58	0.59	NA	NA	0.04	XXX
73500	TC	A	X-ray exam of hip	0.00	0.50	0.51	NA	NA	0.01	XXX
73500	26	A	X-ray exam of hip	0.17	0.08	0.08	0.08	0.08	0.03	XXX
73510		A	X-ray exam of hip	0.21	0.89	0.90	NA	NA	0.04	XXX
73510	TC	A	X-ray exam of hip	0.00	0.79	0.80	NA	NA	0.01	XXX
73510	26	A	X-ray exam of hip	0.21	0.10	0.10	0.10	0.10	0.03	XXX
73520		A	X-ray exam of hips	0.26	0.89	0.91	NA	NA	0.04	XXX
73520	TC	A	X-ray exam of hips	0.00	0.77	0.80	NA	NA	0.01	XXX
73520	26	A	X-ray exam of hips	0.26	0.12	0.11	0.12	0.11	0.03	XXX
73525		A	Contrast x-ray of hip	0.54	2.37	2.38	NA	NA	0.05	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73525	TC	A	Contrast x-ray of hip	0.00	2.11	2.13	NA	NA	0.01	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.26	0.25	0.26	0.25	0.04	XXX
73530		C	X-ray exam of hip	0.00	0.00	0.00	NA	NA	0.00	XXX
73530	TC	C	X-ray exam of hip	0.00	0.00	0.00	NA	NA	0.00	XXX
73530	26	A	X-ray exam of hip	0.29	0.11	0.12	0.11	0.12	0.03	XXX
73540		A	X-ray exam of pelvis & hips	0.20	1.03	0.97	NA	NA	0.04	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.93	0.88	NA	NA	0.01	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.09	0.10	0.09	0.03	XXX
73542		A	X-ray exam sacroiliac joint	0.59	1.85	1.81	NA	NA	0.04	XXX
73542	TC	A	X-ray exam sacroiliac joint	0.00	1.56	1.56	NA	NA	0.01	XXX
73542	26	A	X-ray exam sacroiliac joint	0.59	0.29	0.25	0.29	0.25	0.03	XXX
73550		A	X-ray exam of thigh	0.17	0.62	0.64	NA	NA	0.04	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.57	NA	NA	0.01	XXX
73550	26	A	X-ray exam of thigh	0.17	0.08	0.07	0.08	0.07	0.03	XXX
73560		A	X-ray exam of knee 1 or 2	0.17	0.69	0.70	NA	NA	0.04	XXX
73560	TC	A	X-ray exam of knee 1 or 2	0.00	0.61	0.62	NA	NA	0.01	XXX
73560	26	A	X-ray exam of knee 1 or 2	0.17	0.08	0.08	0.08	0.08	0.03	XXX
73562		A	X-ray exam of knee 3	0.18	0.87	0.87	NA	NA	0.04	XXX
73562	TC	A	X-ray exam of knee 3	0.00	0.78	0.78	NA	NA	0.01	XXX
73562	26	A	X-ray exam of knee 3	0.18	0.09	0.09	0.09	0.09	0.03	XXX
73564		A	X-ray exam knee 4 or more	0.22	1.00	0.99	NA	NA	0.04	XXX
73564	TC	A	X-ray exam knee 4 or more	0.00	0.90	0.89	NA	NA	0.01	XXX
73564	26	A	X-ray exam knee 4 or more	0.22	0.10	0.10	0.10	0.10	0.03	XXX
73565		A	X-ray exam of knees	0.17	0.83	0.80	NA	NA	0.04	XXX
73565	TC	A	X-ray exam of knees	0.00	0.74	0.71	NA	NA	0.01	XXX
73565	26	A	X-ray exam of knees	0.17	0.09	0.09	0.09	0.09	0.03	XXX
73580		A	Contrast x-ray of knee joint	0.54	3.42	3.30	NA	NA	0.06	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	3.13	3.03	NA	NA	0.01	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.29	0.27	0.29	0.27	0.05	XXX
73590		A	X-ray exam of lower leg	0.17	0.60	0.63	NA	NA	0.02	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73590	TC	A	X-ray exam of lower leg	0.00	0.53	0.56	NA	NA	0.01	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.07	0.07	0.07	0.01	XXX
73592		A	X-ray exam of leg infant	0.16	0.79	0.74	NA	NA	0.02	XXX
73592	TC	A	X-ray exam of leg infant	0.00	0.71	0.67	NA	NA	0.01	XXX
73592	26	A	X-ray exam of leg infant	0.16	0.08	0.07	0.08	0.07	0.01	XXX
73600		A	X-ray exam of ankle	0.16	0.65	0.66	NA	NA	0.02	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.58	0.59	NA	NA	0.01	XXX
73600	26	A	X-ray exam of ankle	0.16	0.07	0.07	0.07	0.07	0.01	XXX
73610		A	X-ray exam of ankle	0.17	0.78	0.77	NA	NA	0.02	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.70	0.70	NA	NA	0.01	XXX
73610	26	A	X-ray exam of ankle	0.17	0.08	0.07	0.08	0.07	0.01	XXX
73615		A	Contrast x-ray of ankle	0.54	2.51	2.49	NA	NA	0.05	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.24	2.24	NA	NA	0.01	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.27	0.25	0.27	0.25	0.04	XXX
73620		A	X-ray exam of foot	0.16	0.63	0.63	NA	NA	0.02	XXX
73620	TC	A	X-ray exam of foot	0.00	0.57	0.57	NA	NA	0.01	XXX
73620	26	A	X-ray exam of foot	0.16	0.06	0.06	0.06	0.06	0.01	XXX
73630		A	X-ray exam of foot	0.17	0.72	0.75	NA	NA	0.02	XXX
73630	TC	A	X-ray exam of foot	0.00	0.65	0.68	NA	NA	0.01	XXX
73630	26	A	X-ray exam of foot	0.17	0.07	0.07	0.07	0.07	0.01	XXX
73650		A	X-ray exam of heel	0.16	0.65	0.65	NA	NA	0.02	XXX
73650	TC	A	X-ray exam of heel	0.00	0.58	0.58	NA	NA	0.01	XXX
73650	26	A	X-ray exam of heel	0.16	0.07	0.07	0.07	0.07	0.01	XXX
73660		A	X-ray exam of toe(s)	0.13	0.73	0.72	NA	NA	0.02	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.67	0.67	NA	NA	0.01	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.05	0.06	0.05	0.01	XXX
73700		A	Ct lower extremity w/o dye	1.00	4.94	6.18	NA	NA	0.08	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	4.57	5.75	NA	NA	0.01	XXX
73700	26	A	Ct lower extremity w/o dye	1.00	0.37	0.43	0.37	0.43	0.07	XXX
73701		A	Ct lower extremity w/dye	1.16	6.23	7.69	NA	NA	0.08	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
73701	TC	A	Ct lower extremity w/dye	0.00	5.80	7.21	NA	NA	0.01	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.43	0.48	0.43	0.48	0.07	XXX
73702		A	Ct lwr extremity w/o&w/dye	1.22	8.16	10.08	NA	NA	0.08	XXX
73702	TC	A	Ct lwr extremity w/o&w/dye	0.00	7.70	9.57	NA	NA	0.01	XXX
73702	26	A	Ct lwr extremity w/o&w/dye	1.22	0.46	0.51	0.46	0.51	0.07	XXX
73706		A	Ct angio lwr extr w/o&w/dye	1.90	9.53	12.10	NA	NA	0.12	XXX
73706	TC	A	Ct angio lwr extr w/o&w/dye	0.00	8.82	11.30	NA	NA	0.01	XXX
73706	26	A	Ct angio lwr extr w/o&w/dye	1.90	0.71	0.80	0.71	0.80	0.11	XXX
73718		A	Mri lower extremity w/o dye	1.35	10.64	13.54	NA	NA	0.09	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	10.13	12.99	NA	NA	0.01	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.51	0.55	0.51	0.55	0.08	XXX
73719		A	Mri lower extremity w/dye	1.62	11.55	14.77	NA	NA	0.11	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	10.95	14.11	NA	NA	0.01	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.60	0.66	0.60	0.66	0.10	XXX
73720		A	Mri lwr extremity w/o&w/dye	2.15	14.26	19.60	NA	NA	0.13	XXX
73720	TC	A	Mri lwr extremity w/o&w/dye	0.00	13.46	18.72	NA	NA	0.01	XXX
73720	26	A	Mri lwr extremity w/o&w/dye	2.15	0.80	0.88	0.80	0.88	0.12	XXX
73721		A	Mri jnt of lwr extre w/o dye	1.35	10.38	13.22	NA	NA	0.11	XXX
73721	TC	A	Mri jnt of lwr extre w/o dye	0.00	9.85	12.66	NA	NA	0.01	XXX
73721	26	A	Mri jnt of lwr extre w/o dye	1.35	0.53	0.56	0.53	0.56	0.10	XXX
73722		A	Mri joint of lwr extr w/dye	1.62	11.08	14.22	NA	NA	0.12	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	10.46	13.54	NA	NA	0.01	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.62	0.68	0.62	0.68	0.11	XXX
73723		A	Mri joint lwr extr w/o&w/dye	2.15	13.24	18.43	NA	NA	0.13	XXX
73723	TC	A	Mri joint lwr extr w/o&w/dye	0.00	12.43	17.55	NA	NA	0.01	XXX
73723	26	A	Mri joint lwr extr w/o&w/dye	2.15	0.81	0.88	0.81	0.88	0.12	XXX
73725		R	Mr ang lwr ext w or w/o dye	1.82	11.56	14.43	NA	NA	0.11	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	10.89	13.68	NA	NA	0.01	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.67	0.75	0.67	0.75	0.10	XXX
74000		A	X-ray exam of abdomen	0.18	0.49	0.54	NA	NA	0.02	XXX

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74000	TC	A	X-ray exam of abdomen	0.00	0.42	0.47	NA	NA	0.01	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.07	0.07	0.07	0.07	0.01	XXX
74010		A	X-ray exam of abdomen	0.23	0.84	0.88	NA	NA	0.02	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.75	0.79	NA	NA	0.01	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.09	0.09	0.09	0.09	0.01	XXX
74020		A	X-ray exam of abdomen	0.27	0.85	0.90	NA	NA	0.02	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.75	0.79	NA	NA	0.01	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.10	0.11	0.10	0.11	0.01	XXX
74022		A	X-ray exam series abdomen	0.32	1.02	1.09	NA	NA	0.02	XXX
74022	TC	A	X-ray exam series abdomen	0.00	0.90	0.96	NA	NA	0.01	XXX
74022	26	A	X-ray exam series abdomen	0.32	0.12	0.13	0.12	0.13	0.01	XXX
74150		A	Ct abdomen w/o dye	1.19	4.71	6.03	NA	NA	0.08	XXX
74150	TC	A	Ct abdomen w/o dye	0.00	4.27	5.54	NA	NA	0.01	XXX
74150	26	A	Ct abdomen w/o dye	1.19	0.44	0.49	0.44	0.49	0.07	XXX
74160		A	Ct abdomen w/dye	1.27	6.83	8.52	NA	NA	0.08	XXX
74160	TC	A	Ct abdomen w/dye	0.00	6.35	7.99	NA	NA	0.01	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.48	0.53	0.48	0.53	0.07	XXX
74170		A	Ct abdomen w/o & w/dye	1.40	9.35	11.55	NA	NA	0.09	XXX
74170	TC	A	Ct abdomen w/o & w/dye	0.00	8.82	10.97	NA	NA	0.01	XXX
74170	26	A	Ct abdomen w/o & w/dye	1.40	0.53	0.58	0.53	0.58	0.08	XXX
74175		A	Ct angio abdom w/o & w/dye	1.90	9.56	12.26	NA	NA	0.13	XXX
74175	TC	A	Ct angio abdom w/o & w/dye	0.00	8.86	11.47	NA	NA	0.01	XXX
74175	26	A	Ct angio abdom w/o & w/dye	1.90	0.70	0.79	0.70	0.79	0.12	XXX
74176		A	Ct abd & pelvis w/o contrast	1.74	4.52	4.52	NA	NA	0.11	XXX
74176	TC	A	Ct abd & pelvis w/o contrast	0.00	3.87	3.87	NA	NA	0.01	XXX
74176	26	A	Ct abd & pelvis w/o contrast	1.74	0.65	0.65	0.65	0.65	0.10	XXX
74177		A	Ct abdomen&pelvis w/contrast	1.82	8.08	8.08	NA	NA	0.11	XXX
74177	TC	A	Ct abdomen&pelvis w/contrast	0.00	7.39	7.39	NA	NA	0.01	XXX
74177	26	A	Ct abdomen&pelvis w/contrast	1.82	0.69	0.69	0.69	0.69	0.10	XXX
74178		A	Ct abd&pelv 1+ section/regns	2.01	10.53	10.53	NA	NA	0.13	XXX

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74178	TC	A	Ct abd&pelv 1+ section/regns	0.00	9.77	9.77	NA	NA	0.01	XXX
74178	26	A	Ct abd&pelv 1+ section/regns	2.01	0.76	0.76	0.76	0.76	0.12	XXX
74181		A	Mri abdomen w/o dye	1.46	9.29	12.05	NA	NA	0.09	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	8.75	11.45	NA	NA	0.01	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.54	0.60	0.54	0.60	0.08	XXX
74182		A	Mri abdomen w/dye	1.73	13.12	16.56	NA	NA	0.11	XXX
74182	TC	A	Mri abdomen w/dye	0.00	12.48	15.85	NA	NA	0.01	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.64	0.71	0.64	0.71	0.10	XXX
74183		A	Mri abdomen w/o & w/dye	2.26	14.23	19.57	NA	NA	0.13	XXX
74183	TC	A	Mri abdomen w/o & w/dye	0.00	13.39	18.65	NA	NA	0.01	XXX
74183	26	A	Mri abdomen w/o & w/dye	2.26	0.84	0.92	0.84	0.92	0.12	XXX
74185		R	Mri angio abdom w orw/o dye	1.80	11.51	14.38	NA	NA	0.11	XXX
74185	TC	R	Mri angio abdom w orw/o dye	0.00	10.85	13.64	NA	NA	0.01	XXX
74185	26	R	Mri angio abdom w orw/o dye	1.80	0.66	0.74	0.66	0.74	0.10	XXX
74190		C	X-ray exam of peritoneum	0.00	0.00	0.00	NA	NA	0.00	XXX
74190	TC	C	X-ray exam of peritoneum	0.00	0.00	0.00	NA	NA	0.00	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.17	0.20	0.17	0.20	0.04	XXX
74210		A	Contrst x-ray exam of throat	0.36	1.84	1.94	NA	NA	0.02	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.71	1.79	NA	NA	0.01	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.13	0.15	0.13	0.15	0.01	XXX
74220		A	Contrast x-ray esophagus	0.46	2.09	2.17	NA	NA	0.04	XXX
74220	TC	A	Contrast x-ray esophagus	0.00	1.92	1.98	NA	NA	0.01	XXX
74220	26	A	Contrast x-ray esophagus	0.46	0.17	0.19	0.17	0.19	0.03	XXX
74230		A	Cine/vid x-ray throat/esoph	0.53	2.04	2.14	NA	NA	0.04	XXX
74230	TC	A	Cine/vid x-ray throat/esoph	0.00	1.84	1.92	NA	NA	0.01	XXX
74230	26	A	Cine/vid x-ray throat/esoph	0.53	0.20	0.22	0.20	0.22	0.03	XXX
74235		C	Remove esophagus obstruction	0.00	0.00	0.00	NA	NA	0.00	XXX
74235	TC	C	Remove esophagus obstruction	0.00	0.00	0.00	NA	NA	0.00	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.66	0.63	0.66	0.63	0.10	XXX
74240		A	X-ray exam upper gi tract	0.69	2.52	2.57	NA	NA	0.05	XXX

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74240	TC	A	X-ray exam upper gi tract	0.00	2.25	2.28	NA	NA	0.01	XXX
74240	26	A	X-ray exam upper gi tract	0.69	0.27	0.29	0.27	0.29	0.04	XXX
74241		A	X-ray exam upper gi tract	0.69	2.70	2.78	NA	NA	0.04	XXX
74241	TC	A	X-ray exam upper gi tract	0.00	2.44	2.50	NA	NA	0.01	XXX
74241	26	A	X-ray exam upper gi tract	0.69	0.26	0.28	0.26	0.28	0.03	XXX
74245		A	X-ray exam upper gi tract	0.91	4.10	4.27	NA	NA	0.06	XXX
74245	TC	A	X-ray exam upper gi tract	0.00	3.76	3.89	NA	NA	0.01	XXX
74245	26	A	X-ray exam upper gi tract	0.91	0.34	0.38	0.34	0.38	0.05	XXX
74246		A	Contrst x-ray uppr gi tract	0.69	2.91	3.02	NA	NA	0.05	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	2.65	2.73	NA	NA	0.01	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.26	0.29	0.26	0.29	0.04	XXX
74247		A	Contrst x-ray uppr gi tract	0.69	3.35	3.44	NA	NA	0.05	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	3.09	3.15	NA	NA	0.01	XXX
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.26	0.29	0.26	0.29	0.04	XXX
74249		A	Contrst x-ray uppr gi tract	0.91	4.52	4.68	NA	NA	0.06	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	4.18	4.30	NA	NA	0.01	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.34	0.38	0.34	0.38	0.05	XXX
74250		A	X-ray exam of small bowel	0.47	2.59	2.64	NA	NA	0.04	XXX
74250	TC	A	X-ray exam of small bowel	0.00	2.41	2.45	NA	NA	0.01	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.18	0.19	0.18	0.19	0.03	XXX
74251		A	X-ray exam of small bowel	0.69	10.56	10.08	NA	NA	0.05	XXX
74251	TC	A	X-ray exam of small bowel	0.00	10.30	9.79	NA	NA	0.01	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.26	0.29	0.26	0.29	0.04	XXX
74260		A	X-ray exam of small bowel	0.50	8.72	8.39	NA	NA	0.04	XXX
74260	TC	A	X-ray exam of small bowel	0.00	8.53	8.19	NA	NA	0.01	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.19	0.20	0.19	0.20	0.03	XXX
74261		A	Ct colonography dx	2.40	12.70	12.70	NA	NA	0.13	XXX
74261	TC	A	Ct colonography dx	0.00	11.80	11.80	NA	NA	0.01	XXX
74261	26	A	Ct colonography dx	2.40	0.90	0.90	0.90	0.90	0.12	XXX
74262		A	Ct colonography dx w/dye	2.50	14.27	14.27	NA	NA	0.15	XXX

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74262	TC	A	Ct colonography dx w/dye	0.00	13.33	13.33	NA	NA	0.01	XXX
74262	26	A	Ct colonography dx w/dye	2.50	0.94	0.94	0.94	0.94	0.14	XXX
74263		N	Ct colonography screening	2.28	20.09	20.09	NA	NA	0.13	XXX
74263	TC	N	Ct colonography screening	0.00	19.09	19.09	NA	NA	0.01	XXX
74263	26	N	Ct colonography screening	2.28	1.00	1.00	1.00	1.00	0.12	XXX
74270		A	Contrast x-ray exam of colon	0.69	3.73	3.79	NA	NA	0.05	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	3.47	3.50	NA	NA	0.01	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.26	0.29	0.26	0.29	0.04	XXX
74280		A	Contrast x-ray exam of colon	0.99	5.15	5.23	NA	NA	0.06	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	4.78	4.82	NA	NA	0.01	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.37	0.41	0.37	0.41	0.05	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.75	3.98	NA	NA	0.06	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.97	3.14	NA	NA	0.01	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.78	0.84	0.78	0.84	0.05	XXX
74290		A	Contrast x-ray gallbladder	0.32	1.66	1.68	NA	NA	0.02	XXX
74290	TC	A	Contrast x-ray gallbladder	0.00	1.54	1.55	NA	NA	0.01	XXX
74290	26	A	Contrast x-ray gallbladder	0.32	0.12	0.13	0.12	0.13	0.01	XXX
74291		A	Contrast x-rays gallbladder	0.20	1.76	1.67	NA	NA	0.02	XXX
74291	TC	A	Contrast x-rays gallbladder	0.00	1.68	1.59	NA	NA	0.01	XXX
74291	26	A	Contrast x-rays gallbladder	0.20	0.08	0.08	0.08	0.08	0.01	XXX
74300		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.14	0.15	0.14	0.15	0.03	XXX
74301		C	X-rays at surgery add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.08	0.09	0.08	0.09	0.03	ZZZ
74305		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74305	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.15	0.17	0.15	0.17	0.04	XXX
74320		A	Contrast x-ray of bile ducts	0.54	2.25	2.62	NA	NA	0.04	XXX

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74320	TC	A	Contrast x-ray of bile ducts	0.00	2.05	2.39	NA	NA	0.01	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.20	0.23	0.20	0.23	0.03	XXX
74327		A	X-ray bile stone removal	0.70	3.16	3.25	NA	NA	0.13	XXX
74327	TC	A	X-ray bile stone removal	0.00	2.90	2.96	NA	NA	0.01	XXX
74327	26	A	X-ray bile stone removal	0.70	0.26	0.29	0.26	0.29	0.12	XXX
74328		C	X-ray bile duct endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74328	TC	C	X-ray bile duct endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74328	26	A	X-ray bile duct endoscopy	0.70	0.29	0.31	0.29	0.31	0.05	XXX
74329		C	X-ray for pancreas endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74329	TC	C	X-ray for pancreas endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.29	0.31	0.29	0.31	0.05	XXX
74330		C	X-ray bile/panc endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74330	TC	C	X-ray bile/panc endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.36	0.39	0.36	0.39	0.07	XXX
74340		C	X-ray guide for gi tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74340	TC	C	X-ray guide for gi tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74340	26	A	X-ray guide for gi tube	0.54	0.21	0.23	0.21	0.23	0.04	XXX
74355		C	X-ray guide intestinal tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74355	TC	C	X-ray guide intestinal tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74355	26	A	X-ray guide intestinal tube	0.76	0.31	0.33	0.31	0.33	0.07	XXX
74360		C	X-ray guide gi dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74360	TC	C	X-ray guide gi dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74360	26	A	X-ray guide gi dilation	0.54	0.28	0.28	0.28	0.28	0.04	XXX
74363		C	X-ray bile duct dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74363	TC	C	X-ray bile duct dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74363	26	A	X-ray bile duct dilation	0.88	0.32	0.37	0.32	0.37	0.08	XXX
74400		A	Contrst x-ray urinary tract	0.49	2.64	2.78	NA	NA	0.04	XXX
74400	TC	A	Contrst x-ray urinary tract	0.00	2.46	2.58	NA	NA	0.01	XXX
74400	26	A	Contrst x-ray urinary tract	0.49	0.18	0.20	0.18	0.20	0.03	XXX
74410		A	Contrst x-ray urinary tract	0.49	2.64	2.88	NA	NA	0.04	XXX

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74410	TC	A	Contrst x-ray urinary tract	0.00	2.46	2.67	NA	NA	0.01	XXX
74410	26	A	Contrst x-ray urinary tract	0.49	0.18	0.21	0.18	0.21	0.03	XXX
74415		A	Contrst x-ray urinary tract	0.49	3.34	3.50	NA	NA	0.04	XXX
74415	TC	A	Contrst x-ray urinary tract	0.00	3.16	3.30	NA	NA	0.01	XXX
74415	26	A	Contrst x-ray urinary tract	0.49	0.18	0.20	0.18	0.20	0.03	XXX
74420		C	Contrst x-ray urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74420	TC	C	Contrst x-ray urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74420	26	A	Contrst x-ray urinary tract	0.36	0.14	0.15	0.14	0.15	0.03	XXX
74425		C	Contrst x-ray urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74425	TC	C	Contrst x-ray urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74425	26	A	Contrst x-ray urinary tract	0.36	0.13	0.15	0.13	0.15	0.03	XXX
74430		A	Contrast x-ray bladder	0.32	0.82	1.46	NA	NA	0.02	XXX
74430	TC	A	Contrast x-ray bladder	0.00	0.70	1.33	NA	NA	0.01	XXX
74430	26	A	Contrast x-ray bladder	0.32	0.12	0.13	0.12	0.13	0.01	XXX
74440		A	X-ray male genital tract	0.38	2.02	2.14	NA	NA	0.04	XXX
74440	TC	A	X-ray male genital tract	0.00	1.87	1.98	NA	NA	0.01	XXX
74440	26	A	X-ray male genital tract	0.38	0.15	0.16	0.15	0.16	0.03	XXX
74445		C	X-ray exam of penis	0.00	0.00	0.00	NA	NA	0.00	XXX
74445	TC	C	X-ray exam of penis	0.00	0.00	0.00	NA	NA	0.00	XXX
74445	26	A	X-ray exam of penis	1.14	0.45	0.50	0.45	0.50	0.10	XXX
74450		C	X-ray urethra/bladder	0.00	0.00	0.00	NA	NA	0.00	XXX
74450	TC	C	X-ray urethra/bladder	0.00	0.00	0.00	NA	NA	0.00	XXX
74450	26	A	X-ray urethra/bladder	0.33	0.12	0.14	0.12	0.14	0.03	XXX
74455		A	X-ray urethra/bladder	0.33	2.10	2.30	NA	NA	0.02	XXX
74455	TC	A	X-ray urethra/bladder	0.00	1.97	2.16	NA	NA	0.01	XXX
74455	26	A	X-ray urethra/bladder	0.33	0.13	0.14	0.13	0.14	0.01	XXX
74470		C	X-ray exam of kidney lesion	0.00	0.00	0.00	NA	NA	0.00	XXX
74470	TC	C	X-ray exam of kidney lesion	0.00	0.00	0.00	NA	NA	0.00	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.20	0.23	0.20	0.23	0.04	XXX
74475		A	X-ray control cath insert	0.54	2.23	2.73	NA	NA	0.04	XXX

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74475	TC	A	X-ray control cath insert	0.00	2.03	2.50	NA	NA	0.01	XXX
74475	26	A	X-ray control cath insert	0.54	0.20	0.23	0.20	0.23	0.03	XXX
74480		A	X-ray control cath insert	0.54	2.23	2.74	NA	NA	0.04	XXX
74480	TC	A	X-ray control cath insert	0.00	2.03	2.51	NA	NA	0.01	XXX
74480	26	A	X-ray control cath insert	0.54	0.20	0.23	0.20	0.23	0.03	XXX
74485		A	X-ray guide gu dilation	0.54	2.27	2.69	NA	NA	0.04	XXX
74485	TC	A	X-ray guide gu dilation	0.00	2.07	2.46	NA	NA	0.01	XXX
74485	26	A	X-ray guide gu dilation	0.54	0.20	0.23	0.20	0.23	0.03	XXX
74710		A	X-ray measurement of pelvis	0.34	0.68	0.81	NA	NA	0.02	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	0.55	0.67	NA	NA	0.01	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.13	0.14	0.13	0.14	0.01	XXX
74740		A	X-ray female genital tract	0.38	1.84	1.94	NA	NA	0.02	XXX
74740	TC	A	X-ray female genital tract	0.00	1.69	1.78	NA	NA	0.01	XXX
74740	26	A	X-ray female genital tract	0.38	0.15	0.16	0.15	0.16	0.01	XXX
74742		C	X-ray fallopian tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74742	TC	C	X-ray fallopian tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74742	26	A	X-ray fallopian tube	0.61	0.24	0.25	0.24	0.25	0.05	XXX
74775		C	X-ray exam of perineum	0.00	0.00	0.00	NA	NA	0.00	XXX
74775	TC	C	X-ray exam of perineum	0.00	0.00	0.00	NA	NA	0.00	XXX
74775	26	A	X-ray exam of perineum	0.62	0.23	0.26	0.23	0.26	0.05	XXX
75557		A	Cardiac mri for morph	2.35	8.11	10.76	NA	NA	0.11	XXX
75557	TC	A	Cardiac mri for morph	0.00	7.22	9.71	NA	NA	0.01	XXX
75557	26	A	Cardiac mri for morph	2.35	0.89	1.05	0.89	1.05	0.10	XXX
75559		A	Cardiac mri w/stress img	2.95	11.64	16.04	NA	NA	0.13	XXX
75559	TC	A	Cardiac mri w/stress img	0.00	10.52	14.66	NA	NA	0.01	XXX
75559	26	A	Cardiac mri w/stress img	2.95	1.12	1.38	1.12	1.38	0.12	XXX
75561		A	Cardiac mri for morph w/dye	2.60	11.36	15.18	NA	NA	0.12	XXX
75561	TC	A	Cardiac mri for morph w/dye	0.00	10.37	14.01	NA	NA	0.01	XXX
75561	26	A	Cardiac mri for morph w/dye	2.60	0.99	1.17	0.99	1.17	0.11	XXX
75563		A	Card mri w/stress img & dye	3.00	13.55	18.67	NA	NA	0.12	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
75563	TC	A	Card mri w/stress img & dye	0.00	12.38	17.21	NA	NA	0.01	XXX
75563	26	A	Card mri w/stress img & dye	3.00	1.17	1.46	1.17	1.46	0.11	XXX
75565		A	Card mri veloc flow mapping	0.25	1.92	1.92	NA	NA	0.02	ZZZ
75565	TC	A	Card mri veloc flow mapping	0.00	1.81	1.81	NA	NA	0.01	ZZZ
75565	26	A	Card mri veloc flow mapping	0.25	0.11	0.11	0.11	0.11	0.01	ZZZ
75571		A	Ct hrt w/o dye w/ca test	0.58	2.55	2.55	NA	NA	0.02	XXX
75571	TC	A	Ct hrt w/o dye w/ca test	0.00	2.33	2.33	NA	NA	0.01	XXX
75571	26	A	Ct hrt w/o dye w/ca test	0.58	0.22	0.22	0.22	0.22	0.01	XXX
75572		A	Ct hrt w/3d image	1.75	6.82	6.82	NA	NA	0.06	XXX
75572	TC	A	Ct hrt w/3d image	0.00	6.15	6.15	NA	NA	0.01	XXX
75572	26	A	Ct hrt w/3d image	1.75	0.67	0.67	0.67	0.67	0.05	XXX
75573		A	Ct hrt w/3d image congen	2.55	9.10	9.10	NA	NA	0.09	XXX
75573	TC	A	Ct hrt w/3d image congen	0.00	8.11	8.11	NA	NA	0.01	XXX
75573	26	A	Ct hrt w/3d image congen	2.55	0.99	0.99	0.99	0.99	0.08	XXX
75574		A	Ct angio hrt w/3d image	2.40	10.63	10.63	NA	NA	0.09	XXX
75574	TC	A	Ct angio hrt w/3d image	0.00	9.71	9.71	NA	NA	0.01	XXX
75574	26	A	Ct angio hrt w/3d image	2.40	0.92	0.92	0.92	0.92	0.08	XXX
75600		A	Contrast x-ray exam of aorta	0.49	5.43	7.45	NA	NA	0.04	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	5.25	7.22	NA	NA	0.01	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.18	0.23	0.18	0.23	0.03	XXX
75605		A	Contrast x-ray exam of aorta	1.14	3.18	5.13	NA	NA	0.08	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	2.76	4.63	NA	NA	0.01	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.42	0.50	0.42	0.50	0.07	XXX
75625		A	Contrast x-ray exam of aorta	1.14	3.27	5.11	NA	NA	0.11	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	2.86	4.64	NA	NA	0.01	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.41	0.47	0.41	0.47	0.10	XXX
75630		A	X-ray aorta leg arteries	1.79	3.51	5.51	NA	NA	0.11	XXX
75630	TC	A	X-ray aorta leg arteries	0.00	2.85	4.75	NA	NA	0.01	XXX
75630	26	A	X-ray aorta leg arteries	1.79	0.66	0.76	0.66	0.76	0.10	XXX
75635		A	Ct angio abdominal arteries	2.40	10.15	13.46	NA	NA	0.15	XXX

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75635	TC	A	Ct angio abdominal arteries	0.00	9.26	12.43	NA	NA	0.03	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.89	1.03	0.89	1.03	0.12	XXX
75650		A	Artery x-rays head & neck	1.49	3.44	5.30	NA	NA	0.11	XXX
75650	TC	A	Artery x-rays head & neck	0.00	2.89	4.67	NA	NA	0.01	XXX
75650	26	A	Artery x-rays head & neck	1.49	0.55	0.63	0.55	0.63	0.10	XXX
75658		A	Artery x-rays arm	1.31	4.05	5.67	NA	NA	0.09	XXX
75658	TC	A	Artery x-rays arm	0.00	3.59	5.16	NA	NA	0.01	XXX
75658	26	A	Artery x-rays arm	1.31	0.46	0.51	0.46	0.51	0.08	XXX
75660		A	Artery x-rays head & neck	1.31	4.16	5.81	NA	NA	0.05	XXX
75660	TC	A	Artery x-rays head & neck	0.00	3.63	5.24	NA	NA	0.01	XXX
75660	26	A	Artery x-rays head & neck	1.31	0.53	0.57	0.53	0.57	0.04	XXX
75662		A	Artery x-rays head & neck	1.66	5.05	6.77	NA	NA	0.10	XXX
75662	TC	A	Artery x-rays head & neck	0.00	4.38	6.01	NA	NA	0.03	XXX
75662	26	A	Artery x-rays head & neck	1.66	0.67	0.76	0.67	0.76	0.07	XXX
75665		A	Artery x-rays head & neck	1.31	4.39	6.05	NA	NA	0.12	XXX
75665	TC	A	Artery x-rays head & neck	0.00	3.87	5.48	NA	NA	0.01	XXX
75665	26	A	Artery x-rays head & neck	1.31	0.52	0.57	0.52	0.57	0.11	XXX
75671		A	Artery x-rays head & neck	1.66	5.24	6.93	NA	NA	0.13	XXX
75671	TC	A	Artery x-rays head & neck	0.00	4.59	6.21	NA	NA	0.03	XXX
75671	26	A	Artery x-rays head & neck	1.66	0.65	0.72	0.65	0.72	0.10	XXX
75676		A	Artery x-rays neck	1.31	4.03	5.75	NA	NA	0.12	XXX
75676	TC	A	Artery x-rays neck	0.00	3.52	5.19	NA	NA	0.01	XXX
75676	26	A	Artery x-rays neck	1.31	0.51	0.56	0.51	0.56	0.11	XXX
75680		A	Artery x-rays neck	1.66	4.56	6.36	NA	NA	0.11	XXX
75680	TC	A	Artery x-rays neck	0.00	3.92	5.64	NA	NA	0.01	XXX
75680	26	A	Artery x-rays neck	1.66	0.64	0.72	0.64	0.72	0.10	XXX
75685		A	Artery x-rays spine	1.31	4.12	5.81	NA	NA	0.09	XXX
75685	TC	A	Artery x-rays spine	0.00	3.60	5.24	NA	NA	0.01	XXX
75685	26	A	Artery x-rays spine	1.31	0.52	0.57	0.52	0.57	0.08	XXX
75705		A	Artery x-rays spine	2.18	4.44	6.14	NA	NA	0.08	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
75705	TC	A	Artery x-rays spine	0.00	3.59	5.20	NA	NA	0.01	XXX
75705	26	A	Artery x-rays spine	2.18	0.85	0.94	0.85	0.94	0.07	XXX
75710		A	Artery x-rays arm/leg	1.14	3.92	5.69	NA	NA	0.06	XXX
75710	TC	A	Artery x-rays arm/leg	0.00	3.50	5.22	NA	NA	0.01	XXX
75710	26	A	Artery x-rays arm/leg	1.14	0.42	0.47	0.42	0.47	0.05	XXX
75716		A	Artery x-rays arms/legs	1.31	4.70	6.53	NA	NA	0.13	XXX
75716	TC	A	Artery x-rays arms/legs	0.00	4.22	5.99	NA	NA	0.03	XXX
75716	26	A	Artery x-rays arms/legs	1.31	0.48	0.54	0.48	0.54	0.10	XXX
75722		A	Artery x-rays kidney	1.14	3.54	5.46	NA	NA	0.08	XXX
75722	TC	A	Artery x-rays kidney	0.00	3.12	4.96	NA	NA	0.01	XXX
75722	26	A	Artery x-rays kidney	1.14	0.42	0.50	0.42	0.50	0.07	XXX
75724		A	Artery x-rays kidneys	1.49	4.21	6.35	NA	NA	0.08	XXX
75724	TC	A	Artery x-rays kidneys	0.00	3.64	5.63	NA	NA	0.03	XXX
75724	26	A	Artery x-rays kidneys	1.49	0.57	0.72	0.57	0.72	0.05	XXX
75726		A	Artery x-rays abdomen	1.14	3.84	5.61	NA	NA	0.09	XXX
75726	TC	A	Artery x-rays abdomen	0.00	3.43	5.14	NA	NA	0.01	XXX
75726	26	A	Artery x-rays abdomen	1.14	0.41	0.47	0.41	0.47	0.08	XXX
75731		A	Artery x-rays adrenal gland	1.14	3.81	5.75	NA	NA	0.05	XXX
75731	TC	A	Artery x-rays adrenal gland	0.00	3.38	5.22	NA	NA	0.01	XXX
75731	26	A	Artery x-rays adrenal gland	1.14	0.43	0.53	0.43	0.53	0.04	XXX
75733		A	Artery x-rays adrenals	1.31	4.45	6.61	NA	NA	0.07	XXX
75733	TC	A	Artery x-rays adrenals	0.00	3.94	5.97	NA	NA	0.03	XXX
75733	26	A	Artery x-rays adrenals	1.31	0.51	0.64	0.51	0.64	0.04	XXX
75736		A	Artery x-rays pelvis	1.14	3.76	5.61	NA	NA	0.06	XXX
75736	TC	A	Artery x-rays pelvis	0.00	3.35	5.13	NA	NA	0.01	XXX
75736	26	A	Artery x-rays pelvis	1.14	0.41	0.48	0.41	0.48	0.05	XXX
75741		A	Artery x-rays lung	1.31	3.26	5.07	NA	NA	0.09	XXX
75741	TC	A	Artery x-rays lung	0.00	2.79	4.52	NA	NA	0.01	XXX
75741	26	A	Artery x-rays lung	1.31	0.47	0.55	0.47	0.55	0.08	XXX
75743		A	Artery x-rays lungs	1.66	3.64	5.47	NA	NA	0.11	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
75743	TC	A	Artery x-rays lungs	0.00	3.04	4.77	NA	NA	0.01	XXX
75743	26	A	Artery x-rays lungs	1.66	0.60	0.70	0.60	0.70	0.10	XXX
75746		A	Artery x-rays lung	1.14	3.62	5.40	NA	NA	0.08	XXX
75746	TC	A	Artery x-rays lung	0.00	3.19	4.92	NA	NA	0.01	XXX
75746	26	A	Artery x-rays lung	1.14	0.43	0.48	0.43	0.48	0.07	XXX
75756		A	Artery x-rays chest	1.14	3.80	5.77	NA	NA	0.23	XXX
75756	TC	A	Artery x-rays chest	0.00	3.39	5.23	NA	NA	0.01	XXX
75756	26	A	Artery x-rays chest	1.14	0.41	0.54	0.41	0.54	0.22	XXX
75774		A	Artery x-ray each vessel	0.36	2.50	4.30	NA	NA	0.04	ZZZ
75774	TC	A	Artery x-ray each vessel	0.00	2.37	4.15	NA	NA	0.01	ZZZ
75774	26	A	Artery x-ray each vessel	0.36	0.13	0.15	0.13	0.15	0.03	ZZZ
75791		A	Av dialysis shunt imaging	1.71	7.84	7.84	NA	NA	0.11	XXX
75791	TC	A	Av dialysis shunt imaging	0.00	7.22	7.22	NA	NA	0.01	XXX
75791	26	A	Av dialysis shunt imaging	1.71	0.62	0.62	0.62	0.62	0.10	XXX
75801		C	Lymph vessel x-ray arm/leg	0.00	0.00	0.00	NA	NA	0.00	XXX
75801	TC	C	Lymph vessel x-ray arm/leg	0.00	0.00	0.00	NA	NA	0.00	XXX
75801	26	A	Lymph vessel x-ray arm/leg	0.81	0.35	0.33	0.35	0.33	0.18	XXX
75803		C	Lymph vessel x-ray arms/legs	0.00	0.00	0.00	NA	NA	0.00	XXX
75803	TC	C	Lymph vessel x-ray arms/legs	0.00	0.00	0.00	NA	NA	0.00	XXX
75803	26	A	Lymph vessel x-ray arms/legs	1.17	0.44	0.49	0.44	0.49	0.10	XXX
75805		C	Lymph vessel x-ray trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75805	TC	C	Lymph vessel x-ray trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75805	26	A	Lymph vessel x-ray trunk	0.81	0.30	0.34	0.30	0.34	0.07	XXX
75807		C	Lymph vessel x-ray trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75807	TC	C	Lymph vessel x-ray trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75807	26	A	Lymph vessel x-ray trunk	1.17	0.45	0.50	0.45	0.50	0.10	XXX
75809		A	Nonvascular shunt x-ray	0.47	2.49	2.38	NA	NA	0.04	XXX
75809	TC	A	Nonvascular shunt x-ray	0.00	2.30	2.18	NA	NA	0.01	XXX
75809	26	A	Nonvascular shunt x-ray	0.47	0.19	0.20	0.19	0.20	0.03	XXX
75810		C	Vein x-ray spleen/liver	0.00	0.00	0.00	NA	NA	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
75810	TC	C	Vein x-ray spleen/liver	0.00	0.00	0.00	NA	NA	0.00	XXX
75810	26	A	Vein x-ray spleen/liver	1.14	0.43	0.49	0.43	0.49	0.10	XXX
75820		A	Vein x-ray arm/leg	0.70	2.88	2.96	NA	NA	0.05	XXX
75820	TC	A	Vein x-ray arm/leg	0.00	2.62	2.66	NA	NA	0.01	XXX
75820	26	A	Vein x-ray arm/leg	0.70	0.26	0.30	0.26	0.30	0.04	XXX
75822		A	Vein x-ray arms/legs	1.06	3.36	3.41	NA	NA	0.08	XXX
75822	TC	A	Vein x-ray arms/legs	0.00	2.97	2.98	NA	NA	0.01	XXX
75822	26	A	Vein x-ray arms/legs	1.06	0.39	0.43	0.39	0.43	0.07	XXX
75825		A	Vein x-ray trunk	1.14	3.10	4.86	NA	NA	0.09	XXX
75825	TC	A	Vein x-ray trunk	0.00	2.69	4.41	NA	NA	0.01	XXX
75825	26	A	Vein x-ray trunk	1.14	0.41	0.45	0.41	0.45	0.08	XXX
75827		A	Vein x-ray chest	1.14	3.27	4.94	NA	NA	0.08	XXX
75827	TC	A	Vein x-ray chest	0.00	2.86	4.50	NA	NA	0.01	XXX
75827	26	A	Vein x-ray chest	1.14	0.41	0.44	0.41	0.44	0.07	XXX
75831		A	Vein x-ray kidney	1.14	3.20	4.97	NA	NA	0.25	XXX
75831	TC	A	Vein x-ray kidney	0.00	2.80	4.51	NA	NA	0.01	XXX
75831	26	A	Vein x-ray kidney	1.14	0.40	0.46	0.40	0.46	0.24	XXX
75833		A	Vein x-ray kidneys	1.49	3.83	5.56	NA	NA	0.09	XXX
75833	TC	A	Vein x-ray kidneys	0.00	3.32	4.99	NA	NA	0.01	XXX
75833	26	A	Vein x-ray kidneys	1.49	0.51	0.57	0.51	0.57	0.08	XXX
75840		A	Vein x-ray adrenal gland	1.14	3.05	4.85	NA	NA	0.25	XXX
75840	TC	A	Vein x-ray adrenal gland	0.00	2.67	4.42	NA	NA	0.01	XXX
75840	26	A	Vein x-ray adrenal gland	1.14	0.38	0.43	0.38	0.43	0.24	XXX
75842		A	Vein x-ray adrenal glands	1.49	3.80	5.58	NA	NA	0.09	XXX
75842	TC	A	Vein x-ray adrenal glands	0.00	3.24	4.96	NA	NA	0.01	XXX
75842	26	A	Vein x-ray adrenal glands	1.49	0.56	0.62	0.56	0.62	0.08	XXX
75860		A	Vein x-ray neck	1.14	3.18	5.06	NA	NA	0.09	XXX
75860	TC	A	Vein x-ray neck	0.00	2.76	4.56	NA	NA	0.01	XXX
75860	26	A	Vein x-ray neck	1.14	0.42	0.50	0.42	0.50	0.08	XXX
75870		A	Vein x-ray skull	1.14	3.15	4.99	NA	NA	0.08	XXX

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75870	TC	A	Vein x-ray skull	0.00	2.72	4.52	NA	NA	0.01	XXX
75870	26	A	Vein x-ray skull	1.14	0.43	0.47	0.43	0.47	0.07	XXX
75872		A	Vein x-ray skull	1.14	6.71	7.16	NA	NA	0.08	XXX
75872	TC	A	Vein x-ray skull	0.00	6.08	6.57	NA	NA	0.01	XXX
75872	26	A	Vein x-ray skull	1.14	0.63	0.59	0.63	0.59	0.07	XXX
75880		A	Vein x-ray eye socket	0.70	5.52	4.32	NA	NA	0.05	XXX
75880	TC	A	Vein x-ray eye socket	0.00	5.18	4.00	NA	NA	0.01	XXX
75880	26	A	Vein x-ray eye socket	0.70	0.34	0.32	0.34	0.32	0.04	XXX
75885		A	Vein x-ray liver	1.44	3.29	5.11	NA	NA	0.09	XXX
75885	TC	A	Vein x-ray liver	0.00	2.77	4.51	NA	NA	0.01	XXX
75885	26	A	Vein x-ray liver	1.44	0.52	0.60	0.52	0.60	0.08	XXX
75887		A	Vein x-ray liver	1.44	3.38	5.19	NA	NA	0.06	XXX
75887	TC	A	Vein x-ray liver	0.00	2.85	4.58	NA	NA	0.01	XXX
75887	26	A	Vein x-ray liver	1.44	0.53	0.61	0.53	0.61	0.05	XXX
75889		A	Vein x-ray liver	1.14	3.21	4.98	NA	NA	0.08	XXX
75889	TC	A	Vein x-ray liver	0.00	2.80	4.51	NA	NA	0.01	XXX
75889	26	A	Vein x-ray liver	1.14	0.41	0.47	0.41	0.47	0.07	XXX
75891		A	Vein x-ray liver	1.14	3.21	4.99	NA	NA	0.08	XXX
75891	TC	A	Vein x-ray liver	0.00	2.80	4.52	NA	NA	0.01	XXX
75891	26	A	Vein x-ray liver	1.14	0.41	0.47	0.41	0.47	0.07	XXX
75893		A	Venous sampling by catheter	0.54	2.94	4.70	NA	NA	0.02	XXX
75893	TC	A	Venous sampling by catheter	0.00	2.74	4.48	NA	NA	0.01	XXX
75893	26	A	Venous sampling by catheter	0.54	0.20	0.22	0.20	0.22	0.01	XXX
75894		C	X-rays transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75894	TC	C	X-rays transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75894	26	A	X-rays transcath therapy	1.31	0.48	0.54	0.48	0.54	0.16	XXX
75896		C	X-rays transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75896	TC	C	X-rays transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75896	26	A	X-rays transcath therapy	1.31	0.48	0.56	0.48	0.56	0.16	XXX
75898		C	Follow-up angiography	0.00	0.00	0.00	NA	NA	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
75898	TC	C	Follow-up angiography	0.00	0.00	0.00	NA	NA	0.00	XXX
75898	26	A	Follow-up angiography	1.65	0.62	0.71	0.62	0.71	0.20	XXX
75900		C	Intravascular cath exchange	0.00	0.00	0.00	NA	NA	0.00	XXX
75900	TC	C	Intravascular cath exchange	0.00	0.00	0.00	NA	NA	0.00	XXX
75900	26	A	Intravascular cath exchange	0.49	0.17	0.20	0.17	0.20	0.05	XXX
75901		A	Remove cva device obstruct	0.49	4.56	4.41	NA	NA	0.04	XXX
75901	TC	A	Remove cva device obstruct	0.00	4.38	4.21	NA	NA	0.01	XXX
75901	26	A	Remove cva device obstruct	0.49	0.18	0.20	0.18	0.20	0.03	XXX
75902		A	Remove cva lumen obstruct	0.39	1.76	1.84	NA	NA	0.05	XXX
75902	TC	A	Remove cva lumen obstruct	0.00	1.62	1.69	NA	NA	0.01	XXX
75902	26	A	Remove cva lumen obstruct	0.39	0.14	0.15	0.14	0.15	0.04	XXX
75940		C	X-ray placement vein filter	0.00	0.00	0.00	NA	NA	0.00	XXX
75940	TC	C	X-ray placement vein filter	0.00	0.00	0.00	NA	NA	0.00	XXX
75940	26	A	X-ray placement vein filter	0.54	0.19	0.21	0.19	0.21	0.07	XXX
75945		C	Intravascular us	0.00	0.00	0.00	NA	NA	0.00	XXX
75945	TC	C	Intravascular us	0.00	0.00	0.00	NA	NA	0.00	XXX
75945	26	A	Intravascular us	0.40	0.14	0.16	0.14	0.16	0.05	XXX
75946		C	Intravascular us add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75946	TC	C	Intravascular us add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.13	0.15	0.13	0.15	0.07	ZZZ
75952		C	Endovasc repair abdom aorta	0.00	0.00	0.00	NA	NA	0.00	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	NA	NA	0.00	XXX
75952	26	A	Endovasc repair abdom aorta	4.49	1.54	1.64	1.54	1.64	0.86	XXX
75953		C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.47	0.50	0.47	0.50	0.27	XXX
75954		C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75954	TC	C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75954	26	A	Iliac aneurysm endovas rpr	2.25	0.79	0.83	0.79	0.83	0.41	XXX
75956		C	Xray endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX

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75956	TC	C	Xray endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75956	26	A	Xray endovasc thor ao repr	7.00	2.34	2.54	2.34	2.54	1.44	XXX
75957		C	Xray endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75957	TC	C	Xray endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75957	26	A	Xray endovasc thor ao repr	6.00	2.02	2.18	2.02	2.18	1.21	XXX
75958		C	Xray place prox ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75958	TC	C	Xray place prox ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75958	26	A	Xray place prox ext thor ao	4.00	1.33	1.42	1.33	1.42	0.82	XXX
75959		C	Xray place dist ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75959	TC	C	Xray place dist ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75959	26	A	Xray place dist ext thor ao	3.50	1.05	1.19	1.05	1.19	0.83	XXX
75960		A	Transcath iv stent rs&i	0.82	2.69	4.84	NA	NA	0.06	XXX
75960	TC	A	Transcath iv stent rs&i	0.00	2.39	4.50	NA	NA	0.01	XXX
75960	26	A	Transcath iv stent rs&i	0.82	0.30	0.34	0.30	0.34	0.05	XXX
75961		A	Retrieval broken catheter	4.24	4.76	6.38	NA	NA	0.28	XXX
75961	TC	A	Retrieval broken catheter	0.00	3.25	4.65	NA	NA	0.01	XXX
75961	26	A	Retrieval broken catheter	4.24	1.51	1.73	1.51	1.73	0.27	XXX
75962		A	Repair arterial blockage	0.54	3.44	5.69	NA	NA	0.04	XXX
75962	TC	A	Repair arterial blockage	0.00	3.25	5.47	NA	NA	0.01	XXX
75962	26	A	Repair arterial blockage	0.54	0.19	0.22	0.19	0.22	0.03	XXX
75964		A	Repair artery blockage each	0.36	2.34	3.50	NA	NA	0.05	ZZZ
75964	TC	A	Repair artery blockage each	0.00	2.21	3.36	NA	NA	0.01	ZZZ
75964	26	A	Repair artery blockage each	0.36	0.13	0.14	0.13	0.14	0.04	ZZZ
75966		A	Repair arterial blockage	1.31	3.70	6.15	NA	NA	0.08	XXX
75966	TC	A	Repair arterial blockage	0.00	3.22	5.57	NA	NA	0.01	XXX
75966	26	A	Repair arterial blockage	1.31	0.48	0.58	0.48	0.58	0.07	XXX
75968		A	Repair artery blockage each	0.36	2.20	3.45	NA	NA	0.02	ZZZ
75968	TC	A	Repair artery blockage each	0.00	2.07	3.29	NA	NA	0.01	ZZZ
75968	26	A	Repair artery blockage each	0.36	0.13	0.16	0.13	0.16	0.01	ZZZ
75970		C	Vascular biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX

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75970	TC	C	Vascular biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
75970	26	A	Vascular biopsy	0.83	0.30	0.35	0.30	0.35	0.07	XXX
75978		A	Repair venous blockage	0.54	3.62	5.70	NA	NA	0.04	XXX
75978	TC	A	Repair venous blockage	0.00	3.42	5.49	NA	NA	0.01	XXX
75978	26	A	Repair venous blockage	0.54	0.20	0.21	0.20	0.21	0.03	XXX
75980		C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75980	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.52	0.60	0.52	0.60	0.12	XXX
75982		C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75982	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.52	0.60	0.52	0.60	0.12	XXX
75984		A	Xray control catheter change	0.72	2.45	2.63	NA	NA	0.05	XXX
75984	TC	A	Xray control catheter change	0.00	2.19	2.33	NA	NA	0.01	XXX
75984	26	A	Xray control catheter change	0.72	0.26	0.30	0.26	0.30	0.04	XXX
75989		A	Abscess drainage under x-ray	1.19	2.37	2.76	NA	NA	0.06	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	1.93	2.27	NA	NA	0.01	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.44	0.49	0.44	0.49	0.05	XXX
76000		A	Fluoroscope examination	0.17	1.30	2.10	NA	NA	0.02	XXX
76000	TC	A	Fluoroscope examination	0.00	1.23	2.03	NA	NA	0.01	XXX
76000	26	A	Fluoroscope examination	0.17	0.07	0.07	0.07	0.07	0.01	XXX
76001		C	Fluoroscope exam extensive	0.00	0.00	0.00	NA	NA	0.00	XXX
76001	TC	C	Fluoroscope exam extensive	0.00	0.00	0.00	NA	NA	0.00	XXX
76001	26	A	Fluoroscope exam extensive	0.67	0.30	0.30	0.30	0.30	0.08	XXX
76010		A	X-ray nose to rectum	0.18	0.56	0.62	NA	NA	0.02	XXX
76010	TC	A	X-ray nose to rectum	0.00	0.49	0.54	NA	NA	0.01	XXX
76010	26	A	X-ray nose to rectum	0.18	0.07	0.08	0.07	0.08	0.01	XXX
76080		A	X-ray exam of fistula	0.54	1.15	1.27	NA	NA	0.04	XXX
76080	TC	A	X-ray exam of fistula	0.00	0.95	1.04	NA	NA	0.01	XXX
76080	26	A	X-ray exam of fistula	0.54	0.20	0.23	0.20	0.23	0.03	XXX
76098		A	X-ray exam breast specimen	0.16	0.33	0.39	NA	NA	0.02	XXX

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76098	TC	A	X-ray exam breast specimen	0.00	0.27	0.32	NA	NA	0.01	XXX
76098	26	A	X-ray exam breast specimen	0.16	0.06	0.07	0.06	0.07	0.01	XXX
76100		A	X-ray exam of body section	0.58	2.33	2.99	NA	NA	0.06	XXX
76100	TC	A	X-ray exam of body section	0.00	2.02	2.71	NA	NA	0.01	XXX
76100	26	A	X-ray exam of body section	0.58	0.31	0.28	0.31	0.28	0.05	XXX
76101		A	Complex body section x-ray	0.58	3.72	4.55	NA	NA	0.09	XXX
76101	TC	A	Complex body section x-ray	0.00	3.31	4.22	NA	NA	0.01	XXX
76101	26	A	Complex body section x-ray	0.58	0.41	0.33	0.41	0.33	0.08	XXX
76102		A	Complex body section x-rays	0.58	5.19	6.32	NA	NA	0.11	XXX
76102	TC	A	Complex body section x-rays	0.00	4.77	5.99	NA	NA	0.01	XXX
76102	26	A	Complex body section x-rays	0.58	0.42	0.33	0.42	0.33	0.10	XXX
76120		A	Cine/video x-rays	0.38	1.73	1.85	NA	NA	0.04	XXX
76120	TC	A	Cine/video x-rays	0.00	1.58	1.70	NA	NA	0.01	XXX
76120	26	A	Cine/video x-rays	0.38	0.15	0.15	0.15	0.15	0.03	XXX
76125		C	Cine/video x-rays add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
76125	TC	C	Cine/video x-rays add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
76125	26	A	Cine/video x-rays add-on	0.27	0.11	0.13	0.11	0.13	0.03	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76376		A	3d render w/o postprocess	0.20	1.45	1.90	NA	NA	0.02	XXX
76376	TC	A	3d render w/o postprocess	0.00	1.37	1.81	NA	NA	0.01	XXX
76376	26	A	3d render w/o postprocess	0.20	0.08	0.09	0.08	0.09	0.01	XXX
76377		A	3d rendering w/postprocess	0.79	1.42	1.92	NA	NA	0.05	XXX
76377	TC	A	3d rendering w/postprocess	0.00	1.12	1.59	NA	NA	0.01	XXX
76377	26	A	3d rendering w/postprocess	0.79	0.30	0.33	0.30	0.33	0.04	XXX
76380		A	Cat scan follow-up study	0.98	3.70	4.57	NA	NA	0.05	XXX
76380	TC	A	Cat scan follow-up study	0.00	3.32	4.16	NA	NA	0.01	XXX
76380	26	A	Cat scan follow-up study	0.98	0.38	0.41	0.38	0.41	0.04	XXX
76390		N	Mr spectroscopy	1.40	11.89	12.50	NA	NA	0.06	XXX
76390	TC	N	Mr spectroscopy	0.00	11.28	11.91	NA	NA	0.01	XXX
76390	26	N	Mr spectroscopy	1.40	0.61	0.59	0.61	0.59	0.05	XXX

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76496		C	Fluoroscopic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76496	TC	C	Fluoroscopic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76496	26	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497		C	Ct procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76497	TC	C	Ct procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76497	26	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498		C	Mri procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76498	TC	C	Mri procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76498	26	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	2.82	2.89	NA	NA	0.05	XXX
76506	TC	A	Echo exam of head	0.00	2.58	2.63	NA	NA	0.01	XXX
76506	26	A	Echo exam of head	0.63	0.24	0.26	0.24	0.26	0.04	XXX
76510		A	Ophth us b & quant a	1.55	3.24	3.11	NA	NA	0.27	XXX
76510	TC	A	Ophth us b & quant a	0.00	2.16	2.18	NA	NA	0.01	XXX
76510	26	A	Ophth us b & quant a	1.55	1.08	0.93	1.08	0.93	0.26	XXX
76511		A	Ophth us quant a only	0.94	1.94	1.97	NA	NA	0.02	XXX
76511	TC	A	Ophth us quant a only	0.00	1.30	1.42	NA	NA	0.01	XXX
76511	26	A	Ophth us quant a only	0.94	0.64	0.55	0.64	0.55	0.01	XXX
76512		A	Ophth us b w/non-quant a	0.94	1.68	1.73	NA	NA	0.05	XXX
76512	TC	A	Ophth us b w/non-quant a	0.00	1.05	1.18	NA	NA	0.01	XXX
76512	26	A	Ophth us b w/non-quant a	0.94	0.63	0.55	0.63	0.55	0.04	XXX
76513		A	Echo exam of eye water bath	0.66	1.94	1.91	NA	NA	0.02	XXX
76513	TC	A	Echo exam of eye water bath	0.00	1.57	1.58	NA	NA	0.01	XXX
76513	26	A	Echo exam of eye water bath	0.66	0.37	0.33	0.37	0.33	0.01	XXX
76514		A	Echo exam of eye thickness	0.17	0.24	0.22	NA	NA	0.02	XXX
76514	TC	A	Echo exam of eye thickness	0.00	0.13	0.12	NA	NA	0.01	XXX
76514	26	A	Echo exam of eye thickness	0.17	0.11	0.10	0.11	0.10	0.01	XXX

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76516		A	Echo exam of eye	0.54	1.61	1.56	NA	NA	0.02	XXX
76516	TC	A	Echo exam of eye	0.00	1.25	1.25	NA	NA	0.01	XXX
76516	26	A	Echo exam of eye	0.54	0.36	0.31	0.36	0.31	0.01	XXX
76519		A	Echo exam of eye	0.54	1.77	1.72	NA	NA	0.04	XXX
76519	TC	A	Echo exam of eye	0.00	1.40	1.40	NA	NA	0.01	XXX
76519	26	A	Echo exam of eye	0.54	0.37	0.32	0.37	0.32	0.03	XXX
76529		A	Echo exam of eye	0.57	1.63	1.56	NA	NA	0.04	XXX
76529	TC	A	Echo exam of eye	0.00	1.23	1.22	NA	NA	0.01	XXX
76529	26	A	Echo exam of eye	0.57	0.40	0.34	0.40	0.34	0.03	XXX
76536		A	Us exam of head and neck	0.56	2.88	2.90	NA	NA	0.04	XXX
76536	TC	A	Us exam of head and neck	0.00	2.66	2.67	NA	NA	0.01	XXX
76536	26	A	Us exam of head and neck	0.56	0.22	0.23	0.22	0.23	0.03	XXX
76604		A	Us exam chest	0.55	1.90	2.01	NA	NA	0.04	XXX
76604	TC	A	Us exam chest	0.00	1.70	1.79	NA	NA	0.01	XXX
76604	26	A	Us exam chest	0.55	0.20	0.22	0.20	0.22	0.03	XXX
76645		A	Us exam breast(s)	0.54	2.20	2.25	NA	NA	0.05	XXX
76645	TC	A	Us exam breast(s)	0.00	2.00	2.03	NA	NA	0.01	XXX
76645	26	A	Us exam breast(s)	0.54	0.20	0.22	0.20	0.22	0.04	XXX
76700		A	Us exam abdom complete	0.81	3.16	3.30	NA	NA	0.05	XXX
76700	TC	A	Us exam abdom complete	0.00	2.85	2.97	NA	NA	0.01	XXX
76700	26	A	Us exam abdom complete	0.81	0.31	0.33	0.31	0.33	0.04	XXX
76705		A	Echo exam of abdomen	0.59	2.43	2.53	NA	NA	0.04	XXX
76705	TC	A	Echo exam of abdomen	0.00	2.21	2.29	NA	NA	0.01	XXX
76705	26	A	Echo exam of abdomen	0.59	0.22	0.24	0.22	0.24	0.03	XXX
76770		A	Us exam abdo back wall comp	0.74	2.99	3.16	NA	NA	0.05	XXX
76770	TC	A	Us exam abdo back wall comp	0.00	2.71	2.86	NA	NA	0.01	XXX
76770	26	A	Us exam abdo back wall comp	0.74	0.28	0.30	0.28	0.30	0.04	XXX
76775		A	Us exam abdo back wall lim	0.58	2.45	2.68	NA	NA	0.04	XXX
76775	TC	A	Us exam abdo back wall lim	0.00	2.23	2.43	NA	NA	0.01	XXX
76775	26	A	Us exam abdo back wall lim	0.58	0.22	0.25	0.22	0.25	0.03	XXX

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76776		A	Us exam k transpl w/doppler	0.76	3.54	3.67	NA	NA	0.05	XXX
76776	TC	A	Us exam k transpl w/doppler	0.00	3.26	3.36	NA	NA	0.01	XXX
76776	26	A	Us exam k transpl w/doppler	0.76	0.28	0.31	0.28	0.31	0.04	XXX
76800		A	Us exam spinal canal	1.13	2.91	2.76	NA	NA	0.05	XXX
76800	TC	A	Us exam spinal canal	0.00	2.41	2.31	NA	NA	0.01	XXX
76800	26	A	Us exam spinal canal	1.13	0.50	0.45	0.50	0.45	0.04	XXX
76801		A	Ob us < 14 wks single fetus	0.99	2.62	2.82	NA	NA	0.04	XXX
76801	TC	A	Ob us < 14 wks single fetus	0.00	2.21	2.40	NA	NA	0.01	XXX
76801	26	A	Ob us < 14 wks single fetus	0.99	0.41	0.42	0.41	0.42	0.03	XXX
76802		A	Ob us < 14 wks addl fetus	0.83	1.08	1.20	NA	NA	0.04	ZZZ
76802	TC	A	Ob us < 14 wks addl fetus	0.00	0.73	0.85	NA	NA	0.01	ZZZ
76802	26	A	Ob us < 14 wks addl fetus	0.83	0.35	0.35	0.35	0.35	0.03	ZZZ
76805		A	Ob us >/= 14 wks sngl fetus	0.99	3.23	3.38	NA	NA	0.04	XXX
76805	TC	A	Ob us >/= 14 wks sngl fetus	0.00	2.81	2.96	NA	NA	0.01	XXX
76805	26	A	Ob us >/= 14 wks sngl fetus	0.99	0.42	0.42	0.42	0.42	0.03	XXX
76810		A	Ob us >/= 14 wks addl fetus	0.98	1.80	1.87	NA	NA	0.04	ZZZ
76810	TC	A	Ob us >/= 14 wks addl fetus	0.00	1.38	1.46	NA	NA	0.01	ZZZ
76810	26	A	Ob us >/= 14 wks addl fetus	0.98	0.42	0.41	0.42	0.41	0.03	ZZZ
76811		A	Ob us detailed sngl fetus	1.90	3.42	3.75	NA	NA	0.06	XXX
76811	TC	A	Ob us detailed sngl fetus	0.00	2.56	2.94	NA	NA	0.01	XXX
76811	26	A	Ob us detailed sngl fetus	1.90	0.86	0.81	0.86	0.81	0.05	XXX
76812		A	Ob us detailed addl fetus	1.78	4.32	4.21	NA	NA	0.06	ZZZ
76812	TC	A	Ob us detailed addl fetus	0.00	3.51	3.46	NA	NA	0.01	ZZZ
76812	26	A	Ob us detailed addl fetus	1.78	0.81	0.75	0.81	0.75	0.05	ZZZ
76813		A	Ob us nuchal meas 1 gest	1.18	2.40	2.52	NA	NA	0.05	XXX
76813	TC	A	Ob us nuchal meas 1 gest	0.00	1.86	2.03	NA	NA	0.01	XXX
76813	26	A	Ob us nuchal meas 1 gest	1.18	0.54	0.49	0.54	0.49	0.04	XXX
76814		A	Ob us nuchal meas add-on	0.99	1.34	1.36	NA	NA	0.04	XXX
76814	TC	A	Ob us nuchal meas add-on	0.00	0.88	0.95	NA	NA	0.01	XXX
76814	26	A	Ob us nuchal meas add-on	0.99	0.46	0.41	0.46	0.41	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
76815		A	Ob us limited fetus(s)	0.65	1.92	2.03	NA	NA	0.02	XXX
76815	TC	A	Ob us limited fetus(s)	0.00	1.65	1.76	NA	NA	0.01	XXX
76815	26	A	Ob us limited fetus(s)	0.65	0.27	0.27	0.27	0.27	0.01	XXX
76816		A	Ob us follow-up per fetus	0.85	2.55	2.57	NA	NA	0.04	XXX
76816	TC	A	Ob us follow-up per fetus	0.00	2.17	2.21	NA	NA	0.01	XXX
76816	26	A	Ob us follow-up per fetus	0.85	0.38	0.36	0.38	0.36	0.03	XXX
76817		A	Transvaginal us obstetric	0.75	2.15	2.27	NA	NA	0.04	XXX
76817	TC	A	Transvaginal us obstetric	0.00	1.84	1.96	NA	NA	0.01	XXX
76817	26	A	Transvaginal us obstetric	0.75	0.31	0.31	0.31	0.31	0.03	XXX
76818		A	Fetal biophys profile w/nst	1.05	2.45	2.53	NA	NA	0.04	XXX
76818	TC	A	Fetal biophys profile w/nst	0.00	1.97	2.08	NA	NA	0.01	XXX
76818	26	A	Fetal biophys profile w/nst	1.05	0.48	0.45	0.48	0.45	0.03	XXX
76819		A	Fetal biophys profil w/o nst	0.77	1.76	1.91	NA	NA	0.04	XXX
76819	TC	A	Fetal biophys profil w/o nst	0.00	1.42	1.58	NA	NA	0.01	XXX
76819	26	A	Fetal biophys profil w/o nst	0.77	0.34	0.33	0.34	0.33	0.03	XXX
76820		A	Umbilical artery echo	0.50	0.66	0.86	NA	NA	0.02	XXX
76820	TC	A	Umbilical artery echo	0.00	0.43	0.65	NA	NA	0.01	XXX
76820	26	A	Umbilical artery echo	0.50	0.23	0.21	0.23	0.21	0.01	XXX
76821		A	Middle cerebral artery echo	0.70	2.02	2.14	NA	NA	0.04	XXX
76821	TC	A	Middle cerebral artery echo	0.00	1.70	1.84	NA	NA	0.01	XXX
76821	26	A	Middle cerebral artery echo	0.70	0.32	0.30	0.32	0.30	0.03	XXX
76825		A	Echo exam of fetal heart	1.67	4.64	4.70	NA	NA	0.05	XXX
76825	TC	A	Echo exam of fetal heart	0.00	3.91	4.00	NA	NA	0.01	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.73	0.70	0.73	0.70	0.04	XXX
76826		A	Echo exam of fetal heart	0.83	2.90	2.83	NA	NA	0.04	XXX
76826	TC	A	Echo exam of fetal heart	0.00	2.54	2.49	NA	NA	0.01	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.36	0.34	0.36	0.34	0.03	XXX
76827		A	Echo exam of fetal heart	0.58	1.17	1.36	NA	NA	0.02	XXX
76827	TC	A	Echo exam of fetal heart	0.00	0.92	1.12	NA	NA	0.01	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.25	0.24	0.25	0.24	0.01	XXX

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76828		A	Echo exam of fetal heart	0.56	0.73	0.86	NA	NA	0.02	XXX
76828	TC	A	Echo exam of fetal heart	0.00	0.48	0.62	NA	NA	0.01	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.25	0.24	0.25	0.24	0.01	XXX
76830		A	Transvaginal us non-ob	0.69	2.88	2.97	NA	NA	0.04	XXX
76830	TC	A	Transvaginal us non-ob	0.00	2.60	2.68	NA	NA	0.01	XXX
76830	26	A	Transvaginal us non-ob	0.69	0.28	0.29	0.28	0.29	0.03	XXX
76831		A	Echo exam uterus	0.72	2.89	2.95	NA	NA	0.04	XXX
76831	TC	A	Echo exam uterus	0.00	2.57	2.65	NA	NA	0.01	XXX
76831	26	A	Echo exam uterus	0.72	0.32	0.30	0.32	0.30	0.03	XXX
76856		A	Us exam pelvic complete	0.69	2.85	2.96	NA	NA	0.04	XXX
76856	TC	A	Us exam pelvic complete	0.00	2.58	2.67	NA	NA	0.01	XXX
76856	26	A	Us exam pelvic complete	0.69	0.27	0.29	0.27	0.29	0.03	XXX
76857		A	Us exam pelvic limited	0.38	2.33	2.58	NA	NA	0.04	XXX
76857	TC	A	Us exam pelvic limited	0.00	2.18	2.41	NA	NA	0.01	XXX
76857	26	A	Us exam pelvic limited	0.38	0.15	0.17	0.15	0.17	0.03	XXX
76870		A	Us exam scrotum	0.64	2.85	2.98	NA	NA	0.05	XXX
76870	TC	A	Us exam scrotum	0.00	2.61	2.71	NA	NA	0.01	XXX
76870	26	A	Us exam scrotum	0.64	0.24	0.27	0.24	0.27	0.04	XXX
76872		A	Us transrectal	0.69	3.04	3.42	NA	NA	0.05	XXX
76872	TC	A	Us transrectal	0.00	2.77	3.11	NA	NA	0.01	XXX
76872	26	A	Us transrectal	0.69	0.27	0.31	0.27	0.31	0.04	XXX
76873		A	Echograp trans r pros study	1.55	3.39	3.63	NA	NA	0.09	XXX
76873	TC	A	Echograp trans r pros study	0.00	2.74	2.96	NA	NA	0.01	XXX
76873	26	A	Echograp trans r pros study	1.55	0.65	0.67	0.65	0.67	0.08	XXX
76881		A	Us xtr non-vasc complete	0.59	2.75	2.75	NA	NA	0.05	XXX
76881	TC	A	Us xtr non-vasc complete	0.00	2.53	2.53	NA	NA	0.01	XXX
76881	26	A	Us xtr non-vasc complete	0.59	0.22	0.22	0.22	0.22	0.04	XXX
76882		A	Us xtr non-vasc lmtd	0.41	0.44	0.44	NA	NA	0.04	XXX
76882	TC	A	Us xtr non-vasc lmtd	0.00	0.29	0.29	NA	NA	0.01	XXX
76882	26	A	Us xtr non-vasc lmtd	0.41	0.15	0.15	0.15	0.15	0.03	XXX

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76885		A	Us exam infant hips dynamic	0.74	3.49	3.51	NA	NA	0.05	XXX
76885	TC	A	Us exam infant hips dynamic	0.00	3.20	3.20	NA	NA	0.01	XXX
76885	26	A	Us exam infant hips dynamic	0.74	0.29	0.31	0.29	0.31	0.04	XXX
76886		A	Us exam infant hips static	0.62	3.03	2.77	NA	NA	0.02	XXX
76886	TC	A	Us exam infant hips static	0.00	2.73	2.49	NA	NA	0.01	XXX
76886	26	A	Us exam infant hips static	0.62	0.30	0.28	0.30	0.28	0.01	XXX
76930		A	Echo guide cardiocentesis	0.67	1.63	1.99	NA	NA	0.02	XXX
76930	TC	A	Echo guide cardiocentesis	0.00	1.37	1.67	NA	NA	0.01	XXX
76930	26	A	Echo guide cardiocentesis	0.67	0.26	0.32	0.26	0.32	0.01	XXX
76932		C	Echo guide for heart biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
76932	TC	C	Echo guide for heart biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.26	0.33	0.26	0.33	0.04	XXX
76936		A	Echo guide for artery repair	1.99	6.26	6.95	NA	NA	0.24	XXX
76936	TC	A	Echo guide for artery repair	0.00	5.55	6.15	NA	NA	0.01	XXX
76936	26	A	Echo guide for artery repair	1.99	0.71	0.80	0.71	0.80	0.23	XXX
76937		A	Us guide vascular access	0.30	0.67	0.69	NA	NA	0.04	ZZZ
76937	TC	A	Us guide vascular access	0.00	0.56	0.57	NA	NA	0.01	ZZZ
76937	26	A	Us guide vascular access	0.30	0.11	0.12	0.11	0.12	0.03	ZZZ
76940		C	Us guide tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
76940	TC	C	Us guide tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
76940	26	A	Us guide tissue ablation	2.00	0.79	0.82	0.79	0.82	0.29	XXX
76941		C	Echo guide for transfusion	0.00	0.00	0.00	NA	NA	0.00	XXX
76941	TC	C	Echo guide for transfusion	0.00	0.00	0.00	NA	NA	0.00	XXX
76941	26	A	Echo guide for transfusion	1.34	0.62	0.58	0.62	0.58	0.11	XXX
76942		A	Echo guide for biopsy	0.67	4.96	5.11	NA	NA	0.05	XXX
76942	TC	A	Echo guide for biopsy	0.00	4.70	4.83	NA	NA	0.01	XXX
76942	26	A	Echo guide for biopsy	0.67	0.26	0.28	0.26	0.28	0.04	XXX
76945		C	Echo guide villus sampling	0.00	0.00	0.00	NA	NA	0.00	XXX
76945	TC	C	Echo guide villus sampling	0.00	0.00	0.00	NA	NA	0.00	XXX
76945	26	A	Echo guide villus sampling	0.67	0.31	0.29	0.31	0.29	0.04	XXX

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76946		A	Echo guide for amniocentesis	0.38	0.52	0.72	NA	NA	0.02	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	0.35	0.56	NA	NA	0.01	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.16	0.17	0.16	0.01	XXX
76948		A	Echo guide ova aspiration	0.38	0.53	0.72	NA	NA	0.04	XXX
76948	TC	A	Echo guide ova aspiration	0.00	0.36	0.56	NA	NA	0.01	XXX
76948	26	A	Echo guide ova aspiration	0.38	0.17	0.16	0.17	0.16	0.03	XXX
76950		A	Echo guidance radiotherapy	0.58	1.27	1.42	NA	NA	0.04	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.02	1.17	NA	NA	0.01	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.25	0.25	0.25	0.25	0.03	XXX
76965		A	Echo guidance radiotherapy	1.34	1.18	2.06	NA	NA	0.09	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	0.63	1.47	NA	NA	0.01	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.55	0.59	0.55	0.59	0.08	XXX
76970		A	Ultrasound exam follow-up	0.40	2.56	2.39	NA	NA	0.05	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	2.39	2.23	NA	NA	0.01	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.17	0.16	0.17	0.16	0.04	XXX
76975		C	Gi endoscopic ultrasound	0.00	0.00	0.00	NA	NA	0.00	XXX
76975	TC	C	Gi endoscopic ultrasound	0.00	0.00	0.00	NA	NA	0.00	XXX
76975	26	A	Gi endoscopic ultrasound	0.81	0.40	0.39	0.40	0.39	0.08	XXX
76977		A	Us bone density measure	0.05	0.14	0.24	NA	NA	0.02	XXX
76977	TC	A	Us bone density measure	0.00	0.12	0.22	NA	NA	0.01	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.02	0.02	0.01	XXX
76998		C	Us guide intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
76998	TC	C	Us guide intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
76998	26	A	Us guide intraop	1.20	0.47	0.47	0.47	0.47	0.26	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77001		A	Fluoroguide for vein device	0.38	2.99	2.96	NA	NA	0.04	ZZZ
77001	TC	A	Fluoroguide for vein device	0.00	2.85	2.80	NA	NA	0.01	ZZZ
77001	26	A	Fluoroguide for vein device	0.38	0.14	0.16	0.14	0.16	0.03	ZZZ

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77002		A	Needle localization by xray	0.54	1.65	1.65	NA	NA	0.04	XXX
77002	TC	A	Needle localization by xray	0.00	1.40	1.41	NA	NA	0.01	XXX
77002	26	A	Needle localization by xray	0.54	0.25	0.24	0.25	0.24	0.03	XXX
77003		A	Fluoroguide for spine inject	0.60	1.24	1.20	NA	NA	0.04	XXX
77003	TC	A	Fluoroguide for spine inject	0.00	0.95	0.96	NA	NA	0.01	XXX
77003	26	A	Fluoroguide for spine inject	0.60	0.29	0.24	0.29	0.24	0.03	XXX
77011		A	Ct scan for localization	1.21	5.36	12.98	NA	NA	0.05	XXX
77011	TC	A	Ct scan for localization	0.00	4.82	12.44	NA	NA	0.01	XXX
77011	26	A	Ct scan for localization	1.21	0.54	0.54	0.54	0.54	0.04	XXX
77012		A	Ct scan for needle biopsy	1.16	2.46	3.61	NA	NA	0.05	XXX
77012	TC	A	Ct scan for needle biopsy	0.00	2.03	3.13	NA	NA	0.01	XXX
77012	26	A	Ct scan for needle biopsy	1.16	0.43	0.48	0.43	0.48	0.04	XXX
77013		C	Ct guide for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77013	TC	C	Ct guide for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77013	26	A	Ct guide for tissue ablation	3.99	1.45	1.65	1.45	1.65	0.37	XXX
77014		A	Ct scan for therapy guide	0.85	4.51	4.75	NA	NA	0.05	XXX
77014	TC	A	Ct scan for therapy guide	0.00	4.14	4.39	NA	NA	0.01	XXX
77014	26	A	Ct scan for therapy guide	0.85	0.37	0.36	0.37	0.36	0.04	XXX
77021		A	Mr guidance for needle place	1.50	9.78	11.16	NA	NA	0.13	XXX
77021	TC	A	Mr guidance for needle place	0.00	9.22	10.54	NA	NA	0.01	XXX
77021	26	A	Mr guidance for needle place	1.50	0.56	0.62	0.56	0.62	0.12	XXX
77022		C	Mri for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77022	TC	C	Mri for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77022	26	A	Mri for tissue ablation	4.24	1.64	1.73	1.64	1.73	0.38	XXX
77031		A	Stereotact guide for brst bx	1.59	2.02	3.04	NA	NA	0.13	XXX
77031	TC	A	Stereotact guide for brst bx	0.00	1.41	2.39	NA	NA	0.01	XXX
77031	26	A	Stereotact guide for brst bx	1.59	0.61	0.65	0.61	0.65	0.12	XXX
77032		A	Guidance for needle breast	0.56	0.87	1.05	NA	NA	0.04	XXX
77032	TC	A	Guidance for needle breast	0.00	0.66	0.82	NA	NA	0.01	XXX
77032	26	A	Guidance for needle breast	0.56	0.21	0.23	0.21	0.23	0.03	XXX

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77051		A	Computer dx mammogram add-on	0.06	0.20	0.26	NA	NA	0.02	ZZZ
77051	TC	A	Computer dx mammogram add-on	0.00	0.18	0.24	NA	NA	0.01	ZZZ
77051	26	A	Computer dx mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77052		A	Comp screen mammogram add-on	0.06	0.20	0.26	NA	NA	0.02	ZZZ
77052	TC	A	Comp screen mammogram add-on	0.00	0.18	0.24	NA	NA	0.01	ZZZ
77052	26	A	Comp screen mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77053		A	X-ray of mammary duct	0.36	1.26	1.62	NA	NA	0.02	XXX
77053	TC	A	X-ray of mammary duct	0.00	1.13	1.47	NA	NA	0.01	XXX
77053	26	A	X-ray of mammary duct	0.36	0.13	0.15	0.13	0.15	0.01	XXX
77054		A	X-ray of mammary ducts	0.45	1.74	2.22	NA	NA	0.04	XXX
77054	TC	A	X-ray of mammary ducts	0.00	1.57	2.03	NA	NA	0.01	XXX
77054	26	A	X-ray of mammary ducts	0.45	0.17	0.19	0.17	0.19	0.03	XXX
77055		A	Mammogram one breast	0.70	1.70	1.80	NA	NA	0.05	XXX
77055	TC	A	Mammogram one breast	0.00	1.44	1.51	NA	NA	0.01	XXX
77055	26	A	Mammogram one breast	0.70	0.26	0.29	0.26	0.29	0.04	XXX
77056		A	Mammogram both breasts	0.87	2.22	2.33	NA	NA	0.06	XXX
77056	TC	A	Mammogram both breasts	0.00	1.89	1.97	NA	NA	0.01	XXX
77056	26	A	Mammogram both breasts	0.87	0.33	0.36	0.33	0.36	0.05	XXX
77057		A	Mammogram screening	0.70	1.50	1.64	NA	NA	0.05	XXX
77057	TC	A	Mammogram screening	0.00	1.24	1.35	NA	NA	0.01	XXX
77057	26	A	Mammogram screening	0.70	0.26	0.29	0.26	0.29	0.04	XXX
77058		A	Mri one breast	1.63	16.03	20.59	NA	NA	0.11	XXX
77058	TC	A	Mri one breast	0.00	15.43	19.92	NA	NA	0.01	XXX
77058	26	A	Mri one breast	1.63	0.60	0.67	0.60	0.67	0.10	XXX
77059		A	Mri both breasts	1.63	15.93	21.43	NA	NA	0.11	XXX
77059	TC	A	Mri both breasts	0.00	15.33	20.76	NA	NA	0.01	XXX
77059	26	A	Mri both breasts	1.63	0.60	0.67	0.60	0.67	0.10	XXX
77071		A	X-ray stress view	0.41	1.03	0.90	1.03	0.90	0.07	XXX
77072		A	X-rays for bone age	0.19	0.46	0.49	NA	NA	0.02	XXX
77072	TC	A	X-rays for bone age	0.00	0.38	0.41	NA	NA	0.01	XXX

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77072	26	A	X-rays for bone age	0.19	0.08	0.08	0.08	0.08	0.01	XXX
77073		A	X-rays bone length studies	0.27	0.81	0.84	NA	NA	0.05	XXX
77073	TC	A	X-rays bone length studies	0.00	0.67	0.71	NA	NA	0.01	XXX
77073	26	A	X-rays bone length studies	0.27	0.14	0.13	0.14	0.13	0.04	XXX
77074		A	X-rays bone survey limited	0.45	1.48	1.58	NA	NA	0.04	XXX
77074	TC	A	X-rays bone survey limited	0.00	1.31	1.39	NA	NA	0.01	XXX
77074	26	A	X-rays bone survey limited	0.45	0.17	0.19	0.17	0.19	0.03	XXX
77075		A	X-rays bone survey complete	0.54	2.35	2.46	NA	NA	0.04	XXX
77075	TC	A	X-rays bone survey complete	0.00	2.15	2.24	NA	NA	0.01	XXX
77075	26	A	X-rays bone survey complete	0.54	0.20	0.22	0.20	0.22	0.03	XXX
77076		A	X-rays bone survey infant	0.70	2.25	2.22	NA	NA	0.05	XXX
77076	TC	A	X-rays bone survey infant	0.00	1.98	1.95	NA	NA	0.01	XXX
77076	26	A	X-rays bone survey infant	0.70	0.27	0.27	0.27	0.27	0.04	XXX
77077		A	Joint survey single view	0.31	0.82	0.89	NA	NA	0.05	XXX
77077	TC	A	Joint survey single view	0.00	0.67	0.75	NA	NA	0.01	XXX
77077	26	A	Joint survey single view	0.31	0.15	0.14	0.15	0.14	0.04	XXX
77078		A	Ct bone density axial	0.25	3.54	4.38	NA	NA	0.02	XXX
77078	TC	A	Ct bone density axial	0.00	3.44	4.28	NA	NA	0.01	XXX
77078	26	A	Ct bone density axial	0.25	0.10	0.10	0.10	0.10	0.01	XXX
77079		A	Ct bone density peripheral	0.22	0.92	1.26	NA	NA	0.02	XXX
77079	TC	A	Ct bone density peripheral	0.00	0.82	1.17	NA	NA	0.01	XXX
77079	26	A	Ct bone density peripheral	0.22	0.10	0.09	0.10	0.09	0.01	XXX
77080		A	Dxa bone density axial	0.23	2.50	2.50	NA	NA	0.14	XXX
77080	TC	A	Dxa bone density axial	0.00	2.42	2.42	NA	NA	0.13	XXX
77080	26	A	Dxa bone density axial	0.23	0.08	0.08	0.08	0.08	0.01	XXX
77081		A	Dxa bone density/peripheral	0.22	0.55	0.62	NA	NA	0.02	XXX
77081	TC	A	Dxa bone density/peripheral	0.00	0.55	0.55	NA	NA	0.01	XXX
77081	26	A	Dxa bone density/peripheral	0.22	0.06	0.06	0.06	0.06	0.01	XXX
77082		A	Dxa bone density vert fx	0.13	0.64	0.64	NA	NA	0.05	XXX
77082	TC	A	Dxa bone density vert fx	0.00	0.59	0.59	NA	NA	0.04	XXX

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77082	26	A	Dxa bone density vert fx	0.13	0.05	0.05	0.05	0.05	0.01	XXX
77083		A	Radiographic absorptiometry	0.20	0.47	0.52	NA	NA	0.02	XXX
77083	TC	A	Radiographic absorptiometry	0.00	0.38	0.44	NA	NA	0.01	XXX
77083	26	A	Radiographic absorptiometry	0.20	0.09	0.08	0.09	0.08	0.01	XXX
77084		A	Magnetic image bone marrow	1.60	10.98	13.88	NA	NA	0.11	XXX
77084	TC	A	Magnetic image bone marrow	0.00	10.38	13.21	NA	NA	0.01	XXX
77084	26	A	Magnetic image bone marrow	1.60	0.60	0.67	0.60	0.67	0.10	XXX
77261		A	Radiation therapy planning	1.39	0.66	0.64	0.66	0.64	0.10	XXX
77262		A	Radiation therapy planning	2.11	0.93	0.92	0.93	0.92	0.18	XXX
77263		A	Radiation therapy planning	3.14	1.38	1.36	1.38	1.36	0.26	XXX
77280		A	Set radiation therapy field	0.70	4.53	4.82	NA	NA	0.04	XXX
77280	TC	A	Set radiation therapy field	0.00	4.22	4.52	NA	NA	0.01	XXX
77280	26	A	Set radiation therapy field	0.70	0.31	0.30	0.31	0.30	0.03	XXX
77285		A	Set radiation therapy field	1.05	8.23	8.64	NA	NA	0.06	XXX
77285	TC	A	Set radiation therapy field	0.00	7.77	8.19	NA	NA	0.01	XXX
77285	26	A	Set radiation therapy field	1.05	0.46	0.45	0.46	0.45	0.05	XXX
77290		A	Set radiation therapy field	1.56	13.68	13.96	NA	NA	0.08	XXX
77290	TC	A	Set radiation therapy field	0.00	12.99	13.29	NA	NA	0.01	XXX
77290	26	A	Set radiation therapy field	1.56	0.69	0.67	0.69	0.67	0.07	XXX
77295		A	Set radiation therapy field	4.56	7.92	11.78	NA	NA	0.28	XXX
77295	TC	A	Set radiation therapy field	0.00	5.91	9.83	NA	NA	0.04	XXX
77295	26	A	Set radiation therapy field	4.56	2.01	1.95	2.01	1.95	0.24	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.25	1.40	NA	NA	0.04	XXX
77300	TC	A	Radiation therapy dose plan	0.00	0.98	1.13	NA	NA	0.01	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.27	0.27	0.27	0.27	0.03	XXX
77301		A	Radiotherapy dose plan imrt	7.99	44.85	52.84	NA	NA	0.63	XXX
77301	TC	A	Radiotherapy dose plan imrt	0.00	41.34	49.42	NA	NA	0.22	XXX

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77301	26	A	Radiotherapy dose plan imrt	7.99	3.51	3.42	3.51	3.42	0.41	XXX
77305		A	Teletx isodose plan simple	0.70	0.98	1.22	NA	NA	0.04	XXX
77305	TC	A	Teletx isodose plan simple	0.00	0.67	0.92	NA	NA	0.01	XXX
77305	26	A	Teletx isodose plan simple	0.70	0.31	0.30	0.31	0.30	0.03	XXX
77310		A	Teletx isodose plan intermed	1.05	1.37	1.66	NA	NA	0.06	XXX
77310	TC	A	Teletx isodose plan intermed	0.00	0.91	1.21	NA	NA	0.01	XXX
77310	26	A	Teletx isodose plan intermed	1.05	0.46	0.45	0.46	0.45	0.05	XXX
77315		A	Teletx isodose plan complex	1.56	2.26	2.56	NA	NA	0.08	XXX
77315	TC	A	Teletx isodose plan complex	0.00	1.57	1.89	NA	NA	0.01	XXX
77315	26	A	Teletx isodose plan complex	1.56	0.69	0.67	0.69	0.67	0.07	XXX
77321		A	Special teletx port plan	0.95	1.62	2.15	NA	NA	0.05	XXX
77321	TC	A	Special teletx port plan	0.00	1.20	1.75	NA	NA	0.01	XXX
77321	26	A	Special teletx port plan	0.95	0.42	0.40	0.42	0.40	0.04	XXX
77326		A	Brachytx isodose calc simp	0.93	3.08	3.27	NA	NA	0.07	XXX
77326	TC	A	Brachytx isodose calc simp	0.00	2.67	2.88	NA	NA	0.03	XXX
77326	26	A	Brachytx isodose calc simp	0.93	0.41	0.39	0.41	0.39	0.04	XXX
77327		A	Brachytx isodose calc interm	1.39	4.23	4.56	NA	NA	0.10	XXX
77327	TC	A	Brachytx isodose calc interm	0.00	3.62	3.97	NA	NA	0.03	XXX
77327	26	A	Brachytx isodose calc interm	1.39	0.61	0.59	0.61	0.59	0.07	XXX
77328		A	Brachytx isodose plan compl	2.09	5.44	5.94	NA	NA	0.14	XXX
77328	TC	A	Brachytx isodose plan compl	0.00	4.52	5.05	NA	NA	0.04	XXX
77328	26	A	Brachytx isodose plan compl	2.09	0.92	0.89	0.92	0.89	0.10	XXX
77331		A	Special radiation dosimetry	0.87	0.90	0.94	NA	NA	0.05	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.52	0.56	NA	NA	0.01	XXX
77331	26	A	Special radiation dosimetry	0.87	0.38	0.38	0.38	0.38	0.04	XXX
77332		A	Radiation treatment aid(s)	0.54	1.62	1.74	NA	NA	0.04	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.38	1.51	NA	NA	0.01	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.24	0.23	0.24	0.23	0.03	XXX
77333		A	Radiation treatment aid(s)	0.84	0.61	0.87	NA	NA	0.05	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	0.24	0.51	NA	NA	0.01	XXX

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77333	26	A	Radiation treatment aid(s)	0.84	0.37	0.36	0.37	0.36	0.04	XXX
77334		A	Radiation treatment aid(s)	1.24	2.87	3.22	NA	NA	0.06	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	2.32	2.69	NA	NA	0.01	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.55	0.53	0.55	0.53	0.05	XXX
77336		A	Radiation physics consult	0.00	1.13	1.53	NA	NA	0.01	XXX
77338		A	Design mlc device for imrt	4.29	9.55	9.55	NA	NA	0.27	XXX
77338	TC	A	Design mlc device for imrt	0.00	7.66	7.66	NA	NA	0.04	XXX
77338	26	A	Design mlc device for imrt	4.29	1.89	1.89	1.89	1.89	0.23	XXX
77370		A	Radiation physics consult	0.00	3.01	3.39	NA	NA	0.04	XXX
77371		C	Srs multisource	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77372		A	Srs linear based	0.00	22.83	25.02	NA	NA	0.05	XXX
77373		A	Sbrt delivery	0.00	42.95	46.74	NA	NA	0.07	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	0.53	0.74	NA	NA	0.01	XXX
77402		A	Radiation treatment delivery	0.00	5.86	5.18	NA	NA	0.01	XXX
77403		A	Radiation treatment delivery	0.00	3.79	3.85	NA	NA	0.01	XXX
77404		A	Radiation treatment delivery	0.00	4.24	4.28	NA	NA	0.01	XXX
77406		A	Radiation treatment delivery	0.00	4.28	4.32	NA	NA	0.01	XXX
77407		A	Radiation treatment delivery	0.00	7.96	7.51	NA	NA	0.01	XXX
77408		A	Radiation treatment delivery	0.00	5.21	5.24	NA	NA	0.01	XXX
77409		A	Radiation treatment delivery	0.00	5.84	5.83	NA	NA	0.01	XXX
77411		A	Radiation treatment delivery	0.00	5.81	5.80	NA	NA	0.01	XXX
77412		A	Radiation treatment delivery	0.00	6.86	6.84	NA	NA	0.01	XXX
77413		A	Radiation treatment delivery	0.00	6.90	6.89	NA	NA	0.01	XXX
77414		A	Radiation treatment delivery	0.00	7.78	7.71	NA	NA	0.01	XXX
77416		A	Radiation treatment delivery	0.00	7.83	7.75	NA	NA	0.01	XXX
77417		A	Radiology port film(s)	0.00	0.36	0.43	NA	NA	0.01	XXX
77418		A	Radiation tx delivery imrt	0.00	13.27	15.29	NA	NA	0.01	XXX

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77421		A	Stereoscopic x-ray guidance	0.39	2.44	2.83	NA	NA	0.02	XXX
77421	TC	A	Stereoscopic x-ray guidance	0.00	2.27	2.66	NA	NA	0.01	XXX
77421	26	A	Stereoscopic x-ray guidance	0.39	0.17	0.17	0.17	0.17	0.01	XXX
77422		A	Neutron beam tx simple	0.00	5.30	5.85	NA	NA	0.01	XXX
77423		A	Neutron beam tx complex	0.00	7.49	7.44	NA	NA	0.01	XXX
77427		A	Radiation tx management x5	3.37	1.69	1.67	1.69	1.67	0.27	XXX
77431		A	Radiation therapy management	1.81	0.98	0.96	0.98	0.96	0.14	XXX
77432		A	Stereotactic radiation trmt	7.92	3.51	3.46	3.51	3.46	0.65	XXX
77435		A	Sbrt management	13.00	5.87	5.85	5.87	5.87	1.08	XXX
77470		A	Special radiation treatment	2.09	2.15	3.75	NA	NA	0.11	XXX
77470	TC	A	Special radiation treatment	0.00	1.23	2.85	NA	NA	0.01	XXX
77470	26	A	Special radiation treatment	2.09	0.92	0.90	0.92	0.90	0.10	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520		C	Proton trmt simple w/o comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77522		C	Proton trmt simple w/comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523		C	Proton trmt intermediate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77525		C	Proton treatment complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	10.37	10.34	NA	NA	0.10	XXX
77600	TC	R	Hyperthermia treatment	0.00	9.68	9.67	NA	NA	0.03	XXX
77600	26	R	Hyperthermia treatment	1.56	0.69	0.67	0.69	0.67	0.07	XXX
77605		R	Hyperthermia treatment	2.09	30.32	24.92	NA	NA	0.41	XXX
77605	TC	R	Hyperthermia treatment	0.00	29.41	24.10	NA	NA	0.03	XXX
77605	26	R	Hyperthermia treatment	2.09	0.91	0.82	0.91	0.82	0.38	XXX
77610		R	Hyperthermia treatment	1.56	27.81	23.31	NA	NA	0.10	XXX
77610	TC	R	Hyperthermia treatment	0.00	27.13	22.68	NA	NA	0.03	XXX
77610	26	R	Hyperthermia treatment	1.56	0.68	0.63	0.68	0.63	0.07	XXX
77615		R	Hyperthermia treatment	2.09	26.22	26.37	NA	NA	0.17	XXX
77615	TC	R	Hyperthermia treatment	0.00	25.29	25.48	NA	NA	0.07	XXX

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77615	26	R	Hyperthermia treatment	2.09	0.93	0.89	0.93	0.89	0.10	XXX
77620		R	Hyperthermia treatment	1.56	14.18	12.52	NA	NA	0.08	XXX
77620	TC	R	Hyperthermia treatment	0.00	13.50	11.90	NA	NA	0.04	XXX
77620	26	R	Hyperthermia treatment	1.56	0.68	0.62	0.68	0.62	0.04	XXX
77750		A	Infuse radioactive materials	5.00	5.10	5.09	NA	NA	0.29	090
77750	TC	A	Infuse radioactive materials	0.00	2.91	2.96	NA	NA	0.03	090
77750	26	A	Infuse radioactive materials	5.00	2.19	2.13	2.19	2.13	0.26	090
77761		A	Apply intrcav radiat simple	3.85	6.65	6.75	NA	NA	0.24	090
77761	TC	A	Apply intrcav radiat simple	0.00	4.98	5.14	NA	NA	0.04	090
77761	26	A	Apply intrcav radiat simple	3.85	1.67	1.61	1.67	1.61	0.20	090
77762		A	Apply intrcav radiat interm	5.76	8.25	8.46	NA	NA	0.35	090
77762	TC	A	Apply intrcav radiat interm	0.00	5.74	6.01	NA	NA	0.05	090
77762	26	A	Apply intrcav radiat interm	5.76	2.51	2.45	2.51	2.45	0.30	090
77763		A	Apply intrcav radiat compl	8.66	11.22	11.45	NA	NA	0.51	090
77763	TC	A	Apply intrcav radiat compl	0.00	7.45	7.77	NA	NA	0.07	090
77763	26	A	Apply intrcav radiat compl	8.66	3.77	3.68	3.77	3.68	0.44	090
77776		A	Apply interstit radiat simpl	4.70	7.08	7.36	NA	NA	0.36	090
77776	TC	A	Apply interstit radiat simpl	0.00	5.00	5.36	NA	NA	0.05	090
77776	26	A	Apply interstit radiat simpl	4.70	2.08	2.00	2.08	2.00	0.31	090
77777		A	Apply interstit radiat inter	7.52	8.74	9.15	NA	NA	0.54	090
77777	TC	A	Apply interstit radiat inter	0.00	5.43	5.86	NA	NA	0.05	090
77777	26	A	Apply interstit radiat inter	7.52	3.31	3.29	3.31	3.29	0.49	090
77778		A	Apply interstit radiat compl	11.32	12.47	12.78	NA	NA	0.68	090
77778	TC	A	Apply interstit radiat compl	0.00	7.56	7.97	NA	NA	0.08	090
77778	26	A	Apply interstit radiat compl	11.32	4.91	4.81	4.91	4.81	0.60	090
77785		A	Hdr brachytx 1 channel	1.42	5.55	4.95	NA	NA	0.10	XXX
77785	TC	A	Hdr brachytx 1 channel	0.00	4.93	4.34	NA	NA	0.03	XXX
77785	26	A	Hdr brachytx 1 channel	1.42	0.62	0.61	0.62	0.61	0.07	XXX
77786		A	Hdr brachytx 2-12 channel	3.25	12.34	13.35	NA	NA	0.21	XXX
77786	TC	A	Hdr brachytx 2-12 channel	0.00	10.91	12.00	NA	NA	0.05	XXX

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77786	26	A	Hdr brachytx 2-12 channel	3.25	1.43	1.35	1.43	1.35	0.16	XXX
77787		A	Hdr brachytx over 12 chan	4.89	21.83	21.58	NA	NA	0.34	XXX
77787	TC	A	Hdr brachytx over 12 chan	0.00	19.67	19.45	NA	NA	0.08	XXX
77787	26	A	Hdr brachytx over 12 chan	4.89	2.16	2.13	2.16	2.13	0.26	XXX
77789		A	Apply surface radiation	1.14	2.10	2.07	NA	NA	0.06	000
77789	TC	A	Apply surface radiation	0.00	1.58	1.57	NA	NA	0.01	000
77789	26	A	Apply surface radiation	1.14	0.52	0.50	0.52	0.50	0.05	000
77790		A	Radiation handling	1.05	1.58	1.58	NA	NA	0.05	XXX
77790	TC	A	Radiation handling	0.00	1.12	1.13	NA	NA	0.01	XXX
77790	26	A	Radiation handling	1.05	0.46	0.45	0.46	0.45	0.04	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid single uptake	0.19	1.79	1.91	NA	NA	0.02	XXX
78000	TC	A	Thyroid single uptake	0.00	1.73	1.83	NA	NA	0.01	XXX
78000	26	A	Thyroid single uptake	0.19	0.06	0.08	0.06	0.08	0.01	XXX
78001		A	Thyroid multiple uptakes	0.26	2.31	2.42	NA	NA	0.04	XXX
78001	TC	A	Thyroid multiple uptakes	0.00	2.22	2.31	NA	NA	0.03	XXX
78001	26	A	Thyroid multiple uptakes	0.26	0.09	0.11	0.09	0.11	0.01	XXX
78003		A	Thyroid suppress/stimul	0.33	1.93	2.01	NA	NA	0.02	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.81	1.87	NA	NA	0.01	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.12	0.14	0.12	0.14	0.01	XXX
78006		A	Thyroid imaging with uptake	0.49	6.30	6.39	NA	NA	0.06	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	6.13	6.19	NA	NA	0.03	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.17	0.20	0.17	0.20	0.03	XXX
78007		A	Thyroid image mult uptakes	0.50	6.69	5.19	NA	NA	0.06	XXX
78007	TC	A	Thyroid image mult uptakes	0.00	6.51	4.99	NA	NA	0.03	XXX
78007	26	A	Thyroid image mult uptakes	0.50	0.18	0.20	0.18	0.20	0.03	XXX
78010		A	Thyroid imaging	0.39	4.32	4.36	NA	NA	0.04	XXX
78010	TC	A	Thyroid imaging	0.00	4.18	4.21	NA	NA	0.03	XXX

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78010	26	A	Thyroid imaging	0.39	0.14	0.15	0.14	0.15	0.01	XXX
78011		A	Thyroid imaging with flow	0.45	4.54	4.78	NA	NA	0.06	XXX
78011	TC	A	Thyroid imaging with flow	0.00	4.37	4.59	NA	NA	0.03	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.17	0.19	0.17	0.19	0.03	XXX
78015		A	Thyroid met imaging	0.67	5.41	5.60	NA	NA	0.07	XXX
78015	TC	A	Thyroid met imaging	0.00	5.19	5.34	NA	NA	0.03	XXX
78015	26	A	Thyroid met imaging	0.67	0.22	0.26	0.22	0.26	0.04	XXX
78016		A	Thyroid met imaging/studies	0.82	7.11	8.09	NA	NA	0.06	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	6.97	7.83	NA	NA	0.03	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.14	0.26	0.14	0.26	0.03	XXX
78018		A	Thyroid met imaging body	0.86	7.89	8.45	NA	NA	0.07	XXX
78018	TC	A	Thyroid met imaging body	0.00	7.61	8.12	NA	NA	0.03	XXX
78018	26	A	Thyroid met imaging body	0.86	0.28	0.33	0.28	0.33	0.04	XXX
78020		A	Thyroid met uptake	0.60	1.66	1.90	NA	NA	0.04	ZZZ
78020	TC	A	Thyroid met uptake	0.00	1.49	1.68	NA	NA	0.01	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.17	0.22	0.17	0.22	0.03	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	3.39	3.99	NA	NA	0.07	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	3.11	3.66	NA	NA	0.03	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.28	0.33	0.28	0.33	0.04	XXX
78075		A	Adrenal nuclear imaging	0.74	11.16	11.72	NA	NA	0.08	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	10.93	11.44	NA	NA	0.04	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.23	0.28	0.23	0.28	0.04	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging ltd	0.55	4.06	4.29	NA	NA	0.06	XXX
78102	TC	A	Bone marrow imaging ltd	0.00	3.89	4.08	NA	NA	0.03	XXX
78102	26	A	Bone marrow imaging ltd	0.55	0.17	0.21	0.17	0.21	0.03	XXX
78103		A	Bone marrow imaging mult	0.75	5.24	5.64	NA	NA	0.07	XXX
78103	TC	A	Bone marrow imaging mult	0.00	5.02	5.36	NA	NA	0.03	XXX

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78103	26	A	Bone marrow imaging mult	0.75	0.22	0.28	0.22	0.28	0.04	XXX
78104		A	Bone marrow imaging body	0.80	5.95	6.47	NA	NA	0.07	XXX
78104	TC	A	Bone marrow imaging body	0.00	5.70	6.16	NA	NA	0.03	XXX
78104	26	A	Bone marrow imaging body	0.80	0.25	0.31	0.25	0.31	0.04	XXX
78110		A	Plasma volume single	0.19	2.17	2.21	NA	NA	0.04	XXX
78110	TC	A	Plasma volume single	0.00	2.10	2.13	NA	NA	0.03	XXX
78110	26	A	Plasma volume single	0.19	0.07	0.08	0.07	0.08	0.01	XXX
78111		A	Plasma volume multiple	0.22	1.80	2.32	NA	NA	0.04	XXX
78111	TC	A	Plasma volume multiple	0.00	1.76	2.24	NA	NA	0.03	XXX
78111	26	A	Plasma volume multiple	0.22	0.04	0.08	0.04	0.08	0.01	XXX
78120		A	Red cell mass single	0.23	2.13	2.32	NA	NA	0.04	XXX
78120	TC	A	Red cell mass single	0.00	2.04	2.22	NA	NA	0.03	XXX
78120	26	A	Red cell mass single	0.23	0.09	0.10	0.09	0.10	0.01	XXX
78121		A	Red cell mass multiple	0.32	2.24	2.61	NA	NA	0.04	XXX
78121	TC	A	Red cell mass multiple	0.00	2.12	2.48	NA	NA	0.03	XXX
78121	26	A	Red cell mass multiple	0.32	0.12	0.13	0.12	0.13	0.01	XXX
78122		A	Blood volume	0.45	2.08	2.82	NA	NA	0.04	XXX
78122	TC	A	Blood volume	0.00	1.95	2.65	NA	NA	0.03	XXX
78122	26	A	Blood volume	0.45	0.13	0.17	0.13	0.17	0.01	XXX
78130		A	Red cell survival study	0.61	3.57	3.88	NA	NA	0.08	XXX
78130	TC	A	Red cell survival study	0.00	3.34	3.62	NA	NA	0.04	XXX
78130	26	A	Red cell survival study	0.61	0.23	0.26	0.23	0.26	0.04	XXX
78135		A	Red cell survival kinetics	0.64	9.25	9.40	NA	NA	0.07	XXX
78135	TC	A	Red cell survival kinetics	0.00	9.00	9.13	NA	NA	0.03	XXX
78135	26	A	Red cell survival kinetics	0.64	0.25	0.27	0.25	0.27	0.04	XXX
78140		A	Red cell sequestration	0.61	2.89	3.42	NA	NA	0.07	XXX
78140	TC	A	Red cell sequestration	0.00	2.67	3.17	NA	NA	0.03	XXX
78140	26	A	Red cell sequestration	0.61	0.22	0.25	0.22	0.25	0.04	XXX
78185		A	Spleen imaging	0.40	5.39	5.48	NA	NA	0.04	XXX
78185	TC	A	Spleen imaging	0.00	5.24	5.31	NA	NA	0.03	XXX

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78185	26	A	Spleen imaging	0.40	0.15	0.17	0.15	0.17	0.01	XXX
78190		A	Platelet survival kinetics	1.09	9.52	9.98	NA	NA	0.07	XXX
78190	TC	A	Platelet survival kinetics	0.00	9.09	9.54	NA	NA	0.03	XXX
78190	26	A	Platelet survival kinetics	1.09	0.43	0.44	0.43	0.44	0.04	XXX
78191		A	Platelet survival	0.61	3.59	4.53	NA	NA	0.08	XXX
78191	TC	A	Platelet survival	0.00	3.36	4.28	NA	NA	0.04	XXX
78191	26	A	Platelet survival	0.61	0.23	0.25	0.23	0.25	0.04	XXX
78195		A	Lymph system imaging	1.20	8.83	9.08	NA	NA	0.10	XXX
78195	TC	A	Lymph system imaging	0.00	8.42	8.60	NA	NA	0.03	XXX
78195	26	A	Lymph system imaging	1.20	0.41	0.48	0.41	0.48	0.07	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	4.90	4.96	NA	NA	0.07	XXX
78201	TC	A	Liver imaging	0.00	4.75	4.80	NA	NA	0.03	XXX
78201	26	A	Liver imaging	0.44	0.15	0.16	0.15	0.16	0.04	XXX
78202		A	Liver imaging with flow	0.51	5.02	5.41	NA	NA	0.04	XXX
78202	TC	A	Liver imaging with flow	0.00	4.88	5.23	NA	NA	0.03	XXX
78202	26	A	Liver imaging with flow	0.51	0.14	0.18	0.14	0.18	0.01	XXX
78205		A	Liver imaging (3d)	0.71	5.16	5.92	NA	NA	0.07	XXX
78205	TC	A	Liver imaging (3d)	0.00	4.93	5.64	NA	NA	0.03	XXX
78205	26	A	Liver imaging (3d)	0.71	0.23	0.28	0.23	0.28	0.04	XXX
78206		A	Liver image (3d) with flow	0.96	8.68	9.21	NA	NA	0.07	XXX
78206	TC	A	Liver image (3d) with flow	0.00	8.36	8.83	NA	NA	0.03	XXX
78206	26	A	Liver image (3d) with flow	0.96	0.32	0.38	0.32	0.38	0.04	XXX
78215		A	Liver and spleen imaging	0.49	4.86	5.11	NA	NA	0.06	XXX
78215	TC	A	Liver and spleen imaging	0.00	4.69	4.91	NA	NA	0.03	XXX
78215	26	A	Liver and spleen imaging	0.49	0.17	0.20	0.17	0.20	0.03	XXX
78216		A	Liver & spleen image/flow	0.57	2.72	3.22	NA	NA	0.06	XXX
78216	TC	A	Liver & spleen image/flow	0.00	2.53	3.00	NA	NA	0.03	XXX

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78216	26	A	Liver & spleen image/flow	0.57	0.19	0.22	0.19	0.22	0.03	XXX
78220		A	Liver function study	0.49	3.00	3.49	NA	NA	0.04	XXX
78220	TC	A	Liver function study	0.00	2.83	3.30	NA	NA	0.03	XXX
78220	26	A	Liver function study	0.49	0.17	0.19	0.17	0.19	0.01	XXX
78223		A	Hepatobiliary imaging	0.84	8.70	8.83	NA	NA	0.07	XXX
78223	TC	A	Hepatobiliary imaging	0.00	8.40	8.49	NA	NA	0.03	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.30	0.34	0.30	0.34	0.04	XXX
78230		A	Salivary gland imaging	0.45	4.27	4.38	NA	NA	0.06	XXX
78230	TC	A	Salivary gland imaging	0.00	4.10	4.20	NA	NA	0.03	XXX
78230	26	A	Salivary gland imaging	0.45	0.17	0.18	0.17	0.18	0.03	XXX
78231		A	Serial salivary imaging	0.52	2.85	3.23	NA	NA	0.04	XXX
78231	TC	A	Serial salivary imaging	0.00	2.66	3.02	NA	NA	0.03	XXX
78231	26	A	Serial salivary imaging	0.52	0.19	0.21	0.19	0.21	0.01	XXX
78232		A	Salivary gland function exam	0.47	2.13	2.93	NA	NA	0.06	XXX
78232	TC	A	Salivary gland function exam	0.00	2.05	2.78	NA	NA	0.03	XXX
78232	26	A	Salivary gland function exam	0.47	0.08	0.15	0.08	0.15	0.03	XXX
78258		A	Esophageal motility study	0.74	5.67	5.92	NA	NA	0.06	XXX
78258	TC	A	Esophageal motility study	0.00	5.41	5.61	NA	NA	0.03	XXX
78258	26	A	Esophageal motility study	0.74	0.26	0.31	0.26	0.31	0.03	XXX
78261		A	Gastric mucosa imaging	0.69	6.28	6.60	NA	NA	0.07	XXX
78261	TC	A	Gastric mucosa imaging	0.00	6.02	6.31	NA	NA	0.03	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.26	0.29	0.26	0.29	0.04	XXX
78262		A	Gastroesophageal reflux exam	0.68	6.17	6.49	NA	NA	0.04	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	5.93	6.22	NA	NA	0.03	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.24	0.27	0.24	0.27	0.01	XXX
78264		A	Gastric emptying study	0.80	7.60	7.61	NA	NA	0.07	XXX
78264	TC	A	Gastric emptying study	0.00	7.34	7.33	NA	NA	0.03	XXX
78264	26	A	Gastric emptying study	0.80	0.26	0.28	0.26	0.28	0.04	XXX
78267		X	Breath tst attain/anal c-14	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	XXX

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78270		A	Vit b-12 absorption exam	0.20	2.07	2.17	NA	NA	0.02	XXX
78270	TC	A	Vit b-12 absorption exam	0.00	1.99	2.09	NA	NA	0.01	XXX
78270	26	A	Vit b-12 absorption exam	0.20	0.08	0.08	0.08	0.08	0.01	XXX
78271		A	Vit b-12 absrp exam int fac	0.20	2.29	2.30	NA	NA	0.02	XXX
78271	TC	A	Vit b-12 absrp exam int fac	0.00	2.20	2.22	NA	NA	0.01	XXX
78271	26	A	Vit b-12 absrp exam int fac	0.20	0.09	0.08	0.09	0.08	0.01	XXX
78272		A	Vit b-12 absorp combined	0.27	2.19	2.37	NA	NA	0.04	XXX
78272	TC	A	Vit b-12 absorp combined	0.00	2.09	2.27	NA	NA	0.03	XXX
78272	26	A	Vit b-12 absorp combined	0.27	0.10	0.10	0.10	0.10	0.01	XXX
78278		A	Acute gi blood loss imaging	0.99	8.75	9.10	NA	NA	0.08	XXX
78278	TC	A	Acute gi blood loss imaging	0.00	8.40	8.70	NA	NA	0.03	XXX
78278	26	A	Acute gi blood loss imaging	0.99	0.35	0.40	0.35	0.40	0.05	XXX
78282		C	Gi protein loss exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78282	TC	C	Gi protein loss exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78282	26	A	Gi protein loss exam	0.38	0.14	0.16	0.14	0.16	0.03	XXX
78290		A	Meckels divert exam	0.68	8.66	8.71	NA	NA	0.07	XXX
78290	TC	A	Meckels divert exam	0.00	8.42	8.43	NA	NA	0.03	XXX
78290	26	A	Meckels divert exam	0.68	0.24	0.28	0.24	0.28	0.04	XXX
78291		A	Leveen/shunt patency exam	0.88	6.27	6.48	NA	NA	0.08	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	5.97	6.13	NA	NA	0.03	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.30	0.35	0.30	0.35	0.05	XXX
78299		C	Gi nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78299	TC	C	Gi nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78299	26	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging limited area	0.62	4.35	4.51	NA	NA	0.06	XXX
78300	TC	A	Bone imaging limited area	0.00	4.12	4.25	NA	NA	0.03	XXX
78300	26	A	Bone imaging limited area	0.62	0.23	0.26	0.23	0.26	0.03	XXX
78305		A	Bone imaging multiple areas	0.83	5.71	5.95	NA	NA	0.07	XXX
78305	TC	A	Bone imaging multiple areas	0.00	5.41	5.62	NA	NA	0.03	XXX
78305	26	A	Bone imaging multiple areas	0.83	0.30	0.33	0.30	0.33	0.04	XXX

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78306		A	Bone imaging whole body	0.86	6.12	6.53	NA	NA	0.07	XXX
78306	TC	A	Bone imaging whole body	0.00	5.82	6.18	NA	NA	0.03	XXX
78306	26	A	Bone imaging whole body	0.86	0.30	0.35	0.30	0.35	0.04	XXX
78315		A	Bone imaging 3 phase	1.02	8.70	9.06	NA	NA	0.08	XXX
78315	TC	A	Bone imaging 3 phase	0.00	8.35	8.65	NA	NA	0.03	XXX
78315	26	A	Bone imaging 3 phase	1.02	0.35	0.41	0.35	0.41	0.05	XXX
78320		A	Bone imaging (3d)	1.04	5.30	6.07	NA	NA	0.08	XXX
78320	TC	A	Bone imaging (3d)	0.00	4.96	5.66	NA	NA	0.03	XXX
78320	26	A	Bone imaging (3d)	1.04	0.34	0.41	0.34	0.41	0.05	XXX
78350		N	Bone mineral single photon	0.22	0.68	0.73	NA	NA	0.02	XXX
78350	TC	N	Bone mineral single photon	0.00	0.58	0.64	NA	NA	0.01	XXX
78350	26	N	Bone mineral single photon	0.22	0.10	0.09	0.10	0.09	0.01	XXX
78351		N	Bone mineral dual photon	0.30	0.13	0.13	0.13	0.13	0.01	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	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	NA	NA	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	NA	NA	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.20	0.18	0.20	0.18	0.03	XXX
78428		A	Cardiac shunt imaging	0.78	4.37	4.87	NA	NA	0.06	XXX
78428	TC	A	Cardiac shunt imaging	0.00	4.09	4.52	NA	NA	0.03	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.28	0.35	0.28	0.35	0.03	XXX
78445		A	Vascular flow imaging	0.49	4.29	4.51	NA	NA	0.04	XXX
78445	TC	A	Vascular flow imaging	0.00	4.14	4.32	NA	NA	0.03	XXX
78445	26	A	Vascular flow imaging	0.49	0.15	0.19	0.15	0.19	0.01	XXX
78451		A	Ht muscle image spect sing	1.38	8.58	8.58	NA	NA	0.08	XXX
78451	TC	A	Ht muscle image spect sing	0.00	8.07	8.07	NA	NA	0.03	XXX
78451	26	A	Ht muscle image spect sing	1.38	0.51	0.51	0.51	0.51	0.05	XXX
78452		A	Ht muscle image spect mult	1.62	12.35	12.35	NA	NA	0.09	XXX
78452	TC	A	Ht muscle image spect mult	0.00	11.73	11.73	NA	NA	0.04	XXX

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78452	26	A	Ht muscle image spect mult	1.62	0.62	0.62	0.62	0.62	0.05	XXX
78453		A	Ht muscle image planar sing	1.00	7.55	7.55	NA	NA	0.08	XXX
78453	TC	A	Ht muscle image planar sing	0.00	7.18	7.18	NA	NA	0.03	XXX
78453	26	A	Ht muscle image planar sing	1.00	0.37	0.37	0.37	0.37	0.05	XXX
78454		A	Ht musc image planar mult	1.34	11.03	11.03	NA	NA	0.09	XXX
78454	TC	A	Ht musc image planar mult	0.00	10.53	10.53	NA	NA	0.04	XXX
78454	26	A	Ht musc image planar mult	1.34	0.50	0.50	0.50	0.50	0.05	XXX
78456		A	Acute venous thrombus image	1.00	8.75	9.36	NA	NA	0.06	XXX
78456	TC	A	Acute venous thrombus image	0.00	8.38	8.89	NA	NA	0.03	XXX
78456	26	A	Acute venous thrombus image	1.00	0.37	0.47	0.37	0.47	0.03	XXX
78457		A	Venous thrombosis imaging	0.77	4.67	4.91	NA	NA	0.07	XXX
78457	TC	A	Venous thrombosis imaging	0.00	4.40	4.60	NA	NA	0.03	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.27	0.31	0.27	0.31	0.04	XXX
78458		A	Ven thrombosis images bilat	0.90	4.07	4.80	NA	NA	0.08	XXX
78458	TC	A	Ven thrombosis images bilat	0.00	3.86	4.49	NA	NA	0.03	XXX
78458	26	A	Ven thrombosis images bilat	0.90	0.21	0.31	0.21	0.31	0.05	XXX
78459		C	Heart muscle imaging (pet)	0.00	0.00	0.00	NA	NA	0.00	XXX
78459	TC	C	Heart muscle imaging (pet)	0.00	0.00	0.00	NA	NA	0.00	XXX
78459	26	A	Heart muscle imaging (pet)	1.50	0.45	0.62	0.45	0.62	0.10	XXX
78466		A	Heart infarct image	0.69	4.17	4.57	NA	NA	0.06	XXX
78466	TC	A	Heart infarct image	0.00	3.91	4.26	NA	NA	0.03	XXX
78466	26	A	Heart infarct image	0.69	0.26	0.31	0.26	0.31	0.03	XXX
78468		A	Heart infarct image (ef)	0.80	4.85	5.59	NA	NA	0.06	XXX
78468	TC	A	Heart infarct image (ef)	0.00	4.54	5.21	NA	NA	0.03	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.31	0.38	0.31	0.38	0.03	XXX
78469		A	Heart infarct image (3d)	0.92	6.07	6.61	NA	NA	0.06	XXX
78469	TC	A	Heart infarct image (3d)	0.00	5.67	6.16	NA	NA	0.03	XXX
78469	26	A	Heart infarct image (3d)	0.92	0.40	0.45	0.40	0.45	0.03	XXX
78472		A	Gated heart planar single	0.98	5.54	6.37	NA	NA	0.07	XXX
78472	TC	A	Gated heart planar single	0.00	5.19	5.94	NA	NA	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
78472	26	A	Gated heart planar single	0.98	0.35	0.43	0.35	0.43	0.04	XXX
78473		A	Gated heart multiple	1.47	6.86	8.25	NA	NA	0.08	XXX
78473	TC	A	Gated heart multiple	0.00	6.31	7.58	NA	NA	0.03	XXX
78473	26	A	Gated heart multiple	1.47	0.55	0.67	0.55	0.67	0.05	XXX
78481		A	Heart first pass single	0.98	4.20	5.17	NA	NA	0.04	XXX
78481	TC	A	Heart first pass single	0.00	3.82	4.69	NA	NA	0.01	XXX
78481	26	A	Heart first pass single	0.98	0.38	0.48	0.38	0.48	0.03	XXX
78483		A	Heart first pass multiple	1.47	5.53	7.04	NA	NA	0.08	XXX
78483	TC	A	Heart first pass multiple	0.00	4.96	6.31	NA	NA	0.03	XXX
78483	26	A	Heart first pass multiple	1.47	0.57	0.73	0.57	0.73	0.05	XXX
78491		C	Heart image (pet) single	0.00	0.00	0.00	NA	NA	0.00	XXX
78491	TC	C	Heart image (pet) single	0.00	0.00	0.00	NA	NA	0.00	XXX
78491	26	A	Heart image (pet) single	1.50	0.49	0.65	0.49	0.65	0.10	XXX
78492		C	Heart image (pet) multiple	0.00	0.00	0.00	NA	NA	0.00	XXX
78492	TC	C	Heart image (pet) multiple	0.00	0.00	0.00	NA	NA	0.00	XXX
78492	26	A	Heart image (pet) multiple	1.87	0.65	0.86	0.65	0.86	0.12	XXX
78494		A	Heart image spect	1.19	5.56	6.64	NA	NA	0.07	XXX
78494	TC	A	Heart image spect	0.00	5.09	6.09	NA	NA	0.03	XXX
78494	26	A	Heart image spect	1.19	0.47	0.55	0.47	0.55	0.04	XXX
78496		A	Heart first pass add-on	0.50	0.74	1.86	NA	NA	0.02	ZZZ
78496	TC	A	Heart first pass add-on	0.00	0.55	1.63	NA	NA	0.01	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.19	0.23	0.19	0.23	0.01	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	5.12	5.46	NA	NA	0.06	XXX
78580	TC	A	Lung perfusion imaging	0.00	4.87	5.16	NA	NA	0.03	XXX
78580	26	A	Lung perfusion imaging	0.74	0.25	0.30	0.25	0.30	0.03	XXX
78584		A	Lung v/q image single breath	0.99	3.01	3.43	NA	NA	0.08	XXX
78584	TC	A	Lung v/q image single breath	0.00	2.65	3.02	NA	NA	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
78584	26	A	Lung v/q image single breath	0.99	0.36	0.41	0.36	0.41	0.05	XXX
78585		A	Lung v/q imaging	1.09	8.75	9.23	NA	NA	0.08	XXX
78585	TC	A	Lung v/q imaging	0.00	8.37	8.79	NA	NA	0.03	XXX
78585	26	A	Lung v/q imaging	1.09	0.38	0.44	0.38	0.44	0.05	XXX
78586		A	Aerosol lung image single	0.40	4.31	4.46	NA	NA	0.04	XXX
78586	TC	A	Aerosol lung image single	0.00	4.16	4.30	NA	NA	0.03	XXX
78586	26	A	Aerosol lung image single	0.40	0.15	0.16	0.15	0.16	0.01	XXX
78587		A	Aerosol lung image multiple	0.49	5.33	5.59	NA	NA	0.06	XXX
78587	TC	A	Aerosol lung image multiple	0.00	5.17	5.40	NA	NA	0.03	XXX
78587	26	A	Aerosol lung image multiple	0.49	0.16	0.19	0.16	0.19	0.03	XXX
78588		A	Perfusion lung image	1.09	8.82	8.91	NA	NA	0.08	XXX
78588	TC	A	Perfusion lung image	0.00	8.44	8.47	NA	NA	0.03	XXX
78588	26	A	Perfusion lung image	1.09	0.38	0.44	0.38	0.44	0.05	XXX
78591		A	Vent image 1 breath 1 proj	0.40	4.34	4.52	NA	NA	0.04	XXX
78591	TC	A	Vent image 1 breath 1 proj	0.00	4.19	4.35	NA	NA	0.03	XXX
78591	26	A	Vent image 1 breath 1 proj	0.40	0.15	0.17	0.15	0.17	0.01	XXX
78593		A	Vent image 1 proj gas	0.49	4.94	5.22	NA	NA	0.06	XXX
78593	TC	A	Vent image 1 proj gas	0.00	4.77	5.02	NA	NA	0.03	XXX
78593	26	A	Vent image 1 proj gas	0.49	0.17	0.20	0.17	0.20	0.03	XXX
78594		A	Vent image mult proj gas	0.53	5.14	5.79	NA	NA	0.06	XXX
78594	TC	A	Vent image mult proj gas	0.00	4.98	5.59	NA	NA	0.03	XXX
78594	26	A	Vent image mult proj gas	0.53	0.16	0.20	0.16	0.20	0.03	XXX
78596		A	Lung differential function	1.27	8.99	9.63	NA	NA	0.07	XXX
78596	TC	A	Lung differential function	0.00	8.56	9.15	NA	NA	0.03	XXX
78596	26	A	Lung differential function	1.27	0.43	0.48	0.43	0.48	0.04	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain image < 4 views	0.44	4.57	4.81	NA	NA	0.04	XXX
78600	TC	A	Brain image < 4 views	0.00	4.41	4.62	NA	NA	0.03	XXX

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78600	26	A	Brain image < 4 views	0.44	0.16	0.19	0.16	0.19	0.01	XXX
78601		A	Brain image w/flow < 4 views	0.51	5.42	5.71	NA	NA	0.06	XXX
78601	TC	A	Brain image w/flow < 4 views	0.00	5.24	5.51	NA	NA	0.03	XXX
78601	26	A	Brain image w/flow < 4 views	0.51	0.18	0.20	0.18	0.20	0.03	XXX
78605		A	Brain image 4+ views	0.53	4.89	5.22	NA	NA	0.06	XXX
78605	TC	A	Brain image 4+ views	0.00	4.69	4.99	NA	NA	0.03	XXX
78605	26	A	Brain image 4+ views	0.53	0.20	0.23	0.20	0.23	0.03	XXX
78606		A	Brain image w/flow 4 + views	0.64	8.71	8.85	NA	NA	0.04	XXX
78606	TC	A	Brain image w/flow 4 + views	0.00	8.48	8.59	NA	NA	0.03	XXX
78606	26	A	Brain image w/flow 4 + views	0.64	0.23	0.26	0.23	0.26	0.01	XXX
78607		A	Brain imaging (3d)	1.23	8.66	9.37	NA	NA	0.08	XXX
78607	TC	A	Brain imaging (3d)	0.00	8.27	8.90	NA	NA	0.03	XXX
78607	26	A	Brain imaging (3d)	1.23	0.39	0.47	0.39	0.47	0.05	XXX
78608		C	Brain imaging (pet)	0.00	0.00	0.00	NA	NA	0.00	XXX
78608	TC	C	Brain imaging (pet)	0.00	0.00	0.00	NA	NA	0.00	XXX
78608	26	A	Brain imaging (pet)	1.50	0.48	0.58	0.48	0.58	0.11	XXX
78609		N	Brain imaging (pet)	1.50	0.66	0.63	NA	NA	0.10	XXX
78609	TC	N	Brain imaging (pet)	0.00	0.00	0.00	NA	NA	0.00	XXX
78609	26	N	Brain imaging (pet)	1.50	0.66	0.63	0.66	0.63	0.10	XXX
78610		A	Brain flow imaging only	0.30	4.47	4.88	NA	NA	0.04	XXX
78610	TC	A	Brain flow imaging only	0.00	4.36	4.75	NA	NA	0.03	XXX
78610	26	A	Brain flow imaging only	0.30	0.11	0.13	0.11	0.13	0.01	XXX
78630		A	Cerebrospinal fluid scan	0.68	8.83	9.16	NA	NA	0.06	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	8.59	8.88	NA	NA	0.03	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.24	0.28	0.24	0.28	0.03	XXX
78635		A	Csf ventriculography	0.61	8.84	8.79	NA	NA	0.04	XXX
78635	TC	A	Csf ventriculography	0.00	8.61	8.53	NA	NA	0.03	XXX
78635	26	A	Csf ventriculography	0.61	0.23	0.26	0.23	0.26	0.01	XXX
78645		A	Csf shunt evaluation	0.57	8.49	8.68	NA	NA	0.06	XXX
78645	TC	A	Csf shunt evaluation	0.00	8.30	8.45	NA	NA	0.03	XXX

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78645	26	A	Csf shunt evaluation	0.57	0.19	0.23	0.19	0.23	0.03	XXX
78647		A	Cerebrospinal fluid scan	0.90	8.76	9.25	NA	NA	0.08	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	8.47	8.91	NA	NA	0.03	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.29	0.34	0.29	0.34	0.05	XXX
78650		A	Csf leakage imaging	0.61	8.69	9.02	NA	NA	0.07	XXX
78650	TC	A	Csf leakage imaging	0.00	8.49	8.78	NA	NA	0.03	XXX
78650	26	A	Csf leakage imaging	0.61	0.20	0.24	0.20	0.24	0.04	XXX
78660		A	Nuclear exam of tear flow	0.53	4.63	4.62	NA	NA	0.06	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	4.41	4.39	NA	NA	0.03	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.22	0.23	0.22	0.23	0.03	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging morphol	0.45	4.39	4.68	NA	NA	0.06	XXX
78700	TC	A	Kidney imaging morphol	0.00	4.23	4.49	NA	NA	0.03	XXX
78700	26	A	Kidney imaging morphol	0.45	0.16	0.19	0.16	0.19	0.03	XXX
78701		A	Kidney imaging with flow	0.49	5.42	5.72	NA	NA	0.06	XXX
78701	TC	A	Kidney imaging with flow	0.00	5.25	5.52	NA	NA	0.03	XXX
78701	26	A	Kidney imaging with flow	0.49	0.17	0.20	0.17	0.20	0.03	XXX
78707		A	K flow/funct image w/o drug	0.96	5.45	5.97	NA	NA	0.07	XXX
78707	TC	A	K flow/funct image w/o drug	0.00	5.13	5.59	NA	NA	0.03	XXX
78707	26	A	K flow/funct image w/o drug	0.96	0.32	0.38	0.32	0.38	0.04	XXX
78708		A	K flow/funct image w/drug	1.21	3.35	4.03	NA	NA	0.08	XXX
78708	TC	A	K flow/funct image w/drug	0.00	2.94	3.54	NA	NA	0.03	XXX
78708	26	A	K flow/funct image w/drug	1.21	0.41	0.49	0.41	0.49	0.05	XXX
78709		A	K flow/funct image multiple	1.41	8.92	9.28	NA	NA	0.10	XXX
78709	TC	A	K flow/funct image multiple	0.00	8.44	8.72	NA	NA	0.03	XXX
78709	26	A	K flow/funct image multiple	1.41	0.48	0.56	0.48	0.56	0.07	XXX
78710		A	Kidney imaging (3d)	0.66	5.03	5.85	NA	NA	0.04	XXX
78710	TC	A	Kidney imaging (3d)	0.00	4.83	5.60	NA	NA	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
78710	26	A	Kidney imaging (3d)	0.66	0.20	0.25	0.20	0.25	0.01	XXX
78725		A	Kidney function study	0.38	2.48	2.60	NA	NA	0.04	XXX
78725	TC	A	Kidney function study	0.00	2.34	2.45	NA	NA	0.03	XXX
78725	26	A	Kidney function study	0.38	0.14	0.15	0.14	0.15	0.01	XXX
78730		A	Urinary bladder retention	0.15	1.80	2.03	NA	NA	0.02	ZZZ
78730	TC	A	Urinary bladder retention	0.00	1.74	1.95	NA	NA	0.01	ZZZ
78730	26	A	Urinary bladder retention	0.15	0.06	0.08	0.06	0.08	0.01	ZZZ
78740		A	Ureteral reflux study	0.57	5.84	5.89	NA	NA	0.06	XXX
78740	TC	A	Ureteral reflux study	0.00	5.62	5.64	NA	NA	0.03	XXX
78740	26	A	Ureteral reflux study	0.57	0.22	0.25	0.22	0.25	0.03	XXX
78761		A	Testicular imaging w/flow	0.71	5.24	5.48	NA	NA	0.07	XXX
78761	TC	A	Testicular imaging w/flow	0.00	4.97	5.18	NA	NA	0.03	XXX
78761	26	A	Testicular imaging w/flow	0.71	0.27	0.30	0.27	0.30	0.04	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging limited area	0.66	4.51	4.78	NA	NA	0.07	XXX
78800	TC	A	Tumor imaging limited area	0.00	4.27	4.52	NA	NA	0.03	XXX
78800	26	A	Tumor imaging limited area	0.66	0.24	0.26	0.24	0.26	0.04	XXX
78801		A	Tumor imaging mult areas	0.79	6.27	6.58	NA	NA	0.07	XXX
78801	TC	A	Tumor imaging mult areas	0.00	5.98	6.26	NA	NA	0.03	XXX
78801	26	A	Tumor imaging mult areas	0.79	0.29	0.32	0.29	0.32	0.04	XXX
78802		A	Tumor imaging whole body	0.86	8.12	8.69	NA	NA	0.07	XXX
78802	TC	A	Tumor imaging whole body	0.00	7.84	8.35	NA	NA	0.03	XXX
78802	26	A	Tumor imaging whole body	0.86	0.28	0.34	0.28	0.34	0.04	XXX
78803		A	Tumor imaging (3d)	1.09	8.34	9.17	NA	NA	0.08	XXX
78803	TC	A	Tumor imaging (3d)	0.00	8.01	8.75	NA	NA	0.03	XXX
78803	26	A	Tumor imaging (3d)	1.09	0.33	0.42	0.33	0.42	0.05	XXX
78804		A	Tumor imaging whole body	1.07	14.79	15.92	NA	NA	0.10	XXX
78804	TC	A	Tumor imaging whole body	0.00	14.44	15.50	NA	NA	0.05	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
78804	26	A	Tumor imaging whole body	1.07	0.35	0.42	0.35	0.42	0.05	XXX
78805		A	Abscess imaging ltd area	0.73	4.29	4.63	NA	NA	0.07	XXX
78805	TC	A	Abscess imaging ltd area	0.00	4.04	4.34	NA	NA	0.03	XXX
78805	26	A	Abscess imaging ltd area	0.73	0.25	0.29	0.25	0.29	0.04	XXX
78806		A	Abscess imaging whole body	0.86	8.35	9.03	NA	NA	0.07	XXX
78806	TC	A	Abscess imaging whole body	0.00	8.07	8.69	NA	NA	0.03	XXX
78806	26	A	Abscess imaging whole body	0.86	0.28	0.34	0.28	0.34	0.04	XXX
78807		A	Nuclear localization/abscess	1.09	8.33	9.16	NA	NA	0.07	XXX
78807	TC	A	Nuclear localization/abscess	0.00	8.01	8.75	NA	NA	0.03	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.32	0.41	0.32	0.41	0.04	XXX
78808		A	Iv inj ra drug dx study	0.18	0.89	1.06	NA	NA	0.03	XXX
78811		C	Pet image ltd area	0.00	0.00	0.00	NA	NA	0.00	XXX
78811	TC	C	Pet image ltd area	0.00	0.00	0.00	NA	NA	0.00	XXX
78811	26	A	Pet image ltd area	1.54	0.54	0.63	0.54	0.63	0.18	XXX
78812		C	Pet image skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78812	TC	C	Pet image skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78812	26	A	Pet image skull-thigh	1.93	0.66	0.78	0.66	0.78	0.16	XXX
78813		C	Pet image full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78813	TC	C	Pet image full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78813	26	A	Pet image full body	2.00	0.72	0.82	0.72	0.82	0.18	XXX
78814		C	Pet image w/ct lmtd	0.00	0.00	0.00	NA	NA	0.00	XXX
78814	TC	C	Pet image w/ct lmtd	0.00	0.00	0.00	NA	NA	0.00	XXX
78814	26	A	Pet image w/ct lmtd	2.20	0.73	0.87	0.73	0.87	0.20	XXX
78815		C	Pet image w/ct skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78815	TC	C	Pet image w/ct skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78815	26	A	Pet image w/ct skull-thigh	2.44	0.83	0.98	0.83	0.98	0.22	XXX
78816		C	Pet image w/ct full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78816	TC	C	Pet image w/ct full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78816	26	A	Pet image w/ct full body	2.50	0.80	0.98	0.80	0.98	0.22	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79005		A	Nuclear rx oral admin	1.80	1.91	2.32	NA	NA	0.08	XXX
79005	TC	A	Nuclear rx oral admin	0.00	1.26	1.60	NA	NA	0.01	XXX
79005	26	A	Nuclear rx oral admin	1.80	0.65	0.72	0.65	0.72	0.07	XXX
79101		A	Nuclear rx iv admin	1.96	2.24	2.71	NA	NA	0.08	XXX
79101	TC	A	Nuclear rx iv admin	0.00	1.34	1.74	NA	NA	0.01	XXX
79101	26	A	Nuclear rx iv admin	1.96	0.90	0.97	0.90	0.97	0.07	XXX
79200		A	Nuclear rx intracav admin	1.99	2.43	2.82	NA	NA	0.12	XXX
79200	TC	A	Nuclear rx intracav admin	0.00	1.67	1.98	NA	NA	0.01	XXX
79200	26	A	Nuclear rx intracav admin	1.99	0.76	0.84	0.76	0.84	0.11	XXX
79300		C	Nuclr rx interstit colloid	0.00	0.00	0.00	NA	NA	0.00	XXX
79300	TC	C	Nuclr rx interstit colloid	0.00	0.00	0.00	NA	NA	0.00	XXX
79300	26	A	Nuclr rx interstit colloid	1.60	0.61	0.66	0.61	0.66	0.14	XXX
79403		A	Hematopoietic nuclear tx	2.25	2.87	3.61	NA	NA	0.14	XXX
79403	TC	A	Hematopoietic nuclear tx	0.00	2.07	2.68	NA	NA	0.03	XXX
79403	26	A	Hematopoietic nuclear tx	2.25	0.80	0.93	0.80	0.93	0.11	XXX
79440		A	Nuclear rx intra-articular	1.99	2.38	2.58	NA	NA	0.06	XXX
79440	TC	A	Nuclear rx intra-articular	0.00	1.46	1.66	NA	NA	0.01	XXX
79440	26	A	Nuclear rx intra-articular	1.99	0.92	0.92	0.92	0.92	0.05	XXX
79445		C	Nuclear rx intra-arterial	0.00	0.00	0.00	NA	NA	0.00	XXX
79445	TC	C	Nuclear rx intra-arterial	0.00	0.00	0.00	NA	NA	0.00	XXX
79445	26	A	Nuclear rx intra-arterial	2.40	0.76	0.94	0.76	0.94	0.20	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.18	0.21	0.12	0.14	0.03	XXX
80502		A	Lab pathology consultation	1.33	0.46	0.48	0.41	0.43	0.07	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.18	0.17	0.18	0.17	0.03	XXX
83912	26	A	Genetic examination	0.37	0.15	0.14	0.15	0.14	0.03	XXX

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84165	26	A	Protein e-phoresis serum	0.37	0.18	0.16	0.18	0.16	0.03	XXX
84166	26	A	Protein e-phoresis/urine/csf	0.37	0.18	0.16	0.18	0.16	0.03	XXX
84181	26	A	Western blot test	0.37	0.18	0.17	0.18	0.17	0.03	XXX
84182	26	A	Protein western blot test	0.37	0.17	0.16	0.17	0.16	0.03	XXX
85060		A	Blood smear interpretation	0.45	0.22	0.20	0.22	0.20	0.03	XXX
85097		A	Bone marrow interpretation	0.94	1.36	1.53	0.39	0.39	0.05	XXX
85390	26	A	Fibrinolysins screen	0.37	0.19	0.18	0.19	0.18	0.03	XXX
85396		A	Clotting assay whole blood	0.37	NA	NA	0.17	0.16	0.03	XXX
85576	26	A	Blood platelet aggregation	0.37	0.18	0.17	0.18	0.17	0.03	XXX
86077		A	Physician blood bank service	0.94	0.55	0.51	0.46	0.42	0.05	XXX
86078		A	Physician blood bank service	0.94	0.55	0.52	0.46	0.43	0.05	XXX
86079		A	Physician blood bank service	0.94	0.54	0.52	0.45	0.43	0.05	XXX
86255	26	A	Fluorescent antibody screen	0.37	0.18	0.17	0.18	0.17	0.03	XXX
86256	26	A	Fluorescent antibody titer	0.37	0.18	0.17	0.18	0.17	0.01	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.18	0.17	0.18	0.17	0.01	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.18	0.16	0.18	0.16	0.01	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.21	0.20	0.21	0.20	0.03	XXX
86334	26	A	Immunofix e-phoresis serum	0.37	0.18	0.17	0.18	0.17	0.03	XXX
86335	26	A	Immunfix e-phorsis/urine/csf	0.37	0.18	0.16	0.18	0.16	0.03	XXX
86485		C	Skin test candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86486		A	Skin test nos antigen	0.00	0.13	0.14	NA	NA	0.01	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.17	0.19	NA	NA	0.01	XXX
86510		A	Histoplasmosis skin test	0.00	0.16	0.18	NA	NA	0.01	XXX
86580		A	Tb intradermal test	0.00	0.20	0.21	NA	NA	0.01	XXX
87164	26	A	Dark field examination	0.37	0.18	0.17	0.18	0.17	0.03	XXX
87207	26	A	Smear special stain	0.37	0.19	0.17	0.19	0.17	0.03	XXX
88104		A	Cytopath fl nongyn smears	0.56	1.36	1.34	NA	NA	0.02	XXX
88104	TC	A	Cytopath fl nongyn smears	0.00	1.11	1.10	NA	NA	0.01	XXX
88104	26	A	Cytopath fl nongyn smears	0.56	0.25	0.24	0.25	0.24	0.01	XXX
88106		A	Cytopath fl nongyn filter	0.56	1.74	1.77	NA	NA	0.02	XXX

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88106	TC	A	Cytopath fl nongyn filter	0.00	1.49	1.54	NA	NA	0.01	XXX
88106	26	A	Cytopath fl nongyn filter	0.56	0.25	0.23	0.25	0.23	0.01	XXX
88107		A	Cytopath fl nongyn sm/fltr	0.76	2.07	2.15	NA	NA	0.04	XXX
88107	TC	A	Cytopath fl nongyn sm/fltr	0.00	1.73	1.82	NA	NA	0.01	XXX
88107	26	A	Cytopath fl nongyn sm/fltr	0.76	0.34	0.33	0.34	0.33	0.03	XXX
88108		A	Cytopath concentrate tech	0.56	1.58	1.64	NA	NA	0.02	XXX
88108	TC	A	Cytopath concentrate tech	0.00	1.34	1.41	NA	NA	0.01	XXX
88108	26	A	Cytopath concentrate tech	0.56	0.24	0.23	0.24	0.23	0.01	XXX
88112		A	Cytopath cell enhance tech	1.18	1.67	1.79	NA	NA	0.05	XXX
88112	TC	A	Cytopath cell enhance tech	0.00	1.21	1.35	NA	NA	0.01	XXX
88112	26	A	Cytopath cell enhance tech	1.18	0.46	0.44	0.46	0.44	0.04	XXX
88120		A	Cytp urne 3-5 probes ea spec	1.20	12.17	12.17	NA	NA	0.06	XXX
88120	TC	A	Cytp urne 3-5 probes ea spec	0.00	11.86	11.86	NA	NA	0.03	XXX
88120	26	A	Cytp urne 3-5 probes ea spec	1.20	0.31	0.31	0.31	0.31	0.03	XXX
88121		A	Cytp urine 3-5 probes cmptr	1.00	10.30	10.30	NA	NA	0.04	XXX
88121	TC	A	Cytp urine 3-5 probes cmptr	0.00	9.96	9.96	NA	NA	0.01	XXX
88121	26	A	Cytp urine 3-5 probes cmptr	1.00	0.34	0.34	0.34	0.34	0.03	XXX
88125		A	Forensic cytopathology	0.26	0.35	0.37	NA	NA	0.02	XXX
88125	TC	A	Forensic cytopathology	0.00	0.23	0.25	NA	NA	0.01	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.12	0.12	0.12	0.01	XXX
88141		A	Cytopath c/v interpret	0.42	0.42	0.40	0.42	0.40	0.03	XXX
88160		A	Cytopath smear other source	0.50	1.08	1.08	NA	NA	0.02	XXX
88160	TC	A	Cytopath smear other source	0.00	0.86	0.87	NA	NA	0.01	XXX
88160	26	A	Cytopath smear other source	0.50	0.22	0.21	0.22	0.21	0.01	XXX
88161		A	Cytopath smear other source	0.50	1.00	1.08	NA	NA	0.02	XXX
88161	TC	A	Cytopath smear other source	0.00	0.81	0.89	NA	NA	0.01	XXX
88161	26	A	Cytopath smear other source	0.50	0.19	0.19	0.19	0.19	0.01	XXX
88162		A	Cytopath smear other source	0.76	1.38	1.50	NA	NA	0.04	XXX
88162	TC	A	Cytopath smear other source	0.00	1.09	1.20	NA	NA	0.01	XXX
88162	26	A	Cytopath smear other source	0.76	0.29	0.30	0.29	0.30	0.03	XXX

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88172		A	Cytp dx eval fna 1st ea site	0.60	0.74	0.87	NA	NA	0.02	XXX
88172	TC	A	Cytp dx eval fna 1st ea site	0.00	0.46	0.60	NA	NA	0.01	XXX
88172	26	A	Cytp dx eval fna 1st ea site	0.60	0.28	0.27	0.28	0.27	0.01	XXX
88173		A	Cytopath eval fna report	1.39	2.54	2.61	NA	NA	0.05	XXX
88173	TC	A	Cytopath eval fna report	0.00	1.94	2.03	NA	NA	0.01	XXX
88173	26	A	Cytopath eval fna report	1.39	0.60	0.58	0.60	0.58	0.04	XXX
88177		A	Cytp c/v auto thin lyr addl	0.42	0.38	0.38	NA	NA	0.02	ZZZ
88177	TC	A	Cytp c/v auto thin lyr addl	0.00	0.18	0.18	NA	NA	0.01	ZZZ
88177	26	A	Cytp c/v auto thin lyr addl	0.42	0.20	0.20	0.20	0.20	0.01	ZZZ
88182		A	Cell marker study	0.77	2.06	2.23	NA	NA	0.06	XXX
88182	TC	A	Cell marker study	0.00	1.85	2.01	NA	NA	0.03	XXX
88182	26	A	Cell marker study	0.77	0.21	0.22	0.21	0.22	0.03	XXX
88184		A	Flowcytometry/ tc 1 marker	0.00	2.29	2.46	NA	NA	0.01	XXX
88185		A	Flowcytometry/tc add-on	0.00	1.39	1.47	NA	NA	0.01	ZZZ
88187		A	Flowcytometry/read 2-8	1.36	0.59	0.55	0.59	0.55	0.08	XXX
88188		A	Flowcytometry/read 9-15	1.69	0.76	0.68	0.76	0.68	0.10	XXX
88189		A	Flowcytometry/read 16 & >	2.23	0.70	0.69	0.70	0.69	0.12	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.31	0.31	0.31	0.31	0.03	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path gross	0.08	0.71	0.69	NA	NA	0.02	XXX
88300	TC	A	Surgical path gross	0.00	0.67	0.65	NA	NA	0.01	XXX
88300	26	A	Surgical path gross	0.08	0.04	0.04	0.04	0.04	0.01	XXX
88302		A	Tissue exam by pathologist	0.13	1.40	1.42	NA	NA	0.02	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.34	1.37	NA	NA	0.01	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.05	0.06	0.05	0.01	XXX
88304		A	Tissue exam by pathologist	0.22	1.44	1.60	NA	NA	0.02	XXX
88304	TC	A	Tissue exam by pathologist	0.00	1.34	1.51	NA	NA	0.01	XXX

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88304	26	A	Tissue exam by pathologist	0.22	0.10	0.09	0.10	0.09	0.01	XXX
88305		A	Tissue exam by pathologist	0.75	2.18	2.35	NA	NA	0.02	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.86	2.04	NA	NA	0.01	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.32	0.31	0.32	0.31	0.01	XXX
88307		A	Tissue exam by pathologist	1.59	5.07	5.02	NA	NA	0.05	XXX
88307	TC	A	Tissue exam by pathologist	0.00	4.32	4.31	NA	NA	0.01	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.75	0.71	0.75	0.71	0.04	XXX
88309		A	Tissue exam by pathologist	2.80	7.35	7.18	NA	NA	0.11	XXX
88309	TC	A	Tissue exam by pathologist	0.00	6.02	5.97	NA	NA	0.03	XXX
88309	26	A	Tissue exam by pathologist	2.80	1.33	1.21	1.33	1.21	0.08	XXX
88311		A	Decalcify tissue	0.24	0.30	0.29	NA	NA	0.02	XXX
88311	TC	A	Decalcify tissue	0.00	0.19	0.19	NA	NA	0.01	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.10	0.11	0.10	0.01	XXX
88312		A	Special stains group 1	0.54	2.52	2.58	NA	NA	0.02	XXX
88312	TC	A	Special stains group 1	0.00	2.30	2.36	NA	NA	0.01	XXX
88312	26	A	Special stains group 1	0.54	0.22	0.22	0.22	0.22	0.01	XXX
88313		A	Special stains group 2	0.24	1.95	2.03	NA	NA	0.02	XXX
88313	TC	A	Special stains group 2	0.00	1.86	1.94	NA	NA	0.01	XXX
88313	26	A	Special stains group 2	0.24	0.09	0.09	0.09	0.09	0.01	XXX
88314		A	Histochemical stains add-on	0.45	1.99	2.18	NA	NA	0.02	XXX
88314	TC	A	Histochemical stains add-on	0.00	1.78	1.98	NA	NA	0.01	XXX
88314	26	A	Histochemical stains add-on	0.45	0.21	0.20	0.21	0.20	0.01	XXX
88318		A	Chemical histochemistry	0.42	3.18	2.99	NA	NA	0.02	XXX
88318	TC	A	Chemical histochemistry	0.00	2.99	2.81	NA	NA	0.01	XXX
88318	26	A	Chemical histochemistry	0.42	0.19	0.18	0.19	0.18	0.01	XXX
88319		A	Enzyme histochemistry	0.53	3.56	3.74	NA	NA	0.04	XXX
88319	TC	A	Enzyme histochemistry	0.00	3.32	3.52	NA	NA	0.01	XXX
88319	26	A	Enzyme histochemistry	0.53	0.24	0.22	0.24	0.22	0.03	XXX
88321		A	Microslide consultation	1.63	0.96	0.94	0.71	0.66	0.10	XXX
88323		A	Microslide consultation	1.83	2.17	2.32	NA	NA	0.05	XXX

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88323	TC	A	Microslide consultation	0.00	1.57	1.72	NA	NA	0.01	XXX
88323	26	A	Microslide consultation	1.83	0.60	0.60	0.60	0.60	0.04	XXX
88325		A	Comprehensive review of data	2.50	3.28	3.25	1.27	1.14	0.12	XXX
88329		A	Path consult introp	0.67	0.84	0.82	0.32	0.30	0.04	XXX
88331		A	Path consult intraop 1 bloc	1.19	1.52	1.48	NA	NA	0.02	XXX
88331	TC	A	Path consult intraop 1 bloc	0.00	0.93	0.93	NA	NA	0.01	XXX
88331	26	A	Path consult intraop 1 bloc	1.19	0.59	0.55	0.59	0.55	0.01	XXX
88332		A	Path consult intraop addl	0.59	0.59	0.58	NA	NA	0.02	XXX
88332	TC	A	Path consult intraop addl	0.00	0.31	0.32	NA	NA	0.01	XXX
88332	26	A	Path consult intraop addl	0.59	0.28	0.26	0.28	0.26	0.01	XXX
88333		A	Intraop cyto path consult 1	1.20	1.59	1.55	NA	NA	0.05	XXX
88333	TC	A	Intraop cyto path consult 1	0.00	1.03	1.02	NA	NA	0.01	XXX
88333	26	A	Intraop cyto path consult 1	1.20	0.56	0.53	0.56	0.53	0.04	XXX
88334		A	Intraop cyto path consult 2	0.73	1.00	0.96	NA	NA	0.04	XXX
88334	TC	A	Intraop cyto path consult 2	0.00	0.65	0.64	NA	NA	0.01	XXX
88334	26	A	Intraop cyto path consult 2	0.73	0.35	0.32	0.35	0.32	0.03	XXX
88342		A	Immunohistochemistry	0.85	2.11	2.17	NA	NA	0.04	XXX
88342	TC	A	Immunohistochemistry	0.00	1.77	1.84	NA	NA	0.01	XXX
88342	26	A	Immunohistochemistry	0.85	0.34	0.33	0.34	0.33	0.03	XXX
88346		A	Immunofluorescent study	0.86	2.02	2.12	NA	NA	0.02	XXX
88346	TC	A	Immunofluorescent study	0.00	1.67	1.78	NA	NA	0.01	XXX
88346	26	A	Immunofluorescent study	0.86	0.35	0.34	0.35	0.34	0.01	XXX
88347		A	Immunofluorescent study	0.86	1.27	1.39	NA	NA	0.02	XXX
88347	TC	A	Immunofluorescent study	0.00	1.03	1.14	NA	NA	0.01	XXX
88347	26	A	Immunofluorescent study	0.86	0.24	0.25	0.24	0.25	0.01	XXX
88348		A	Electron microscopy	1.51	17.88	18.41	NA	NA	0.12	XXX
88348	TC	A	Electron microscopy	0.00	17.27	17.81	NA	NA	0.08	XXX
88348	26	A	Electron microscopy	1.51	0.61	0.60	0.61	0.60	0.04	XXX
88349		A	Scanning electron microscopy	0.76	10.52	9.74	NA	NA	0.07	XXX
88349	TC	A	Scanning electron microscopy	0.00	10.14	9.39	NA	NA	0.04	XXX

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88349	26	A	Scanning electron microscopy	0.76	0.38	0.35	0.38	0.35	0.03	XXX
88355		A	Analysis skeletal muscle	1.85	3.22	4.38	NA	NA	0.06	XXX
88355	TC	A	Analysis skeletal muscle	0.00	2.68	3.82	NA	NA	0.01	XXX
88355	26	A	Analysis skeletal muscle	1.85	0.54	0.56	0.54	0.56	0.05	XXX
88356		A	Analysis nerve	3.02	4.49	5.13	NA	NA	0.18	XXX
88356	TC	A	Analysis nerve	0.00	3.92	4.43	NA	NA	0.04	XXX
88356	26	A	Analysis nerve	3.02	0.57	0.70	0.57	0.70	0.14	XXX
88358		A	Analysis tumor	0.95	1.16	1.21	NA	NA	0.04	XXX
88358	TC	A	Analysis tumor	0.00	0.91	0.95	NA	NA	0.01	XXX
88358	26	A	Analysis tumor	0.95	0.25	0.26	0.25	0.26	0.03	XXX
88360		A	Tumor immunohistochem/manual	1.10	2.40	2.49	NA	NA	0.04	XXX
88360	TC	A	Tumor immunohistochem/manual	0.00	1.98	2.08	NA	NA	0.01	XXX
88360	26	A	Tumor immunohistochem/manual	1.10	0.42	0.41	0.42	0.41	0.03	XXX
88361		A	Tumor immunohistochem/comput	1.18	3.01	3.23	NA	NA	0.05	XXX
88361	TC	A	Tumor immunohistochem/comput	0.00	2.57	2.81	NA	NA	0.01	XXX
88361	26	A	Tumor immunohistochem/comput	1.18	0.44	0.42	0.44	0.42	0.04	XXX
88362		A	Nerve teasing preparations	2.17	6.03	6.00	NA	NA	0.14	XXX
88362	TC	A	Nerve teasing preparations	0.00	5.10	5.12	NA	NA	0.04	XXX
88362	26	A	Nerve teasing preparations	2.17	0.93	0.88	0.93	0.88	0.10	XXX
88363		A	Xm archive tissue molec anal	0.37	0.72	0.72	0.10	0.10	0.03	XXX
88365		A	Insitu hybridization (fish)	1.20	3.56	3.63	NA	NA	0.04	XXX
88365	TC	A	Insitu hybridization (fish)	0.00	3.09	3.18	NA	NA	0.01	XXX
88365	26	A	Insitu hybridization (fish)	1.20	0.47	0.45	0.47	0.45	0.03	XXX
88367		A	Insitu hybridization auto	1.30	6.06	6.18	NA	NA	0.06	XXX
88367	TC	A	Insitu hybridization auto	0.00	5.61	5.74	NA	NA	0.01	XXX
88367	26	A	Insitu hybridization auto	1.30	0.45	0.44	0.45	0.44	0.05	XXX
88368		A	Insitu hybridization manual	1.40	4.81	5.02	NA	NA	0.05	XXX
88368	TC	A	Insitu hybridization manual	0.00	4.45	4.63	NA	NA	0.01	XXX
88368	26	A	Insitu hybridization manual	1.40	0.36	0.39	0.36	0.39	0.04	XXX
88371	26	A	Protein western blot tissue	0.37	0.18	0.16	0.18	0.16	0.03	XXX

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88372	26	A	Protein analysis w/probe	0.37	0.18	0.17	0.18	0.17	0.03	XXX
88380		A	Microdissection laser	1.56	2.60	3.54	NA	NA	0.05	XXX
88380	TC	A	Microdissection laser	0.00	2.15	3.01	NA	NA	0.01	XXX
88380	26	A	Microdissection laser	1.56	0.45	0.53	0.45	0.53	0.04	XXX
88381		A	Microdissection manual	1.18	2.80	4.20	NA	NA	0.04	XXX
88381	TC	A	Microdissection manual	0.00	2.55	3.84	NA	NA	0.01	XXX
88381	26	A	Microdissection manual	1.18	0.25	0.36	0.25	0.36	0.03	XXX
88384		C	Eval molecular probes 11-50	0.00	0.00	0.00	NA	NA	0.00	XXX
88384	TC	C	Eval molecular probes 11-50	0.00	0.00	0.00	NA	NA	0.00	XXX
88384	26	C	Eval molecular probes 11-50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88385		A	Eval molecul probes 51-250	1.50	15.08	15.33	NA	NA	0.07	XXX
88385	TC	A	Eval molecul probes 51-250	0.00	14.71	14.94	NA	NA	0.03	XXX
88385	26	A	Eval molecul probes 51-250	1.50	0.37	0.39	0.37	0.39	0.04	XXX
88386		A	Eval molecul probes 251-500	1.88	13.86	16.89	NA	NA	0.08	XXX
88386	TC	A	Eval molecul probes 251-500	0.00	13.51	16.28	NA	NA	0.03	XXX
88386	26	A	Eval molecul probes 251-500	1.88	0.35	0.61	0.35	0.61	0.05	XXX
88387		A	Tiss exam molecular study	0.62	0.55	0.55	NA	NA	0.02	XXX
88387	TC	A	Tiss exam molecular study	0.00	0.25	0.25	NA	NA	0.01	XXX
88387	26	A	Tiss exam molecular study	0.62	0.30	0.30	0.30	0.30	0.01	XXX
88388		A	Tiss ex molecul study add-on	0.45	0.22	0.22	NA	NA	0.02	XXX
88388	TC	A	Tiss ex molecul study add-on	0.00	0.12	0.12	NA	NA	0.01	XXX
88388	26	A	Tiss ex molecul study add-on	0.45	0.10	0.10	0.10	0.10	0.01	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89049		A	Chct for mal hyperthermia	1.40	5.80	6.00	0.40	0.45	0.10	XXX
89060	26	A	Exam synovial fluid crystals	0.37	0.18	0.17	0.18	0.17	0.03	XXX
89220		A	Sputum specimen collection	0.00	0.44	0.46	NA	NA	0.01	XXX
89230		A	Collect sweat for test	0.00	0.06	0.08	NA	NA	0.01	XXX
89240		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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90281		I	Human ig im	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	XXX
90284		X	Human ig sc	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	XXX
90288		I	Botulism ig iv	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	XXX
90296		E	Diphtheria antitoxin	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	XXX
90375		E	Rabies ig im/sc	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	XXX
90378		X	Rsv mab im 50mg	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	XXX
90385		E	Rh ig minidose im	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	XXX
90389		I	Tetanus ig im	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	XXX
90396		E	Varicella-zoster ig im	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	XXX
90460		A	Imadm any route 1st vac/tox	0.17	0.50	0.50	NA	NA	0.01	XXX
90461		A	Inadm any route addl vac/tox	0.15	0.20	0.18	NA	NA	0.01	ZZZ
90471		A	Immunization admin	0.17	0.50	0.50	NA	NA	0.01	XXX
90472		A	Immunization admin each add	0.15	0.20	0.18	NA	NA	0.01	ZZZ
90473		R	Immune admin oral/nasal	0.17	0.50	0.50	NA	NA	0.01	XXX
90474		R	Immune admin oral/nasal addl	0.15	0.20	0.18	NA	NA	0.01	ZZZ
90476		E	Adenovirus vaccine type 4	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	XXX
90581		E	Anthrax vaccine sc	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	XXX
90586		E	Bcg vaccine intravesical	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	XXX

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90633		E	Hep a vacc ped/adol 2 dose	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	XXX
90636		E	Hep a/hep b vacc adult im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90644		X	Meningoccl hib vac 4 dose im	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	XXX
90646		E	Hib vaccine prp-d im	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	XXX
90648		E	Hib vaccine prp-t im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90649		E	Hpv vaccine 4 valent im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90650		E	Hpv vaccine 2 valent im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90654		X	Flu vaccine no preserv, id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90655		X	Flu vaccine no preserv 6-35m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90656		X	Flu vaccine no preserv 3 & >	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine 3 yrs im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		I	Flu vaccine 3 yrs & > im	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	XXX
90661		X	Flu vacc cell cult prsv free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90662		X	Flu vacc prsv free inc antig	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90664		X	Flu vacc pandemic intranasal	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	XXX
90666		X	Flu vac pandem prsrv free im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90667		X	Flu vac pandemic adjuvant im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90668		X	Flu vac pandemic splt im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669		X	Pneumococcal vacc 7 val im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90670		X	Pneumococcal vacc 13 val im	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	XXX
90676		E	Rabies vaccine id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vacc 3 dose oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90681		E	Rotavirus vacc 2 dose oral	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	XXX

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90691		E	Typhoid vaccine im	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	XXX
90693		E	Typhoid vaccine akd sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90696		E	Dtap-ipv vacc 4-6 yr im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90698		E	Dtap-hib-ip vaccine im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine < 7 yrs im	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	XXX
90702		E	Dt vaccine < 7 im	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	XXX
90704		E	Mumps vaccine sc	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	XXX
90706		E	Rubella vaccine sc	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	XXX
90708		E	Measles-rubella vaccine sc	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	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus ipv sc/im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714		E	Td vaccine no prsrv >/= 7 im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90715		E	Tdap vaccine >7 im	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	XXX
90717		E	Yellow fever vaccine sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine > 7 im	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	XXX
90720		E	Dtp/hib vaccine im	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	XXX
90723		I	Dtap-hep b-ipv vaccine im	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	XXX
90727		E	Plague vaccine im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine	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	XXX

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90734		E	Meningococcal vaccine im	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	XXX
90736		E	Zoster vacc sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90738		I	Inactivated je vacc im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90740		X	Hepb vacc ill pat 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90743		X	Hep b vacc adol 2 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hepb vacc ped/adol 3 dose im	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	XXX
90747		X	Hepb vacc ill pat 4 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		I	Hep b/hib vaccine im	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	XXX
90801		A	Psy dx interview	2.80	1.55	1.62	0.60	0.72	0.11	XXX
90802		A	Intac psy dx interview	3.01	1.82	1.79	0.78	0.84	0.12	XXX
90804		A	Psytx office 20-30 min	1.21	0.56	0.61	0.18	0.25	0.04	XXX
90805		A	Psytx off 20-30 min w/e&m	1.37	0.70	0.70	0.28	0.32	0.05	XXX
90806		A	Psytx off 45-50 min	1.86	0.46	0.57	0.25	0.37	0.07	XXX
90807		A	Psytx off 45-50 min w/e&m	2.02	0.83	0.84	0.41	0.47	0.08	XXX
90808		A	Psytx office 75-80 min	2.79	0.63	0.79	0.43	0.59	0.10	XXX
90809		A	Psytx off 75-80 w/e&m	2.95	1.02	1.06	0.64	0.71	0.12	XXX
90810		A	Intac psytx off 20-30 min	1.32	0.47	0.55	0.21	0.27	0.05	XXX
90811		A	Intac psytx 20-30 w/e&m	1.48	0.86	0.84	0.32	0.36	0.07	XXX
90812		A	Intac psytx off 45-50 min	1.97	0.57	0.70	0.26	0.39	0.07	XXX
90813		A	Intac psytx 45-50 min w/e&m	2.13	0.97	0.98	0.43	0.50	0.08	XXX
90814		A	Intac psytx off 75-80 min	2.90	0.73	0.94	0.38	0.62	0.11	XXX
90815		A	Intac psytx 75-80 w/e&m	3.06	1.35	1.29	0.82	0.81	0.14	XXX
90816		A	Psytx hosp 20-30 min	1.25	0.26	0.26	0.26	0.35	0.04	XXX
90817		A	Psytx hosp 20-30 min w/e&m	1.41	0.41	0.41	0.41	0.44	0.05	XXX
90818		A	Psytx hosp 45-50 min	1.89	0.34	0.34	0.34	0.48	0.07	XXX
90819		A	Psytx hosp 45-50 min w/e&m	2.05	0.55	0.55	0.55	0.59	0.08	XXX
90821		A	Psytx hosp 75-80 min	2.83	0.48	0.48	0.48	0.67	0.10	XXX

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90822		A	Psytx hosp 75-80 min w/e&m	2.99	0.74	0.74	0.74	0.81	0.12	XXX
90823		A	Intac psytx hosp 20-30 min	1.36	0.29	0.29	0.29	0.37	0.04	XXX
90824		A	Intac psytx hsp 20-30 w/e&m	1.52	0.43	0.43	0.43	0.47	0.07	XXX
90826		A	Intac psytx hosp 45-50 min	2.01	0.38	0.38	0.38	0.51	0.07	XXX
90827		A	Intac psytx hsp 45-50 w/e&m	2.16	0.56	0.56	0.56	0.61	0.08	XXX
90828		A	Intac psytx hosp 75-80 min	2.94	0.51	0.51	0.51	0.71	0.10	XXX
90829		A	Intac psytx hsp 75-80 w/e&m	3.10	0.75	0.75	0.75	0.83	0.12	XXX
90845		A	Psychoanalysis	1.79	0.43	0.48	0.35	0.41	0.07	XXX
90846		R	Family psytx w/o patient	1.83	0.49	0.58	0.40	0.50	0.07	XXX
90847		R	Family psytx w/patient	2.21	0.70	0.80	0.43	0.56	0.08	XXX
90849		R	Multiple family group psytx	0.59	0.38	0.38	0.22	0.25	0.03	XXX
90853		A	Group psychotherapy	0.59	0.32	0.32	0.25	0.25	0.03	XXX
90857		A	Intac group psytx	0.63	0.44	0.42	0.30	0.28	0.03	XXX
90862		A	Medication management	0.95	0.73	0.71	0.32	0.33	0.04	XXX
90865		A	Narcosynthesis	2.84	1.76	1.69	0.70	0.79	0.11	XXX
90867		C	Tcranial magn stim tx plan	0.00	0.00	0.00	0.00	0.00	0.00	YYY
90868		C	Tcranial magn stim tx deli	0.00	0.00	0.00	0.00	0.00	0.00	YYY
90870		A	Electroconvulsive therapy	2.50	2.32	2.30	0.57	0.56	0.11	000
90875		N	Psychophysiological therapy	1.20	0.83	0.86	0.53	0.52	0.08	XXX
90876		N	Psychophysiological therapy	1.90	1.12	1.15	0.83	0.82	0.12	XXX
90880		A	Hypnotherapy	2.19	0.52	0.69	0.36	0.47	0.08	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	0.97	0.43	0.42	0.43	0.42	0.07	XXX
90887		B	Consultation with family	1.48	0.98	0.98	0.65	0.64	0.10	XXX
90889		B	Preparation of report	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	XXX
90901		A	Biofeedback train any meth	0.41	0.70	0.66	0.19	0.17	0.01	000
90911		A	Biofeedback peri/uro/rectal	0.89	1.47	1.61	0.37	0.38	0.07	000
90935		A	Hemodialysis one evaluation	1.48	NA	NA	0.57	0.64	0.08	000
90937		A	Hemodialysis repeated eval	2.11	NA	NA	0.82	0.92	0.11	000

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90940		X	Hemodialysis access study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90945		A	Dialysis one evaluation	1.56	NA	NA	0.86	0.79	0.08	000
90947		A	Dialysis repeated eval	2.52	NA	NA	0.97	1.01	0.15	000
90951		A	Esrd serv 4 visits p mo <2	18.46	8.00	8.64	8.00	8.64	1.02	XXX
90952		C	Esrd serv 2-3 vsts p mo <2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90953		C	Esrd serv 1 visit p mo <2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90954		A	Esrd serv 4 vsts p mo 2-11	15.98	6.92	6.71	6.92	6.71	0.90	XXX
90955		A	Esrd srv 2-3 vsts p mo 2-11	8.79	4.07	4.05	4.07	4.05	0.49	XXX
90956		A	Esrd srv 1 visit p mo 2-11	5.95	2.97	2.86	2.97	2.86	0.34	XXX
90957		A	Esrd srv 4 vsts p mo 12-19	12.52	5.60	5.63	5.60	5.63	0.72	XXX
90958		A	Esrd srv 2-3 vsts p mo 12-19	8.34	3.97	3.96	3.97	3.96	0.48	XXX
90959		A	Esrd serv 1 vst p mo 12-19	5.50	2.83	2.70	2.83	2.70	0.31	XXX
90960		A	Esrd srv 4 visits p mo 20+	5.18	2.79	2.90	2.79	2.90	0.31	XXX
90961		A	Esrd srv 2-3 vsts p mo 20+	4.26	2.44	2.38	2.44	2.38	0.26	XXX
90962		A	Esrd serv 1 visit p mo 20+	3.15	2.01	1.81	2.01	1.81	0.20	XXX
90963		A	Esrd home pt serv p mo <2	10.56	4.76	4.91	4.76	4.91	0.60	XXX
90964		A	Esrd home pt serv p mo 2-11	9.14	4.21	3.99	4.21	3.99	0.52	XXX
90965		A	Esrd home pt serv p mo 12-19	8.69	4.04	3.83	4.04	3.83	0.49	XXX
90966		A	Esrd home pt serv p mo 20+	4.26	2.43	2.34	2.43	2.34	0.26	XXX
90967		A	Esrd home pt serv p day <2	0.35	0.16	0.19	0.16	0.19	0.01	XXX
90968		A	Esrd home pt srv p day 2-11	0.30	0.14	0.14	0.14	0.14	0.01	XXX
90969		A	Esrd home pt srv p day 12-19	0.29	0.14	0.14	0.14	0.14	0.01	XXX
90970		A	Esrd home pt serv p day 20+	0.14	0.08	0.08	0.08	0.08	0.01	XXX
90989		X	Dialysis training complete	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	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.68	0.68	0.10	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91010		A	Esophagus motility study	1.28	3.72	4.16	NA	NA	0.08	000
91010	TC	A	Esophagus motility study	0.00	3.03	3.48	NA	NA	0.01	000
91010	26	A	Esophagus motility study	1.28	0.69	0.68	0.69	0.68	0.07	000

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91013		A	Esophgl motil w/stim/perfus	0.18	0.48	0.48	NA	NA	0.02	ZZZ
91013	TC	A	Esophgl motil w/stim/perfus	0.00	0.38	0.38	NA	NA	0.01	ZZZ
91013	26	A	Esophgl motil w/stim/perfus	0.18	0.10	0.10	0.10	0.10	0.01	ZZZ
91020		A	Gastric motility studies	1.44	5.22	5.46	NA	NA	0.08	000
91020	TC	A	Gastric motility studies	0.00	4.44	4.70	NA	NA	0.01	000
91020	26	A	Gastric motility studies	1.44	0.78	0.76	0.78	0.76	0.07	000
91022		A	Duodenal motility study	1.44	3.45	3.89	NA	NA	0.06	000
91022	TC	A	Duodenal motility study	0.00	2.65	3.08	NA	NA	0.01	000
91022	26	A	Duodenal motility study	1.44	0.80	0.81	0.80	0.81	0.05	000
91030		A	Acid perfusion of esophagus	0.91	3.01	3.19	NA	NA	0.05	000
91030	TC	A	Acid perfusion of esophagus	0.00	2.50	2.68	NA	NA	0.01	000
91030	26	A	Acid perfusion of esophagus	0.91	0.51	0.51	0.51	0.51	0.04	000
91034		A	Gastroesophageal reflux test	0.97	4.37	4.80	NA	NA	0.05	000
91034	TC	A	Gastroesophageal reflux test	0.00	3.85	4.29	NA	NA	0.01	000
91034	26	A	Gastroesophageal reflux test	0.97	0.52	0.51	0.52	0.51	0.04	000
91035		A	G-esoph reflx tst w/electrod	1.59	11.97	12.65	NA	NA	0.08	000
91035	TC	A	G-esoph reflx tst w/electrod	0.00	11.11	11.80	NA	NA	0.01	000
91035	26	A	G-esoph reflx tst w/electrod	1.59	0.86	0.85	0.86	0.85	0.07	000
91037		A	Esoph imped function test	0.97	3.58	3.77	NA	NA	0.08	000
91037	TC	A	Esoph imped function test	0.00	3.06	3.24	NA	NA	0.01	000
91037	26	A	Esoph imped function test	0.97	0.52	0.53	0.52	0.53	0.07	000
91038		A	Esoph imped funct test > 1h	1.10	11.95	7.64	NA	NA	0.06	000
91038	TC	A	Esoph imped funct test > 1h	0.00	11.35	7.04	NA	NA	0.01	000
91038	26	A	Esoph imped funct test > 1h	1.10	0.60	0.60	0.60	0.60	0.05	000
91040		A	Esoph balloon distension tst	0.97	7.06	9.08	NA	NA	0.04	000
91040	TC	A	Esoph balloon distension tst	0.00	6.68	8.61	NA	NA	0.01	000
91040	26	A	Esoph balloon distension tst	0.97	0.38	0.47	0.38	0.47	0.03	000
91065		A	Breath hydrogen test	0.20	2.35	2.12	NA	NA	0.02	000
91065	TC	A	Breath hydrogen test	0.00	2.24	2.02	NA	NA	0.01	000
91065	26	A	Breath hydrogen test	0.20	0.11	0.10	0.11	0.10	0.01	000

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91110		A	Gi tract capsule endoscopy	3.64	21.52	23.27	NA	NA	0.17	XXX
91110	TC	A	Gi tract capsule endoscopy	0.00	19.51	21.27	NA	NA	0.01	XXX
91110	26	A	Gi tract capsule endoscopy	3.64	2.01	2.00	2.01	2.00	0.16	XXX
91111		A	Esophageal capsule endoscopy	1.00	19.37	20.63	NA	NA	0.05	XXX
91111	TC	A	Esophageal capsule endoscopy	0.00	18.82	20.07	NA	NA	0.01	XXX
91111	26	A	Esophageal capsule endoscopy	1.00	0.55	0.56	0.55	0.56	0.04	XXX
91117		A	Colon motility 6 hr study	2.45	1.36	1.36	1.63	1.63	0.38	000
91120		A	Rectal sensation test	0.97	9.06	10.27	NA	NA	0.09	XXX
91120	TC	A	Rectal sensation test	0.00	8.62	9.85	NA	NA	0.01	XXX
91120	26	A	Rectal sensation test	0.97	0.44	0.42	0.44	0.42	0.08	XXX
91122		A	Anal pressure record	1.77	4.43	4.85	NA	NA	0.11	000
91122	TC	A	Anal pressure record	0.00	3.65	4.08	NA	NA	0.01	000
91122	26	A	Anal pressure record	1.77	0.78	0.77	0.78	0.77	0.10	000
91132		A	Electrogastrography	0.52	3.59	3.60	NA	NA	0.04	XXX
91132	TC	A	Electrogastrography	0.00	3.32	3.32	NA	NA	0.01	XXX
91132	26	A	Electrogastrography	0.52	0.27	0.28	0.27	0.28	0.03	XXX
91133		A	Electrogastrography w/test	0.66	4.37	4.37	NA	NA	0.05	XXX
91133	TC	A	Electrogastrography w/test	0.00	4.00	4.00	NA	NA	0.01	XXX
91133	26	A	Electrogastrography w/test	0.66	0.37	0.37	0.37	0.37	0.04	XXX
91299		C	Gastroenterology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam new patient	0.88	1.36	1.27	0.49	0.43	0.07	XXX
92004		A	Eye exam new patient	1.82	2.36	2.18	1.05	0.91	0.12	XXX
92012		A	Eye exam established pat	0.92	1.47	1.36	0.60	0.50	0.07	XXX
92014		A	Eye exam & treatment	1.42	2.06	1.89	0.89	0.75	0.10	XXX
92015		N	Refraction	0.38	0.18	0.38	0.17	0.16	0.03	XXX
92018		A	New eye exam & treatment	2.50	NA	NA	1.65	1.42	0.16	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.67	0.59	0.07	XXX
92020		A	Special eye evaluation	0.37	0.40	0.37	0.24	0.21	0.03	XXX

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92025		A	Corneal topography	0.35	0.71	0.66	NA	NA	0.02	XXX
92025	TC	A	Corneal topography	0.00	0.48	0.46	NA	NA	0.01	XXX
92025	26	A	Corneal topography	0.35	0.23	0.20	0.23	0.20	0.01	XXX
92060		A	Special eye evaluation	0.69	1.13	1.05	NA	NA	0.04	XXX
92060	TC	A	Special eye evaluation	0.00	0.70	0.67	NA	NA	0.01	XXX
92060	26	A	Special eye evaluation	0.69	0.43	0.38	0.43	0.38	0.03	XXX
92065		A	Orthoptic/pleoptic training	0.37	1.13	1.04	NA	NA	0.02	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.98	0.90	NA	NA	0.01	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.15	0.14	0.15	0.14	0.01	XXX
92070		A	Fitting of contact lens	0.70	1.29	1.23	0.43	0.37	0.04	XXX
92081		A	Visual field examination(s)	0.30	1.02	1.09	NA	NA	0.04	XXX
92081	TC	A	Visual field examination(s)	0.00	0.85	0.93	NA	NA	0.01	XXX
92081	26	A	Visual field examination(s)	0.30	0.17	0.16	0.17	0.16	0.03	XXX
92082		A	Visual field examination(s)	0.40	1.50	1.54	NA	NA	0.05	XXX
92082	TC	A	Visual field examination(s)	0.00	1.27	1.33	NA	NA	0.01	XXX
92082	26	A	Visual field examination(s)	0.40	0.23	0.21	0.23	0.21	0.04	XXX
92083		A	Visual field examination(s)	0.50	2.05	1.94	NA	NA	0.04	XXX
92083	TC	A	Visual field examination(s)	0.00	1.73	1.66	NA	NA	0.01	XXX
92083	26	A	Visual field examination(s)	0.50	0.32	0.28	0.32	0.28	0.03	XXX
92100		A	Serial tonometry exam(s)	0.92	1.81	1.70	0.55	0.47	0.05	XXX
92120		A	Tonography & eye evaluation	0.81	1.40	1.32	0.47	0.41	0.05	XXX
92130		A	Water provocation tonography	0.81	1.66	1.57	0.51	0.45	0.04	XXX
92132		A	Cmptr ophth dx img ant segmt	0.35	0.68	0.68	NA	NA	0.04	XXX
92132	TC	A	Cmptr ophth dx img ant segmt	0.00	0.44	0.44	NA	NA	0.01	XXX
92132	26	A	Cmptr ophth dx img ant segmt	0.35	0.24	0.24	0.24	0.24	0.03	XXX
92133		A	Cmptr ophth img optic nerve	0.50	0.77	0.77	NA	NA	0.04	XXX
92133	TC	A	Cmptr ophth img optic nerve	0.00	0.44	0.44	NA	NA	0.01	XXX
92133	26	A	Cmptr ophth img optic nerve	0.50	0.33	0.33	0.33	0.33	0.03	XXX
92134		A	Cptr ophth dx img post segmt	0.50	0.77	0.77	NA	NA	0.04	XXX
92134	TC	A	Cptr ophth dx img post segmt	0.00	0.44	0.44	NA	NA	0.01	XXX

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92134	26	A	Cptr ophth dx img post segmt	0.50	0.33	0.33	0.33	0.33	0.03	XXX
92136		A	Ophthalmic biometry	0.54	1.95	1.88	NA	NA	0.02	XXX
92136	TC	A	Ophthalmic biometry	0.00	1.57	1.56	NA	NA	0.01	XXX
92136	26	A	Ophthalmic biometry	0.54	0.38	0.32	0.38	0.32	0.01	XXX
92140		A	Glaucoma provocative tests	0.50	1.26	1.20	0.28	0.24	0.03	XXX
92225		A	Special eye exam initial	0.38	0.39	0.34	0.24	0.21	0.03	XXX
92226		A	Special eye exam subsequent	0.33	0.38	0.33	0.22	0.19	0.01	XXX
92227		A	Remote dx retinal imaging	0.00	0.33	0.33	NA	NA	0.01	XXX
92228		A	Remote retinal imaging mgmt	0.30	0.56	0.56	NA	NA	0.02	XXX
92228	TC	A	Remote retinal imaging mgmt	0.00	0.36	0.36	NA	NA	0.01	XXX
92228	26	A	Remote retinal imaging mgmt	0.30	0.20	0.20	0.20	0.20	0.01	XXX
92230		A	Eye exam with photos	0.60	1.01	1.05	0.36	0.31	0.04	XXX
92235		A	Eye exam with photos	0.81	3.09	2.99	NA	NA	0.04	XXX
92235	TC	A	Eye exam with photos	0.00	2.52	2.50	NA	NA	0.01	XXX
92235	26	A	Eye exam with photos	0.81	0.57	0.49	0.57	0.49	0.03	XXX
92240		A	Icg angiography	1.10	5.85	5.87	NA	NA	0.04	XXX
92240	TC	A	Icg angiography	0.00	5.08	5.21	NA	NA	0.01	XXX
92240	26	A	Icg angiography	1.10	0.77	0.66	0.77	0.66	0.03	XXX
92250		A	Eye exam with photos	0.44	1.73	1.70	NA	NA	0.02	XXX
92250	TC	A	Eye exam with photos	0.00	1.47	1.47	NA	NA	0.01	XXX
92250	26	A	Eye exam with photos	0.44	0.26	0.23	0.26	0.23	0.01	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.33	0.31	0.13	0.11	0.01	XXX
92265		A	Eye muscle evaluation	0.81	1.58	1.47	NA	NA	0.02	XXX
92265	TC	A	Eye muscle evaluation	0.00	1.02	1.03	NA	NA	0.01	XXX
92265	26	A	Eye muscle evaluation	0.81	0.56	0.44	0.56	0.44	0.01	XXX
92270		A	Electro-oculography	0.81	1.73	1.72	NA	NA	0.04	XXX
92270	TC	A	Electro-oculography	0.00	1.34	1.36	NA	NA	0.01	XXX
92270	26	A	Electro-oculography	0.81	0.39	0.36	0.39	0.36	0.03	XXX
92275		A	Electroretinography	1.01	3.38	3.11	NA	NA	0.05	XXX
92275	TC	A	Electroretinography	0.00	2.69	2.52	NA	NA	0.01	XXX

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92275	26	A	Electroretinography	1.01	0.69	0.59	0.69	0.59	0.04	XXX
92283		A	Color vision examination	0.17	1.31	1.24	NA	NA	0.02	XXX
92283	TC	A	Color vision examination	0.00	1.22	1.16	NA	NA	0.01	XXX
92283	26	A	Color vision examination	0.17	0.09	0.08	0.09	0.08	0.01	XXX
92284		A	Dark adaptation eye exam	0.24	1.40	1.48	NA	NA	0.02	XXX
92284	TC	A	Dark adaptation eye exam	0.00	1.29	1.38	NA	NA	0.01	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.11	0.10	0.11	0.10	0.01	XXX
92285		A	Eye photography	0.05	0.49	0.75	NA	NA	0.02	XXX
92285	TC	A	Eye photography	0.00	0.46	0.69	NA	NA	0.01	XXX
92285	26	A	Eye photography	0.05	0.03	0.06	0.03	0.06	0.01	XXX
92286		A	Internal eye photography	0.66	2.80	2.81	NA	NA	0.02	XXX
92286	TC	A	Internal eye photography	0.00	2.38	2.45	NA	NA	0.01	XXX
92286	26	A	Internal eye photography	0.66	0.42	0.36	0.42	0.36	0.01	XXX
92287		A	Internal eye photography	0.81	2.66	2.57	0.56	0.47	0.04	XXX
92310		N	Contact lens fitting	1.17	1.49	1.50	0.51	0.51	0.08	XXX
92311		A	Contact lens fitting	1.08	1.81	1.67	0.56	0.49	0.08	XXX
92312		A	Contact lens fitting	1.26	2.10	1.90	0.64	0.57	0.05	XXX
92313		A	Contact lens fitting	0.92	1.99	1.81	0.58	0.49	0.05	XXX
92314		N	Prescription of contact lens	0.69	1.51	1.50	0.30	0.30	0.04	XXX
92315		A	Prescription of contact lens	0.45	1.69	1.57	0.22	0.19	0.04	XXX
92316		A	Prescription of contact lens	0.68	2.31	2.04	0.48	0.39	0.04	XXX
92317		A	Prescription of contact lens	0.45	1.67	1.59	0.18	0.17	0.01	XXX
92325		A	Modification of contact lens	0.00	1.07	0.98	NA	NA	0.01	XXX
92326		A	Replacement of contact lens	0.00	0.92	1.04	NA	NA	0.01	XXX
92340		N	Fitting of spectacles	0.37	0.60	0.64	0.16	0.16	0.03	XXX
92341		N	Fitting of spectacles	0.47	0.65	0.69	0.21	0.20	0.03	XXX
92342		N	Fitting of spectacles	0.53	0.67	0.72	0.23	0.23	0.04	XXX
92352		B	Special spectacles fitting	0.37	0.75	0.78	0.16	0.16	0.03	XXX
92353		B	Special spectacles fitting	0.50	0.81	0.83	0.22	0.21	0.03	XXX
92354		B	Special spectacles fitting	0.00	0.35	1.66	NA	NA	0.01	XXX

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92355		B	Special spectacles fitting	0.00	0.55	1.16	NA	NA	0.01	XXX
92358		B	Eye prosthesis service	0.00	0.29	0.41	NA	NA	0.01	XXX
92370		N	Repair & adjust spectacles	0.32	0.53	0.56	0.14	0.14	0.03	XXX
92371		B	Repair & adjust spectacles	0.00	0.30	0.37	NA	NA	0.01	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.36	1.27	0.07	000
92504		A	Ear microscopy examination	0.18	0.70	0.70	0.10	0.10	0.01	XXX
92506		A	Speech/hearing evaluation	0.86	4.10	4.01	NA	NA	0.05	XXX
92507		A	Speech/hearing therapy	1.30	0.69	1.05	NA	NA	0.07	XXX
92508		A	Speech/hearing therapy	0.33	0.24	0.45	NA	NA	0.01	XXX
92511		A	Nasopharyngoscopy	0.61	3.50	3.55	0.81	0.81	0.03	000
92512		A	Nasal function studies	0.55	1.22	1.23	0.30	0.27	0.03	XXX
92516		A	Facial nerve function test	0.43	1.60	1.54	0.24	0.23	0.03	XXX
92520		A	Laryngeal function studies	0.75	1.37	1.20	0.48	0.42	0.04	XXX
92526		A	Oral function therapy	1.34	0.77	1.36	NA	NA	0.07	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus test	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	XXX
92534		B	Optokinetic nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92540		A	Basic vestibular evaluation	1.50	1.31	1.31	NA	NA	0.05	XXX
92540	TC	A	Basic vestibular evaluation	0.00	0.54	0.54	NA	NA	0.01	XXX
92540	26	A	Basic vestibular evaluation	1.50	0.77	0.77	0.77	0.77	0.04	XXX
92541		A	Spontaneous nystagmus test	0.40	0.45	0.92	NA	NA	0.02	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.25	0.73	NA	NA	0.01	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.20	0.19	0.20	0.19	0.01	XXX
92542		A	Positional nystagmus test	0.33	0.42	0.98	NA	NA	0.02	XXX
92542	TC	A	Positional nystagmus test	0.00	0.25	0.82	NA	NA	0.01	XXX
92542	26	A	Positional nystagmus test	0.33	0.17	0.16	0.17	0.16	0.01	XXX

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92543		A	Caloric vestibular test	0.10	0.30	0.54	NA	NA	0.02	XXX
92543	TC	A	Caloric vestibular test	0.00	0.25	0.49	NA	NA	0.01	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.05	0.05	0.05	0.01	XXX
92544		A	Optokinetic nystagmus test	0.26	0.37	0.81	NA	NA	0.02	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.24	0.69	NA	NA	0.01	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.12	0.13	0.12	0.01	XXX
92545		A	Oscillating tracking test	0.23	0.35	0.77	NA	NA	0.02	XXX
92545	TC	A	Oscillating tracking test	0.00	0.23	0.66	NA	NA	0.01	XXX
92545	26	A	Oscillating tracking test	0.23	0.12	0.11	0.12	0.11	0.01	XXX
92546		A	Sinusoidal rotational test	0.29	2.59	2.46	NA	NA	0.02	XXX
92546	TC	A	Sinusoidal rotational test	0.00	2.45	2.33	NA	NA	0.01	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.14	0.13	0.14	0.13	0.01	XXX
92547		A	Supplemental electrical test	0.00	0.15	0.14	0.15	0.14	0.01	ZZZ
92548		A	Posturography	0.50	2.65	2.49	NA	NA	0.02	XXX
92548	TC	A	Posturography	0.00	2.39	2.25	NA	NA	0.01	XXX
92548	26	A	Posturography	0.50	0.26	0.24	0.26	0.24	0.01	XXX
92550		A	Tympanometry & reflex thresh	0.35	0.25	0.25	NA	NA	0.01	XXX
92551		N	Pure tone hearing test air	0.00	0.31	0.33	NA	NA	0.01	XXX
92552		A	Pure tone audiometry air	0.00	0.81	0.74	NA	NA	0.01	XXX
92553		A	Audiometry air & bone	0.00	0.98	0.94	NA	NA	0.01	XXX
92555		A	Speech threshold audiometry	0.00	0.58	0.54	NA	NA	0.01	XXX
92556		A	Speech audiometry complete	0.00	0.92	0.84	NA	NA	0.01	XXX
92557		A	Comprehensive hearing test	0.60	0.46	0.56	0.33	0.44	0.03	XXX
92559		N	Group audiometric testing	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	XXX
92561		A	Bekesy audiometry diagnosis	0.00	1.03	0.95	NA	NA	0.01	XXX
92562		A	Loudness balance test	0.00	1.12	0.92	NA	NA	0.01	XXX
92563		A	Tone decay hearing test	0.00	0.80	0.72	NA	NA	0.01	XXX
92564		A	Sisi hearing test	0.00	0.69	0.65	NA	NA	0.01	XXX
92565		A	Stenger test pure tone	0.00	0.37	0.37	NA	NA	0.01	XXX

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92567		A	Tympanometry	0.20	0.20	0.24	0.11	0.16	0.01	XXX
92568		A	Acoustic refl threshold tst	0.29	0.16	0.19	0.16	0.18	0.01	XXX
92570		A	Acoustic immitance testing	0.55	0.36	0.36	0.30	0.30	0.03	XXX
92571		A	Filtered speech hearing test	0.00	0.65	0.58	NA	NA	0.01	XXX
92572		A	Staggered spondaic word test	0.00	1.27	0.92	NA	NA	0.01	XXX
92575		A	Sensorineural acuity test	0.00	1.73	1.44	NA	NA	0.01	XXX
92576		A	Synthetic sentence test	0.00	0.89	0.77	NA	NA	0.01	XXX
92577		A	Stenger test speech	0.00	0.44	0.47	NA	NA	0.01	XXX
92579		A	Visual audiometry (vra)	0.70	0.56	0.55	0.41	0.43	0.03	XXX
92582		A	Conditioning play audiometry	0.00	1.69	1.50	NA	NA	0.01	XXX
92583		A	Select picture audiometry	0.00	1.06	1.04	NA	NA	0.01	XXX
92584		A	Electrocochleography	0.00	1.88	1.95	NA	NA	0.01	XXX
92585		A	Auditor evoke potent compre	0.50	3.06	2.81	NA	NA	0.02	XXX
92585	TC	A	Auditor evoke potent compre	0.00	2.79	2.57	NA	NA	0.01	XXX
92585	26	A	Auditor evoke potent compre	0.50	0.27	0.24	0.27	0.24	0.01	XXX
92586		A	Auditor evoke potent limit	0.00	2.20	2.06	NA	NA	0.01	XXX
92587		A	Evoked auditory test	0.13	0.87	0.94	NA	NA	0.02	XXX
92587	TC	A	Evoked auditory test	0.00	0.80	0.87	NA	NA	0.01	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.07	0.07	0.01	XXX
92588		A	Evoked auditory test	0.36	1.62	1.57	NA	NA	0.02	XXX
92588	TC	A	Evoked auditory test	0.00	1.42	1.39	NA	NA	0.01	XXX
92588	26	A	Evoked auditory test	0.36	0.20	0.18	0.20	0.18	0.01	XXX
92590		N	Hearing aid exam one ear	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	XXX
92592		N	Hearing aid check one ear	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	XXX
92594		N	Electro hearng aid test one	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	XXX
92596		A	Ear protector evaluation	0.00	1.23	1.16	NA	NA	0.01	XXX
92597		A	Oral speech device eval	1.26	0.80	1.55	NA	NA	0.07	XXX

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92601		A	Cochlear implt f/up exam < 7	2.30	1.51	1.88	1.01	1.40	0.11	XXX
92602		A	Reprogram cochlear implt < 7	1.30	1.02	1.28	0.57	0.86	0.07	XXX
92603		A	Cochlear implt f/up exam 7 >	2.25	1.86	1.83	1.22	1.30	0.11	XXX
92604		A	Reprogram cochlear implt 7 >	1.25	1.21	1.18	0.67	0.75	0.05	XXX
92605		B	Eval for nonspeech device rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92606		B	Non-speech device service	1.40	0.93	0.93	0.61	0.61	0.07	XXX
92607		A	Ex for speech device rx 1hr	1.85	1.49	3.24	NA	NA	0.10	XXX
92608		A	Ex for speech device rx addl	0.70	0.67	0.80	NA	NA	0.04	ZZZ
92609		A	Use of speech device service	1.50	1.03	1.84	NA	NA	0.07	XXX
92610		A	Evaluate swallowing function	1.30	0.92	1.72	0.67	0.67	0.07	XXX
92611		A	Motion fluoroscopy/swallow	1.34	1.09	1.92	NA	NA	0.08	XXX
92612		A	Endoscopy swallow tst (fees)	1.27	3.60	3.57	0.71	0.66	0.07	XXX
92613		A	Endoscopy swallow tst (fees)	0.71	0.39	0.38	0.39	0.37	0.04	XXX
92614		A	Laryngoscopic sensory test	1.27	3.09	3.03	0.73	0.67	0.07	XXX
92615		A	Eval laryngoscopy sense tst	0.63	0.37	0.34	0.37	0.34	0.03	XXX
92616		A	Fees w/laryngeal sense test	1.88	3.96	3.94	1.04	0.97	0.10	XXX
92617		A	Interprt fees/laryngeal test	0.79	0.44	0.41	0.44	0.41	0.04	XXX
92620		A	Auditory function 60 min	1.50	1.16	0.86	0.88	0.71	0.07	XXX
92621		A	Auditory function + 15 min	0.35	0.28	0.20	0.18	0.15	0.01	ZZZ
92625		A	Tinnitus assessment	1.15	0.83	0.66	0.62	0.55	0.05	XXX
92626		A	Eval aud rehab status	1.40	1.11	1.00	0.74	0.81	0.07	XXX
92627		A	Eval aud status rehab add-on	0.33	0.29	0.26	0.17	0.20	0.01	ZZZ
92630		I	Aud rehab pre-ling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92633		I	Aud rehab postling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92640		A	Aud brainstem implt programg	1.76	1.22	0.78	0.90	0.62	0.37	XXX
92700		C	Ent procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	4.00	4.39	4.31	1.08	1.06	0.32	000
92953		A	Temporary external pacing	0.23	NA	NA	0.07	0.09	0.01	000
92960		A	Cardioversion electric ext	2.25	3.63	4.70	1.13	1.40	0.14	000
92961		A	Cardioversion electric int	4.59	NA	NA	2.03	2.47	0.44	000

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92970		A	Cardioassist internal	3.51	NA	NA	1.36	1.52	0.24	000
92971		A	Cardioassist external	1.77	NA	NA	0.82	1.04	0.11	000
92973		A	Percut coronary thrombectomy	3.28	NA	NA	1.28	1.64	0.71	ZZZ
92974		A	Cath place cardio brachytx	3.00	NA	NA	1.17	1.51	0.65	ZZZ
92975		A	Dissolve clot heart vessel	7.24	NA	NA	2.87	3.62	1.58	000
92977		A	Dissolve clot heart vessel	0.00	1.43	2.69	NA	NA	0.03	XXX
92978		C	Intravasc us heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92978	TC	C	Intravasc us heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92978	26	A	Intravasc us heart add-on	1.80	0.70	0.90	0.70	0.90	0.12	ZZZ
92979		C	Intravasc us heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92979	TC	C	Intravasc us heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92979	26	A	Intravasc us heart add-on	1.44	0.56	0.72	0.56	0.72	0.10	ZZZ
92980		A	Insert intracoronary stent	14.82	NA	NA	5.96	7.64	3.24	000
92981		A	Insert intracoronary stent	4.16	NA	NA	1.62	2.08	0.90	ZZZ
92982		A	Coronary artery dilation	10.96	NA	NA	4.46	5.70	2.38	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.16	1.48	0.64	ZZZ
92986		A	Revision of aortic valve	22.85	NA	NA	11.68	14.58	4.98	090
92987		A	Revision of mitral valve	23.63	NA	NA	11.91	15.00	5.14	090
92990		A	Revision of pulmonary valve	18.27	NA	NA	9.72	11.80	3.99	090
92992		C	Revision of heart chamber	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	090
92995		A	Coronary atherectomy	12.07	NA	NA	4.89	6.27	2.63	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.28	1.64	0.71	ZZZ
92997		A	Pul art balloon repr percut	11.98	NA	NA	4.81	5.61	2.61	000
92998		A	Pul art balloon repr percut	5.99	NA	NA	2.32	2.86	1.31	ZZZ
93000		A	Electrocardiogram complete	0.17	0.32	0.39	NA	NA	0.02	XXX
93005		A	Electrocardiogram tracing	0.00	0.25	0.31	NA	NA	0.01	XXX
93010		A	Electrocardiogram report	0.17	0.07	0.08	0.07	0.08	0.01	XXX
93015		A	Cardiovascular stress test	0.75	1.58	1.94	NA	NA	0.03	XXX
93016		A	Cardiovascular stress test	0.45	0.18	0.22	0.18	0.22	0.01	XXX

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93017		A	Cardiovascular stress test	0.00	1.28	1.58	NA	NA	0.01	XXX
93018		A	Cardiovascular stress test	0.30	0.12	0.14	0.12	0.14	0.01	XXX
93024		A	Cardiac drug stress test	1.17	1.90	2.22	NA	NA	0.05	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.44	1.66	NA	NA	0.01	XXX
93024	26	A	Cardiac drug stress test	1.17	0.46	0.56	0.46	0.56	0.04	XXX
93025		A	Microvolt t-wave assess	0.75	3.68	4.89	NA	NA	0.04	XXX
93025	TC	A	Microvolt t-wave assess	0.00	3.38	4.52	NA	NA	0.01	XXX
93025	26	A	Microvolt t-wave assess	0.75	0.30	0.37	0.30	0.37	0.03	XXX
93040		A	Rhythm ecg with report	0.15	0.19	0.22	NA	NA	0.02	XXX
93041		A	Rhythm ecg tracing	0.00	0.14	0.16	NA	NA	0.01	XXX
93042		A	Rhythm ecg report	0.15	0.05	0.06	0.05	0.06	0.01	XXX
93224		A	Ecg monit/reprt up to 48 hrs	0.52	1.98	2.53	NA	NA	0.03	XXX
93225		A	Ecg monit/reprt up to 48 hrs	0.00	0.72	0.91	NA	NA	0.01	XXX
93226		A	Ecg monit/reprt up to 48 hrs	0.00	1.02	1.35	NA	NA	0.01	XXX
93227		A	Ecg monit/reprt up to 48 hrs	0.52	0.24	0.27	0.24	0.27	0.01	XXX
93228		A	Remote 30 day ecg rev/report	0.52	0.21	0.21	0.21	0.21	0.03	XXX
93229		A	Remote 30 day ecg tech supp	0.00	20.04	20.04	NA	NA	0.01	XXX
93268		A	Ecg record/review	0.52	5.67	6.83	NA	NA	0.03	XXX
93270		A	Remote 30 day ecg rev/report	0.00	0.24	0.44	NA	NA	0.01	XXX
93271		A	Ecg/monitoring and analysis	0.00	5.23	6.16	NA	NA	0.01	XXX
93272		A	Ecg/review interpret only	0.52	0.20	0.23	0.20	0.23	0.01	XXX
93278		A	Ecg/signal-averaged	0.25	0.61	0.76	NA	NA	0.02	XXX
93278	TC	A	Ecg/signal-averaged	0.00	0.50	0.65	NA	NA	0.01	XXX
93278	26	A	Ecg/signal-averaged	0.25	0.11	0.11	0.11	0.11	0.01	XXX
93279		A	Pm device progr eval sngl	0.65	0.71	0.86	NA	NA	0.04	XXX
93279	TC	A	Pm device progr eval sngl	0.00	0.45	0.53	NA	NA	0.01	XXX
93279	26	A	Pm device progr eval sngl	0.65	0.26	0.33	0.26	0.33	0.03	XXX
93280		A	Pm device progr eval dual	0.77	0.80	1.02	NA	NA	0.04	XXX
93280	TC	A	Pm device progr eval dual	0.00	0.50	0.62	NA	NA	0.01	XXX
93280	26	A	Pm device progr eval dual	0.77	0.30	0.40	0.30	0.40	0.03	XXX

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93281		A	Pm device progr eval multi	0.90	0.94	1.19	NA	NA	0.04	XXX
93281	TC	A	Pm device progr eval multi	0.00	0.59	0.72	NA	NA	0.01	XXX
93281	26	A	Pm device progr eval multi	0.90	0.35	0.47	0.35	0.47	0.03	XXX
93282		A	Icd device prog eval 1 sngl	0.85	0.85	1.07	NA	NA	0.04	XXX
93282	TC	A	Icd device prog eval 1 sngl	0.00	0.52	0.64	NA	NA	0.01	XXX
93282	26	A	Icd device prog eval 1 sngl	0.85	0.33	0.43	0.33	0.43	0.03	XXX
93283		A	Icd device progr eval dual	1.15	1.05	1.31	NA	NA	0.05	XXX
93283	TC	A	Icd device progr eval dual	0.00	0.60	0.74	NA	NA	0.01	XXX
93283	26	A	Icd device progr eval dual	1.15	0.45	0.57	0.45	0.57	0.04	XXX
93284		A	Icd device progr eval mult	1.25	1.17	1.49	NA	NA	0.05	XXX
93284	TC	A	Icd device progr eval mult	0.00	0.68	0.84	NA	NA	0.01	XXX
93284	26	A	Icd device progr eval mult	1.25	0.49	0.65	0.49	0.65	0.04	XXX
93285		A	Ilr device eval progr	0.52	0.60	0.76	NA	NA	0.02	XXX
93285	TC	A	Ilr device eval progr	0.00	0.40	0.49	NA	NA	0.01	XXX
93285	26	A	Ilr device eval progr	0.52	0.20	0.27	0.20	0.27	0.01	XXX
93286		A	Pre-op pm device eval	0.30	0.41	0.46	NA	NA	0.02	XXX
93286	TC	A	Pre-op pm device eval	0.00	0.29	0.34	NA	NA	0.01	XXX
93286	26	A	Pre-op pm device eval	0.30	0.12	0.12	0.12	0.12	0.01	XXX
93287		A	Pre-op icd device eval	0.45	0.50	0.55	NA	NA	0.02	XXX
93287	TC	A	Pre-op icd device eval	0.00	0.32	0.37	NA	NA	0.01	XXX
93287	26	A	Pre-op icd device eval	0.45	0.18	0.18	0.18	0.18	0.01	XXX
93288		A	Pm device eval in person	0.43	0.58	0.72	NA	NA	0.02	XXX
93288	TC	A	Pm device eval in person	0.00	0.41	0.50	NA	NA	0.01	XXX
93288	26	A	Pm device eval in person	0.43	0.17	0.22	0.17	0.22	0.01	XXX
93289		A	Icd device interrogate	0.92	0.86	1.05	NA	NA	0.04	XXX
93289	TC	A	Icd device interrogate	0.00	0.50	0.62	NA	NA	0.01	XXX
93289	26	A	Icd device interrogate	0.92	0.36	0.43	0.36	0.43	0.03	XXX
93290		A	Icm device eval	0.43	0.41	0.45	NA	NA	0.02	XXX
93290	TC	A	Icm device eval	0.00	0.24	0.28	NA	NA	0.01	XXX
93290	26	A	Icm device eval	0.43	0.17	0.17	0.17	0.17	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
93291		A	Ilr device interrogate	0.43	0.54	0.67	NA	NA	0.02	XXX
93291	TC	A	Ilr device interrogate	0.00	0.37	0.45	NA	NA	0.01	XXX
93291	26	A	Ilr device interrogate	0.43	0.17	0.22	0.17	0.22	0.01	XXX
93292		A	Wcd device interrogate	0.43	0.45	0.56	NA	NA	0.02	XXX
93292	TC	A	Wcd device interrogate	0.00	0.28	0.34	NA	NA	0.01	XXX
93292	26	A	Wcd device interrogate	0.43	0.17	0.22	0.17	0.22	0.01	XXX
93293		A	Pm phone r-strip device eval	0.32	1.14	1.31	NA	NA	0.02	XXX
93293	TC	A	Pm phone r-strip device eval	0.00	1.02	1.17	NA	NA	0.01	XXX
93293	26	A	Pm phone r-strip device eval	0.32	0.12	0.14	0.12	0.14	0.01	XXX
93294		A	Pm device interrogate remote	0.65	0.25	0.33	0.25	0.33	0.04	XXX
93295		A	Icd device interrogat remote	1.29	0.50	0.64	0.50	0.64	0.08	XXX
93296		A	Pm/icd remote tech serv	0.00	0.69	0.95	NA	NA	0.01	XXX
93297		A	Icm device interrogat remote	0.52	0.20	0.21	0.20	0.21	0.03	XXX
93298		A	Ilr device interrogat remote	0.52	0.20	0.27	0.20	0.27	0.03	XXX
93299		C	Icm/ilr remote tech serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93303		A	Echo transthoracic	1.30	4.23	4.84	NA	NA	0.05	XXX
93303	TC	A	Echo transthoracic	0.00	3.70	4.23	NA	NA	0.01	XXX
93303	26	A	Echo transthoracic	1.30	0.53	0.61	0.53	0.61	0.04	XXX
93304		A	Echo transthoracic	0.75	2.86	3.16	NA	NA	0.04	XXX
93304	TC	A	Echo transthoracic	0.00	2.56	2.82	NA	NA	0.01	XXX
93304	26	A	Echo transthoracic	0.75	0.30	0.34	0.30	0.34	0.03	XXX
93306		A	Tte w/doppler complete	1.30	4.01	5.50	NA	NA	0.05	XXX
93306	TC	A	Tte w/doppler complete	0.00	3.49	4.85	NA	NA	0.01	XXX
93306	26	A	Tte w/doppler complete	1.30	0.52	0.65	0.52	0.65	0.04	XXX
93307		A	Tte w/o doppler complete	0.92	2.27	3.40	NA	NA	0.04	XXX
93307	TC	A	Tte w/o doppler complete	0.00	1.89	2.95	NA	NA	0.01	XXX
93307	26	A	Tte w/o doppler complete	0.92	0.38	0.45	0.38	0.45	0.03	XXX
93308		A	Tte f-up or lmtd	0.53	2.16	2.55	NA	NA	0.02	XXX
93308	TC	A	Tte f-up or lmtd	0.00	1.95	2.29	NA	NA	0.01	XXX
93308	26	A	Tte f-up or lmtd	0.53	0.21	0.26	0.21	0.26	0.01	XXX

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93312		A	Echo transesophageal	2.20	6.57	7.23	NA	NA	0.10	XXX
93312	TC	A	Echo transesophageal	0.00	5.78	6.26	NA	NA	0.03	XXX
93312	26	A	Echo transesophageal	2.20	0.79	0.97	0.79	0.97	0.07	XXX
93313		A	Echo transesophageal	0.95	NA	NA	0.23	0.20	0.07	XXX
93314		A	Echo transesophageal	1.25	6.59	7.08	NA	NA	0.07	XXX
93314	TC	A	Echo transesophageal	0.00	6.12	6.52	NA	NA	0.03	XXX
93314	26	A	Echo transesophageal	1.25	0.47	0.56	0.47	0.56	0.04	XXX
93315		C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93315	TC	C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93315	26	A	Echo transesophageal	2.78	1.04	1.28	1.04	1.28	0.23	XXX
93316		A	Echo transesophageal	0.95	NA	NA	0.28	0.30	0.07	XXX
93317		C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93317	TC	C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93317	26	A	Echo transesophageal	1.83	0.67	0.73	0.67	0.73	0.23	XXX
93318		C	Echo transesophageal intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
93318	26	A	Echo transesophageal intraop	2.20	0.77	0.87	0.77	0.87	0.31	XXX
93320		A	Doppler echo exam heart	0.38	0.88	1.44	NA	NA	0.02	ZZZ
93320	TC	A	Doppler echo exam heart	0.00	0.73	1.26	NA	NA	0.01	ZZZ
93320	26	A	Doppler echo exam heart	0.38	0.15	0.18	0.15	0.18	0.01	ZZZ
93321		A	Doppler echo exam heart	0.15	0.52	0.61	NA	NA	0.02	ZZZ
93321	TC	A	Doppler echo exam heart	0.00	0.47	0.55	NA	NA	0.01	ZZZ
93321	26	A	Doppler echo exam heart	0.15	0.05	0.06	0.05	0.06	0.01	ZZZ
93325		A	Doppler color flow add-on	0.07	0.47	0.96	NA	NA	0.02	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	0.44	0.93	NA	NA	0.01	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.03	0.03	0.03	0.01	ZZZ
93350		A	Stress tte only	1.46	4.18	4.67	NA	NA	0.06	XXX
93350	TC	A	Stress tte only	0.00	3.60	3.94	NA	NA	0.01	XXX
93350	26	A	Stress tte only	1.46	0.58	0.73	0.58	0.73	0.05	XXX
93351		A	Stress tte complete	1.75	4.74	5.46	NA	NA	0.08	XXX

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93351	TC	A	Stress tte complete	0.00	4.05	4.56	NA	NA	0.03	XXX
93351	26	A	Stress tte complete	1.75	0.69	0.90	0.69	0.90	0.05	XXX
93352		A	Admin ecg contrast agent	0.19	0.71	0.87	NA	NA	0.01	ZZZ
93451		A	Right heart cath	2.72	19.13	19.13	NA	NA	0.62	000
93451	TC	A	Right heart cath	0.00	18.07	18.07	NA	NA	0.03	000
93451	26	A	Right heart cath	2.72	1.06	1.06	1.06	1.06	0.59	000
93452		A	Left hrt cath w/ventrclgrphy	4.75	19.11	19.11	NA	NA	1.09	000
93452	TC	A	Left hrt cath w/ventrclgrphy	0.00	17.26	17.26	NA	NA	0.03	000
93452	26	A	Left hrt cath w/ventrclgrphy	4.75	1.85	1.85	1.85	1.85	1.06	000
93453		A	R&l hrt cath w/ventriclgrphy	6.24	25.00	25.00	NA	NA	1.41	000
93453	TC	A	R&l hrt cath w/ventriclgrphy	0.00	22.57	22.57	NA	NA	0.04	000
93453	26	A	R&l hrt cath w/ventriclgrphy	6.24	2.43	2.43	2.43	2.43	1.37	000
93454		A	Coronary artery angio s&i	4.79	19.85	19.85	NA	NA	1.09	000
93454	TC	A	Coronary artery angio s&i	0.00	17.98	17.98	NA	NA	0.03	000
93454	26	A	Coronary artery angio s&i	4.79	1.87	1.87	1.87	1.87	1.06	000
93455		A	Coronary art/grft angio s&i	5.54	23.23	23.23	NA	NA	1.25	000
93455	TC	A	Coronary art/grft angio s&i	0.00	21.07	21.07	NA	NA	0.04	000
93455	26	A	Coronary art/grft angio s&i	5.54	2.16	2.16	2.16	2.16	1.21	000
93456		A	R hrt coronary artery angio	6.15	24.68	24.68	NA	NA	1.37	000
93456	TC	A	R hrt coronary artery angio	0.00	22.28	22.28	NA	NA	0.04	000
93456	26	A	R hrt coronary artery angio	6.15	2.40	2.40	2.40	2.40	1.33	000
93457		A	R hrt art/grft angio	6.89	28.06	28.06	NA	NA	1.54	000
93457	TC	A	R hrt art/grft angio	0.00	25.37	25.37	NA	NA	0.04	000
93457	26	A	R hrt art/grft angio	6.89	2.69	2.69	2.69	2.69	1.50	000
93458		A	L hrt artery/ventricle angio	5.85	23.87	23.87	NA	NA	1.33	000
93458	TC	A	L hrt artery/ventricle angio	0.00	21.59	21.59	NA	NA	0.04	000
93458	26	A	L hrt artery/ventricle angio	5.85	2.28	2.28	2.28	2.28	1.29	000
93459		A	L hrt art/grft angio	6.60	26.22	26.22	NA	NA	1.47	000
93459	TC	A	L hrt art/grft angio	0.00	23.65	23.65	NA	NA	0.04	000
93459	26	A	L hrt art/grft angio	6.60	2.57	2.57	2.57	2.57	1.43	000

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93460		A	R&I hrt art/ventricle angio	7.35	27.72	27.72	NA	NA	1.63	000
93460	TC	A	R&I hrt art/ventricle angio	0.00	24.85	24.85	NA	NA	0.04	000
93460	26	A	R&I hrt art/ventricle angio	7.35	2.87	2.87	2.87	2.87	1.59	000
93461		A	R&I hrt art/ventricle angio	8.10	32.13	32.13	NA	NA	1.82	000
93461	TC	A	R&I hrt art/ventricle angio	0.00	28.97	28.97	NA	NA	0.05	000
93461	26	A	R&I hrt art/ventricle angio	8.10	3.16	3.16	3.16	3.16	1.77	000
93462		A	L hrt cath trnsptl puncture	3.73	1.47	1.47	1.47	1.47	0.80	ZZZ
93463		A	Drug admin & hemodynmic meas	2.00	0.79	0.79	0.79	0.79	0.39	ZZZ
93464		A	Exercise w/hemodynamic meas	1.80	5.26	5.26	NA	NA	0.36	ZZZ
93464	TC	A	Exercise w/hemodynamic meas	0.00	4.61	4.61	NA	NA	0.01	ZZZ
93464	26	A	Exercise w/hemodynamic meas	1.80	0.65	0.65	0.65	0.65	0.35	ZZZ
93503		A	Insert/place heart catheter	2.91	NA	NA	0.77	0.77	0.27	000
93505		A	Biopsy of heart lining	4.37	17.36	18.38	NA	NA	0.86	000
93505	TC	A	Biopsy of heart lining	0.00	15.65	16.22	NA	NA	0.03	000
93505	26	A	Biopsy of heart lining	4.37	1.71	2.16	1.71	2.16	0.83	000
93530		C	Rt heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93530	TC	C	Rt heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93530	26	A	Rt heart cath congenital	4.22	1.67	2.05	1.67	2.05	0.91	000
93531		C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93531	TC	C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93531	26	A	R & I heart cath congenital	8.34	3.29	3.96	3.29	3.96	1.82	000
93532		C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93532	TC	C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93532	26	A	R & I heart cath congenital	9.99	3.88	4.62	3.88	4.62	2.18	000
93533		C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93533	TC	C	R & I heart cath congenital	0.00	NA	NA	NA	NA	0.00	000
93533	26	A	R & I heart cath congenital	6.69	2.59	3.12	2.59	3.12	1.47	000
93561		C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93561	TC	C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93561	26	A	Cardiac output measurement	0.50	0.20	0.19	0.20	0.19	0.04	000

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93562		C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93562	TC	C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93562	26	A	Cardiac output measurement	0.16	0.06	0.05	0.06	0.05	0.01	000
93563		A	Inject congenital card cath	1.11	0.44	0.44	0.44	0.44	0.10	ZZZ
93564		A	Inject hrt congntl art/grft	1.13	0.44	0.44	0.44	0.44	0.11	ZZZ
93565		A	Inject l ventr/atrial angio	0.86	0.33	0.33	0.33	0.33	0.08	ZZZ
93566		A	Inject r ventr/atrial angio	0.86	4.04	4.04	0.33	0.33	0.08	ZZZ
93567		A	Inject suprvlv aortography	0.97	3.06	3.06	0.38	0.38	0.08	ZZZ
93568		A	Inject pulm art hrt cath	0.88	3.54	3.54	0.34	0.34	0.08	ZZZ
93571		C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93571	TC	C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.70	0.89	0.70	0.89	0.11	ZZZ
93572		C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93572	TC	C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.56	0.69	0.56	0.69	0.11	ZZZ
93580		A	Transcath closure of asd	17.97	NA	NA	7.38	9.19	3.92	000
93581		A	Transcath closure of vsd	24.39	NA	NA	9.79	11.53	5.32	000
93600		C	Bundle of his recording	0.00	0.00	0.00	NA	NA	0.00	000
93600	TC	C	Bundle of his recording	0.00	0.00	0.00	NA	NA	0.00	000
93600	26	A	Bundle of his recording	2.12	0.83	1.04	0.83	1.04	0.45	000
93602		C	Intra-atrial recording	0.00	0.00	0.00	NA	NA	0.00	000
93602	TC	C	Intra-atrial recording	0.00	0.00	0.00	NA	NA	0.00	000
93602	26	A	Intra-atrial recording	2.12	0.82	1.03	0.82	1.03	0.45	000
93603		C	Right ventricular recording	0.00	0.00	0.00	NA	NA	0.00	000
93603	TC	C	Right ventricular recording	0.00	0.00	0.00	NA	NA	0.00	000
93603	26	A	Right ventricular recording	2.12	0.82	1.03	0.82	1.03	0.45	000
93609		C	Map tachycardia add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93609	TC	C	Map tachycardia add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93609	26	A	Map tachycardia add-on	4.99	1.95	2.47	1.95	2.47	1.09	ZZZ
93610		C	Intra-atrial pacing	0.00	0.00	0.00	NA	NA	0.00	000

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93610	TC	C	Intra-atrial pacing	0.00	0.00	0.00	NA	NA	0.00	000
93610	26	A	Intra-atrial pacing	3.02	1.17	1.45	1.17	1.45	0.65	000
93612		C	Intraventricular pacing	0.00	0.00	0.00	NA	NA	0.00	000
93612	TC	C	Intraventricular pacing	0.00	0.00	0.00	NA	NA	0.00	000
93612	26	A	Intraventricular pacing	3.02	1.16	1.43	1.16	1.43	0.65	000
93613		A	Electrophys map 3d add-on	6.99	NA	NA	2.73	3.48	1.52	ZZZ
93615		C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93615	TC	C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93615	26	A	Esophageal recording	0.99	0.39	0.48	0.39	0.48	0.05	000
93616		C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93616	TC	C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93616	26	A	Esophageal recording	1.49	0.35	0.39	0.35	0.39	0.11	000
93618		C	Heart rhythm pacing	0.00	0.00	0.00	NA	NA	0.00	000
93618	TC	C	Heart rhythm pacing	0.00	0.00	0.00	NA	NA	0.00	000
93618	26	A	Heart rhythm pacing	4.25	1.65	2.13	1.65	2.13	0.91	000
93619		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93619	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93619	26	A	Electrophysiology evaluation	7.31	2.85	3.70	2.85	3.70	1.59	000
93620		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93620	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93620	26	A	Electrophysiology evaluation	11.57	4.52	5.79	4.52	5.79	2.52	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	0.82	1.04	0.82	1.04	0.45	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.21	1.51	1.21	1.51	0.67	ZZZ
93623		C	Stimulation pacing heart	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93623	TC	C	Stimulation pacing heart	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93623	26	A	Stimulation pacing heart	2.85	1.11	1.41	1.11	1.41	0.63	ZZZ

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93624		C	Electrophysiologic study	0.00	0.00	0.00	NA	NA	0.00	000
93624	TC	C	Electrophysiologic study	0.00	0.00	0.00	NA	NA	0.00	000
93624	26	A	Electrophysiologic study	4.80	1.86	2.43	NA	NA	1.05	000
93631		C	Heart pacing mapping	0.00	0.00	0.00	NA	NA	0.00	000
93631	TC	C	Heart pacing mapping	0.00	0.00	0.00	NA	NA	0.00	000
93631	26	A	Heart pacing mapping	7.59	2.76	3.07	2.76	3.07	1.81	000
93640		C	Evaluation heart device	0.00	0.00	0.00	NA	NA	0.00	000
93640	TC	C	Evaluation heart device	0.00	0.00	0.00	NA	NA	0.00	000
93640	26	A	Evaluation heart device	3.51	1.38	1.74	1.38	1.74	0.76	000
93641		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93641	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93641	26	A	Electrophysiology evaluation	5.92	2.31	2.94	2.31	2.94	1.29	000
93642		A	Electrophysiology evaluation	4.88	5.69	7.50	NA	NA	0.21	000
93642	TC	A	Electrophysiology evaluation	0.00	3.78	5.02	NA	NA	0.03	000
93642	26	A	Electrophysiology evaluation	4.88	1.91	2.48	1.91	2.48	0.18	000
93650		A	Ablate heart dysrhythm focus	10.49	NA	NA	4.37	5.51	2.27	000
93651		A	Ablate heart dysrhythm focus	16.23	NA	NA	6.34	8.05	3.54	000
93652		A	Ablate heart dysrhythm focus	17.65	NA	NA	6.92	8.78	3.85	000
93660		A	Tilt table evaluation	1.89	2.36	2.87	NA	NA	0.08	000
93660	TC	A	Tilt table evaluation	0.00	1.61	1.93	NA	NA	0.01	000
93660	26	A	Tilt table evaluation	1.89	0.75	0.94	0.75	0.94	0.07	000
93662		C	Intracardiac ecg (ice)	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93662	TC	C	Intracardiac ecg (ice)	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93662	26	A	Intracardiac ecg (ice)	2.80	1.09	1.38	1.09	1.38	0.20	ZZZ
93668		N	Peripheral vascular rehab	0.00	0.51	0.54	NA	NA	0.01	XXX
93701		A	Bioimpedance cv analysis	0.00	0.65	0.78	NA	NA	0.01	XXX
93720		A	Total body plethysmography	0.17	1.22	1.25	NA	NA	0.02	XXX
93721		A	Plethysmography tracing	0.00	1.16	1.19	NA	NA	0.01	XXX
93722		A	Plethysmography report	0.17	0.06	0.06	0.06	0.06	0.01	XXX
93724		A	Analyze pacemaker system	4.88	2.66	3.77	NA	NA	0.19	000

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93724	TC	A	Analyze pacemaker system	0.00	0.72	1.35	NA	NA	0.01	000
93724	26	A	Analyze pacemaker system	4.88	1.94	2.42	1.94	2.42	0.18	000
93740		B	Temperature gradient studies	0.16	0.07	0.07	0.07	0.07	0.03	XXX
93740	TC	B	Temperature gradient studies	0.00	NA	NA	NA	NA	0.01	XXX
93740	26	B	Temperature gradient studies	0.16	0.00	0.05	0.00	0.05	0.01	XXX
93745		C	Set-up cardiovert-defibrill	0.00	0.00	0.00	NA	NA	0.00	XXX
93745	TC	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	NA	NA	0.00	XXX
93745	26	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93750		A	Interrogation vad in person	0.92	0.54	0.54	0.34	0.34	0.05	XXX
93770		B	Measure venous pressure	0.16	0.07	0.07	0.07	0.07	0.03	XXX
93770	TC	B	Measure venous pressure	0.00	NA	NA	NA	NA	0.01	XXX
93770	26	B	Measure venous pressure	0.16	0.00	0.05	0.00	0.05	0.01	XXX
93784		A	Ambulatory bp monitoring	0.38	1.12	1.42	NA	NA	0.03	XXX
93786		A	Ambulatory bp recording	0.00	0.82	0.91	NA	NA	0.01	XXX
93788		A	Ambulatory bp analysis	0.00	0.14	0.34	NA	NA	0.01	XXX
93790		A	Review/report bp recording	0.38	0.16	0.17	0.16	0.17	0.01	XXX
93797		A	Cardiac rehab	0.18	0.30	0.34	0.08	0.09	0.01	000
93798		A	Cardiac rehab/monitor	0.28	0.40	0.46	0.12	0.14	0.01	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	2.73	2.87	NA	NA	0.02	XXX
93875	TC	A	Extracranial study	0.00	2.64	2.78	NA	NA	0.01	XXX
93875	26	A	Extracranial study	0.22	0.09	0.09	0.09	0.09	0.01	XXX
93880		A	Extracranial study	0.60	6.23	6.72	NA	NA	0.05	XXX
93880	TC	A	Extracranial study	0.00	6.00	6.47	NA	NA	0.01	XXX
93880	26	A	Extracranial study	0.60	0.23	0.25	0.23	0.25	0.04	XXX
93882		A	Extracranial study	0.40	4.56	4.65	NA	NA	0.06	XXX
93882	TC	A	Extracranial study	0.00	4.41	4.50	NA	NA	0.01	XXX
93882	26	A	Extracranial study	0.40	0.15	0.15	0.15	0.15	0.05	XXX

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93886		A	Intracranial study	0.94	9.10	8.76	NA	NA	0.05	XXX
93886	TC	A	Intracranial study	0.00	8.68	8.36	NA	NA	0.01	XXX
93886	26	A	Intracranial study	0.94	0.42	0.40	0.42	0.40	0.04	XXX
93888		A	Intracranial study	0.62	5.36	5.54	NA	NA	0.05	XXX
93888	TC	A	Intracranial study	0.00	5.10	5.28	NA	NA	0.01	XXX
93888	26	A	Intracranial study	0.62	0.26	0.26	0.26	0.26	0.04	XXX
93890		A	Tcd vasoreactivity study	1.00	6.74	6.92	NA	NA	0.05	XXX
93890	TC	A	Tcd vasoreactivity study	0.00	6.32	6.51	NA	NA	0.01	XXX
93890	26	A	Tcd vasoreactivity study	1.00	0.42	0.41	0.42	0.41	0.04	XXX
93892		A	Tcd emboli detect w/o inj	1.15	8.61	8.19	NA	NA	0.06	XXX
93892	TC	A	Tcd emboli detect w/o inj	0.00	8.10	7.71	NA	NA	0.01	XXX
93892	26	A	Tcd emboli detect w/o inj	1.15	0.51	0.48	0.51	0.48	0.05	XXX
93893		A	Tcd emboli detect w/inj	1.15	9.45	8.61	NA	NA	0.06	XXX
93893	TC	A	Tcd emboli detect w/inj	0.00	8.93	8.12	NA	NA	0.01	XXX
93893	26	A	Tcd emboli detect w/inj	1.15	0.52	0.49	0.52	0.49	0.05	XXX
93922		A	Upr/l xtremity art 2 levels	0.25	2.38	2.98	NA	NA	0.02	XXX
93922	TC	A	Upr/l xtremity art 2 levels	0.00	2.28	2.88	NA	NA	0.01	XXX
93922	26	A	Upr/l xtremity art 2 levels	0.25	0.10	0.10	0.10	0.10	0.01	XXX
93923		A	Upr/lxtr art stdy 3+ lvls	0.45	3.63	4.53	NA	NA	0.05	XXX
93923	TC	A	Upr/lxtr art stdy 3+ lvls	0.00	3.46	4.35	NA	NA	0.01	XXX
93923	26	A	Upr/lxtr art stdy 3+ lvls	0.45	0.17	0.18	0.17	0.18	0.04	XXX
93924		A	Lwr xtr vasc stdy bilat	0.50	4.70	5.73	NA	NA	0.05	XXX
93924	TC	A	Lwr xtr vasc stdy bilat	0.00	4.51	5.53	NA	NA	0.01	XXX
93924	26	A	Lwr xtr vasc stdy bilat	0.50	0.19	0.20	0.19	0.20	0.04	XXX
93925		A	Lower extremity study	0.58	8.08	8.67	NA	NA	0.07	XXX
93925	TC	A	Lower extremity study	0.00	7.86	8.44	NA	NA	0.03	XXX
93925	26	A	Lower extremity study	0.58	0.22	0.23	0.22	0.23	0.04	XXX
93926		A	Lower extremity study	0.39	5.34	5.61	NA	NA	0.06	XXX
93926	TC	A	Lower extremity study	0.00	5.20	5.46	NA	NA	0.01	XXX
93926	26	A	Lower extremity study	0.39	0.14	0.15	0.14	0.15	0.05	XXX

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93930		A	Upper extremity study	0.46	6.46	6.83	NA	NA	0.05	XXX
93930	TC	A	Upper extremity study	0.00	6.29	6.65	NA	NA	0.01	XXX
93930	26	A	Upper extremity study	0.46	0.17	0.18	0.17	0.18	0.04	XXX
93931		A	Upper extremity study	0.31	4.29	4.56	NA	NA	0.04	XXX
93931	TC	A	Upper extremity study	0.00	4.18	4.44	NA	NA	0.01	XXX
93931	26	A	Upper extremity study	0.31	0.11	0.12	0.11	0.12	0.03	XXX
93965		A	Extremity study	0.35	3.11	3.34	NA	NA	0.04	XXX
93965	TC	A	Extremity study	0.00	2.98	3.20	NA	NA	0.01	XXX
93965	26	A	Extremity study	0.35	0.13	0.14	0.13	0.14	0.03	XXX
93970		A	Extremity study	0.68	6.46	6.84	NA	NA	0.08	XXX
93970	TC	A	Extremity study	0.00	6.21	6.57	NA	NA	0.01	XXX
93970	26	A	Extremity study	0.68	0.25	0.27	0.25	0.27	0.07	XXX
93971		A	Extremity study	0.45	4.21	4.49	NA	NA	0.05	XXX
93971	TC	A	Extremity study	0.00	4.04	4.31	NA	NA	0.01	XXX
93971	26	A	Extremity study	0.45	0.17	0.18	0.17	0.18	0.04	XXX
93975		A	Vascular study	1.80	8.52	9.22	NA	NA	0.17	XXX
93975	TC	A	Vascular study	0.00	7.85	8.49	NA	NA	0.03	XXX
93975	26	A	Vascular study	1.80	0.67	0.73	0.67	0.73	0.14	XXX
93976		A	Vascular study	1.21	4.72	5.11	NA	NA	0.09	XXX
93976	TC	A	Vascular study	0.00	4.27	4.61	NA	NA	0.01	XXX
93976	26	A	Vascular study	1.21	0.45	0.50	0.45	0.50	0.08	XXX
93978		A	Vascular study	0.65	6.06	6.42	NA	NA	0.08	XXX
93978	TC	A	Vascular study	0.00	5.82	6.16	NA	NA	0.01	XXX
93978	26	A	Vascular study	0.65	0.24	0.26	0.24	0.26	0.07	XXX
93979		A	Vascular study	0.44	4.21	4.46	NA	NA	0.05	XXX
93979	TC	A	Vascular study	0.00	4.05	4.29	NA	NA	0.01	XXX
93979	26	A	Vascular study	0.44	0.16	0.17	0.16	0.17	0.04	XXX
93980		A	Penile vascular study	1.25	3.51	3.86	NA	NA	0.08	XXX
93980	TC	A	Penile vascular study	0.00	3.02	3.32	NA	NA	0.01	XXX
93980	26	A	Penile vascular study	1.25	0.49	0.54	0.49	0.54	0.07	XXX

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93981		A	Penile vascular study	0.44	2.69	3.07	NA	NA	0.04	XXX
93981	TC	A	Penile vascular study	0.00	2.52	2.89	NA	NA	0.01	XXX
93981	26	A	Penile vascular study	0.44	0.17	0.18	0.17	0.18	0.03	XXX
93982		R	Aneurysm pressure sens study	0.30	0.87	0.92	NA	NA	0.05	XXX
93990		A	Doppler flow testing	0.25	5.87	5.90	NA	NA	0.05	XXX
93990	TC	A	Doppler flow testing	0.00	5.78	5.81	NA	NA	0.01	XXX
93990	26	A	Doppler flow testing	0.25	0.09	0.09	0.09	0.09	0.04	XXX
94002		A	Vent mgmt inpat init day	1.99	NA	NA	0.60	0.52	0.16	XXX
94003		A	Vent mgmt inpat subq day	1.37	NA	NA	0.49	0.45	0.10	XXX
94004		A	Vent mgmt nf per day	1.00	NA	NA	0.36	0.33	0.07	XXX
94005		B	Home vent mgmt supervision	1.50	1.09	1.09	NA	NA	0.10	XXX
94010		A	Breathing capacity test	0.17	0.83	0.85	NA	NA	0.02	XXX
94010	TC	A	Breathing capacity test	0.00	0.76	0.78	NA	NA	0.01	XXX
94010	26	A	Breathing capacity test	0.17	0.07	0.07	0.07	0.07	0.01	XXX
94011		A	Spirometry up to 2 yrs old	2.00	NA	NA	0.77	0.77	0.14	XXX
94012		A	Spirmtry w/brnchdil inf-2 yr	3.10	NA	NA	1.16	1.16	0.23	XXX
94013		A	Meas lung vol thru 2 yrs	0.66	NA	NA	0.22	0.22	0.04	XXX
94014		A	Patient recorded spirometry	0.52	0.83	0.90	NA	NA	0.02	XXX
94015		A	Patient recorded spirometry	0.00	0.64	0.71	NA	NA	0.01	XXX
94016		A	Review patient spirometry	0.52	0.19	0.19	0.19	0.19	0.01	XXX
94060		A	Evaluation of wheezing	0.31	1.43	1.46	NA	NA	0.02	XXX
94060	TC	A	Evaluation of wheezing	0.00	1.31	1.35	NA	NA	0.01	XXX
94060	26	A	Evaluation of wheezing	0.31	0.12	0.11	0.12	0.11	0.01	XXX
94070		A	Evaluation of wheezing	0.60	1.10	1.12	NA	NA	0.04	XXX
94070	TC	A	Evaluation of wheezing	0.00	0.87	0.91	NA	NA	0.01	XXX
94070	26	A	Evaluation of wheezing	0.60	0.23	0.21	0.23	0.21	0.03	XXX
94150		B	Vital capacity test	0.07	0.61	0.62	NA	NA	0.02	XXX
94150	TC	B	Vital capacity test	0.00	0.58	0.59	NA	NA	0.01	XXX
94150	26	B	Vital capacity test	0.07	0.03	0.03	0.03	0.03	0.01	XXX
94200		A	Lung function test (mbc/mvv)	0.11	0.57	0.58	NA	NA	0.02	XXX

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94200	TC	A	Lung function test (mbc/mvv)	0.00	0.53	0.54	NA	NA	0.01	XXX
94200	26	A	Lung function test (mbc/mvv)	0.11	0.04	0.04	0.04	0.04	0.01	XXX
94240		A	Residual lung capacity	0.26	0.86	0.90	NA	NA	0.02	XXX
94240	TC	A	Residual lung capacity	0.00	0.77	0.81	NA	NA	0.01	XXX
94240	26	A	Residual lung capacity	0.26	0.09	0.09	0.09	0.09	0.01	XXX
94250		A	Expired gas collection	0.11	0.57	0.62	NA	NA	0.02	XXX
94250	TC	A	Expired gas collection	0.00	0.53	0.58	NA	NA	0.01	XXX
94250	26	A	Expired gas collection	0.11	0.04	0.04	0.04	0.04	0.01	XXX
94260		A	Thoracic gas volume	0.13	0.78	0.81	NA	NA	0.02	XXX
94260	TC	A	Thoracic gas volume	0.00	0.73	0.77	NA	NA	0.01	XXX
94260	26	A	Thoracic gas volume	0.13	0.05	0.04	0.05	0.04	0.01	XXX
94350		A	Lung nitrogen washout curve	0.26	0.69	0.74	NA	NA	0.02	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.59	0.65	NA	NA	0.01	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.10	0.09	0.10	0.09	0.01	XXX
94360		A	Measure airflow resistance	0.26	0.99	1.03	NA	NA	0.02	XXX
94360	TC	A	Measure airflow resistance	0.00	0.90	0.94	NA	NA	0.01	XXX
94360	26	A	Measure airflow resistance	0.26	0.09	0.09	0.09	0.09	0.01	XXX
94370		A	Breath airway closing volume	0.26	0.69	0.73	NA	NA	0.02	XXX
94370	TC	A	Breath airway closing volume	0.00	0.59	0.64	NA	NA	0.01	XXX
94370	26	A	Breath airway closing volume	0.26	0.10	0.09	0.10	0.09	0.01	XXX
94375		A	Respiratory flow volume loop	0.31	0.78	0.80	NA	NA	0.02	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.66	0.69	NA	NA	0.01	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.12	0.11	0.12	0.11	0.01	XXX
94400		A	Co2 breathing response curve	0.40	1.13	1.16	NA	NA	0.02	XXX
94400	TC	A	Co2 breathing response curve	0.00	0.99	1.02	NA	NA	0.01	XXX
94400	26	A	Co2 breathing response curve	0.40	0.14	0.14	0.14	0.14	0.01	XXX
94450		A	Hypoxia response curve	0.40	1.47	1.32	NA	NA	0.02	XXX
94450	TC	A	Hypoxia response curve	0.00	1.30	1.17	NA	NA	0.01	XXX
94450	26	A	Hypoxia response curve	0.40	0.17	0.15	0.17	0.15	0.01	XXX
94452		A	Hast w/report	0.31	1.29	1.36	NA	NA	0.02	XXX

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94452	TC	A	Hast w/report	0.00	1.18	1.26	NA	NA	0.01	XXX
94452	26	A	Hast w/report	0.31	0.11	0.10	0.11	0.10	0.01	XXX
94453		A	Hast w/oxygen titrate	0.40	1.77	1.87	NA	NA	0.02	XXX
94453	TC	A	Hast w/oxygen titrate	0.00	1.63	1.73	NA	NA	0.01	XXX
94453	26	A	Hast w/oxygen titrate	0.40	0.14	0.14	0.14	0.14	0.01	XXX
94610		A	Surfactant admin thru tube	1.16	0.56	0.51	0.56	0.51	0.07	XXX
94620		A	Pulmonary stress test/simple	0.64	0.88	1.19	NA	NA	0.04	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	0.65	0.96	NA	NA	0.01	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.23	0.23	0.23	0.23	0.03	XXX
94621		A	Pulm stress test/complex	1.42	3.11	3.31	NA	NA	0.06	XXX
94621	TC	A	Pulm stress test/complex	0.00	2.58	2.76	NA	NA	0.01	XXX
94621	26	A	Pulm stress test/complex	1.42	0.53	0.55	0.53	0.55	0.05	XXX
94640		A	Airway inhalation treatment	0.00	0.49	0.46	NA	NA	0.01	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94644		A	Cbt 1st hour	0.00	1.21	1.17	NA	NA	0.01	XXX
94645		A	Cbt each addl hour	0.00	0.40	0.42	NA	NA	0.01	XXX
94660		A	Pos airway pressure cpap	0.76	0.98	0.96	0.28	0.27	0.05	XXX
94662		A	Neg press ventilation cnp	0.76	NA	NA	0.26	0.25	0.05	XXX
94664		A	Evaluate pt use of inhaler	0.00	0.47	0.46	NA	NA	0.01	XXX
94667		A	Chest wall manipulation	0.00	0.67	0.65	NA	NA	0.01	XXX
94668		A	Chest wall manipulation	0.00	0.64	0.63	NA	NA	0.01	XXX
94680		A	Exhaled air analysis o2	0.26	1.35	1.45	NA	NA	0.02	XXX
94680	TC	A	Exhaled air analysis o2	0.00	1.24	1.35	NA	NA	0.01	XXX
94680	26	A	Exhaled air analysis o2	0.26	0.11	0.10	0.11	0.10	0.01	XXX
94681		A	Exhaled air analysis o2/co2	0.20	1.20	1.46	NA	NA	0.02	XXX
94681	TC	A	Exhaled air analysis o2/co2	0.00	1.12	1.39	NA	NA	0.01	XXX
94681	26	A	Exhaled air analysis o2/co2	0.20	0.08	0.07	0.08	0.07	0.01	XXX
94690		A	Exhaled air analysis	0.07	1.31	1.43	NA	NA	0.02	XXX
94690	TC	A	Exhaled air analysis	0.00	1.28	1.40	NA	NA	0.01	XXX
94690	26	A	Exhaled air analysis	0.07	0.03	0.03	0.03	0.03	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
94720		A	Monoxide diffusing capacity	0.26	1.18	1.26	NA	NA	0.02	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	1.09	1.17	NA	NA	0.01	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.09	0.09	0.09	0.09	0.01	XXX
94725		A	Membrane diffusion capacity	0.26	1.16	1.48	NA	NA	0.02	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.06	1.38	NA	NA	0.01	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.10	0.10	0.10	0.10	0.01	XXX
94750		A	Pulmonary compliance study	0.23	2.04	2.04	NA	NA	0.02	XXX
94750	TC	A	Pulmonary compliance study	0.00	1.95	1.96	NA	NA	0.01	XXX
94750	26	A	Pulmonary compliance study	0.23	0.09	0.08	0.09	0.08	0.01	XXX
94760		T	Measure blood oxygen level	0.00	0.08	0.07	NA	NA	0.01	XXX
94761		T	Measure blood oxygen level	0.00	0.12	0.12	NA	NA	0.01	XXX
94762		A	Measure blood oxygen level	0.00	0.29	0.58	NA	NA	0.01	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.07	0.50	0.07	0.50	0.03	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.00	0.74	NA	NA	0.01	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.00	0.04	0.00	0.04	0.01	XXX
94772		C	Breath recording infant	0.00	0.00	0.00	NA	NA	0.00	XXX
94772	TC	C	Breath recording infant	0.00	0.00	0.00	NA	NA	0.00	XXX
94772	26	C	Breath recording infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94774		C	Ped home apnea rec compl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94775		C	Ped home apnea rec hk-up	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94776		C	Ped home apnea rec downld	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94777		C	Ped home apnea rec report	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Percut allergy skin tests	0.01	0.17	0.17	NA	NA	0.01	XXX
95010		A	Percut allergy titrate test	0.15	0.38	0.38	NA	NA	0.01	XXX
95012		A	Exhaled nitric oxide meas	0.00	0.55	0.60	NA	NA	0.01	XXX
95015		A	Id allergy titrate-drug/bug	0.15	0.29	0.26	0.07	0.07	0.01	XXX
95024		A	Id allergy test drug/bug	0.01	0.19	0.20	NA	NA	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
95027		A	Id allergy titrate-airborne	0.01	0.11	0.12	NA	NA	0.01	XXX
95028		A	Id allergy test-delayed type	0.00	0.37	0.36	NA	NA	0.01	XXX
95044		A	Allergy patch tests	0.00	0.15	0.17	NA	NA	0.01	XXX
95052		A	Photo patch test	0.00	0.17	0.20	NA	NA	0.01	XXX
95056		A	Photosensitivity tests	0.00	1.23	1.19	NA	NA	0.01	XXX
95060		A	Eye allergy tests	0.00	0.90	0.83	0.90	0.83	0.01	XXX
95065		A	Nose allergy test	0.00	0.72	0.71	0.72	0.71	0.01	XXX
95070		A	Bronchial allergy tests	0.00	0.80	1.11	NA	NA	0.01	XXX
95071		A	Bronchial allergy tests	0.00	1.23	1.49	NA	NA	0.01	XXX
95075		A	Ingestion challenge test	0.95	0.90	0.90	0.44	0.42	0.04	XXX
95115		A	Immunotherapy one injection	0.00	0.26	0.29	NA	NA	0.01	XXX
95117		A	Immunotherapy injections	0.00	0.31	0.36	NA	NA	0.01	XXX
95120		I	Immunotherapy one injection	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	XXX
95130		I	Immunotherapy insect venom	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	XXX
95132		I	Immunotherapy insect venoms	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	XXX
95134		I	Immunotherapy insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.30	0.30	0.03	0.03	0.01	XXX
95145		A	Antigen therapy services	0.06	0.55	0.49	0.03	0.03	0.01	XXX
95146		A	Antigen therapy services	0.06	1.06	0.91	0.03	0.03	0.01	XXX
95147		A	Antigen therapy services	0.06	0.95	0.85	0.03	0.03	0.01	XXX
95148		A	Antigen therapy services	0.06	1.45	1.26	0.03	0.03	0.01	XXX
95149		A	Antigen therapy services	0.06	1.97	1.70	0.03	0.03	0.01	XXX
95165		A	Antigen therapy services	0.06	0.30	0.30	0.03	0.03	0.01	XXX
95170		A	Antigen therapy services	0.06	0.21	0.22	0.03	0.03	0.01	XXX
95180		A	Rapid desensitization	2.01	1.94	2.07	0.99	1.02	0.07	XXX
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95250		A	Glucose monitoring cont	0.00	4.35	4.35	NA	NA	0.01	XXX

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95251		A	Gluc monitor cont phys i&r	0.85	0.39	0.34	0.39	0.34	0.04	XXX
95800		A	Slp stdy unattended	1.05	4.95	4.95	NA	NA	0.05	XXX
95800	TC	A	Slp stdy unattended	0.00	4.33	4.33	NA	NA	0.01	XXX
95800	26	A	Slp stdy unattended	1.05	0.62	0.62	0.62	0.62	0.04	XXX
95801		A	Slp stdy unatnd w/anal	1.00	1.80	1.80	NA	NA	0.05	XXX
95801	TC	A	Slp stdy unatnd w/anal	0.00	1.33	1.33	NA	NA	0.01	XXX
95801	26	A	Slp stdy unatnd w/anal	1.00	0.47	0.47	0.47	0.47	0.04	XXX
95803		A	Actigraphy testing	0.90	3.83	3.83	NA	NA	0.05	XXX
95803	TC	A	Actigraphy testing	0.00	3.39	3.39	NA	NA	0.01	XXX
95803	26	A	Actigraphy testing	0.90	0.44	0.44	0.44	0.44	0.04	XXX
95805		A	Multiple sleep latency test	1.20	10.13	10.80	NA	NA	0.08	XXX
95805	TC	A	Multiple sleep latency test	0.00	9.65	10.22	NA	NA	0.04	XXX
95805	26	A	Multiple sleep latency test	1.20	0.48	0.58	0.48	0.58	0.04	XXX
95806		A	Sleep study unatt&resp efft	1.25	3.49	4.03	NA	NA	0.08	XXX
95806	TC	A	Sleep study unatt&resp efft	0.00	3.00	3.48	NA	NA	0.03	XXX
95806	26	A	Sleep study unatt&resp efft	1.25	0.49	0.55	0.49	0.55	0.05	XXX
95807		A	Sleep study attended	1.28	10.76	12.40	NA	NA	0.15	XXX
95807	TC	A	Sleep study attended	0.00	10.29	11.87	NA	NA	0.10	XXX
95807	26	A	Sleep study attended	1.28	0.47	0.53	0.47	0.53	0.05	XXX
95808		A	Polysomnography 1-3	1.74	16.46	17.21	NA	NA	0.17	XXX
95808	TC	A	Polysomnography 1-3	0.00	15.73	16.37	NA	NA	0.10	XXX
95808	26	A	Polysomnography 1-3	1.74	0.73	0.84	0.73	0.84	0.07	XXX
95810		A	Polysomnography 4 or more	2.50	14.54	17.72	NA	NA	0.21	XXX
95810	TC	A	Polysomnography 4 or more	0.00	13.58	16.63	NA	NA	0.11	XXX
95810	26	A	Polysomnography 4 or more	2.50	0.96	1.09	0.96	1.09	0.10	XXX
95811		A	Polysomnography w/cpap	2.60	15.27	19.22	NA	NA	0.23	XXX
95811	TC	A	Polysomnography w/cpap	0.00	14.28	18.07	NA	NA	0.12	XXX
95811	26	A	Polysomnography w/cpap	2.60	0.99	1.15	0.99	1.15	0.11	XXX
95812		A	Eeg 41-60 minutes	1.08	9.75	8.12	NA	NA	0.07	XXX
95812	TC	A	Eeg 41-60 minutes	0.00	9.23	7.65	NA	NA	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
95812	26	A	Eeg 41-60 minutes	1.08	0.52	0.47	0.52	0.47	0.04	XXX
95813		A	Eeg over 1 hour	1.73	9.75	8.61	NA	NA	0.11	XXX
95813	TC	A	Eeg over 1 hour	0.00	8.95	7.87	NA	NA	0.04	XXX
95813	26	A	Eeg over 1 hour	1.73	0.80	0.74	0.80	0.74	0.07	XXX
95816		A	Eeg awake and drowsy	1.08	8.99	7.43	NA	NA	0.08	XXX
95816	TC	A	Eeg awake and drowsy	0.00	8.47	6.95	NA	NA	0.03	XXX
95816	26	A	Eeg awake and drowsy	1.08	0.52	0.48	0.52	0.48	0.05	XXX
95819		A	Eeg awake and asleep	1.08	10.45	8.43	NA	NA	0.07	XXX
95819	TC	A	Eeg awake and asleep	0.00	9.93	7.95	NA	NA	0.03	XXX
95819	26	A	Eeg awake and asleep	1.08	0.52	0.48	0.52	0.48	0.04	XXX
95822		A	Eeg coma or sleep only	1.08	9.27	7.81	NA	NA	0.07	XXX
95822	TC	A	Eeg coma or sleep only	0.00	8.75	7.33	NA	NA	0.03	XXX
95822	26	A	Eeg coma or sleep only	1.08	0.52	0.48	0.52	0.48	0.04	XXX
95824		C	Eeg cerebral death only	0.00	0.00	0.00	NA	NA	0.00	XXX
95824	TC	C	Eeg cerebral death only	0.00	0.00	0.00	NA	NA	0.00	XXX
95824	26	A	Eeg cerebral death only	0.74	0.35	0.32	0.35	0.32	0.05	XXX
95827		A	Eeg all night recording	1.08	19.27	15.25	NA	NA	0.13	XXX
95827	TC	A	Eeg all night recording	0.00	18.75	14.78	NA	NA	0.08	XXX
95827	26	A	Eeg all night recording	1.08	0.52	0.47	0.52	0.47	0.05	XXX
95829		A	Surgery electrocorticogram	6.20	42.49	37.55	NA	NA	0.21	XXX
95829	TC	A	Surgery electrocorticogram	0.00	39.49	34.81	NA	NA	0.05	XXX
95829	26	A	Surgery electrocorticogram	6.20	3.00	2.74	3.00	2.74	0.16	XXX
95830		A	Insert electrodes for eeg	1.70	3.85	3.77	0.74	0.70	0.14	XXX
95831		A	Limb muscle testing manual	0.28	0.57	0.54	0.14	0.13	0.03	XXX
95832		A	Hand muscle testing manual	0.29	0.57	0.50	0.17	0.14	0.03	XXX
95833		A	Body muscle testing manual	0.47	0.61	0.60	0.16	0.18	0.01	XXX
95834		A	Body muscle testing manual	0.60	0.81	0.73	0.26	0.24	0.03	XXX
95851		A	Range of motion measurements	0.16	0.34	0.34	0.06	0.06	0.01	XXX
95852		A	Range of motion measurements	0.11	0.34	0.31	0.05	0.05	0.01	XXX
95857		A	Cholinesterase challenge	0.53	0.92	0.81	0.30	0.27	0.04	XXX

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95860		A	Muscle test one limb	0.96	1.84	1.66	NA	NA	0.04	XXX
95860	TC	A	Muscle test one limb	0.00	1.34	1.19	NA	NA	0.01	XXX
95860	26	A	Muscle test one limb	0.96	0.50	0.47	0.50	0.47	0.03	XXX
95861		A	Muscle test 2 limbs	1.54	2.58	2.26	NA	NA	0.06	XXX
95861	TC	A	Muscle test 2 limbs	0.00	1.79	1.52	NA	NA	0.01	XXX
95861	26	A	Muscle test 2 limbs	1.54	0.79	0.74	0.79	0.74	0.05	XXX
95863		A	Muscle test 3 limbs	1.87	3.16	2.71	NA	NA	0.08	XXX
95863	TC	A	Muscle test 3 limbs	0.00	2.22	1.85	NA	NA	0.01	XXX
95863	26	A	Muscle test 3 limbs	1.87	0.94	0.86	0.94	0.86	0.07	XXX
95864		A	Muscle test 4 limbs	1.99	3.34	3.05	NA	NA	0.08	XXX
95864	TC	A	Muscle test 4 limbs	0.00	2.34	2.12	NA	NA	0.01	XXX
95864	26	A	Muscle test 4 limbs	1.99	1.00	0.93	1.00	0.93	0.07	XXX
95865		A	Muscle test larynx	1.57	2.06	1.90	NA	NA	0.05	XXX
95865	TC	A	Muscle test larynx	0.00	1.22	1.12	NA	NA	0.01	XXX
95865	26	A	Muscle test larynx	1.57	0.84	0.78	0.84	0.78	0.04	XXX
95866		A	Muscle test hemidiaphragm	1.25	2.01	1.74	NA	NA	0.06	XXX
95866	TC	A	Muscle test hemidiaphragm	0.00	1.41	1.16	NA	NA	0.01	XXX
95866	26	A	Muscle test hemidiaphragm	1.25	0.60	0.58	0.60	0.58	0.05	XXX
95867		A	Muscle test cran nerv unilat	0.79	1.73	1.53	NA	NA	0.04	XXX
95867	TC	A	Muscle test cran nerv unilat	0.00	1.32	1.15	NA	NA	0.01	XXX
95867	26	A	Muscle test cran nerv unilat	0.79	0.41	0.38	0.41	0.38	0.03	XXX
95868		A	Muscle test cran nerve bilat	1.18	2.25	1.97	NA	NA	0.05	XXX
95868	TC	A	Muscle test cran nerve bilat	0.00	1.65	1.42	NA	NA	0.01	XXX
95868	26	A	Muscle test cran nerve bilat	1.18	0.60	0.55	0.60	0.55	0.04	XXX
95869		A	Muscle test thor paraspinal	0.37	1.62	1.33	NA	NA	0.02	XXX
95869	TC	A	Muscle test thor paraspinal	0.00	1.43	1.15	NA	NA	0.01	XXX
95869	26	A	Muscle test thor paraspinal	0.37	0.19	0.18	0.19	0.18	0.01	XXX
95870		A	Muscle test nonparaspinal	0.37	1.60	1.29	NA	NA	0.02	XXX
95870	TC	A	Muscle test nonparaspinal	0.00	1.41	1.12	NA	NA	0.01	XXX
95870	26	A	Muscle test nonparaspinal	0.37	0.19	0.17	0.19	0.17	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
95872		A	Muscle test one fiber	2.88	2.58	2.23	NA	NA	0.12	XXX
95872	TC	A	Muscle test one fiber	0.00	1.20	1.02	NA	NA	0.01	XXX
95872	26	A	Muscle test one fiber	2.88	1.38	1.21	1.38	1.21	0.11	XXX
95873		A	Guide nerv destr elec stim	0.37	1.60	1.32	NA	NA	0.02	ZZZ
95873	TC	A	Guide nerv destr elec stim	0.00	1.39	1.12	NA	NA	0.01	ZZZ
95873	26	A	Guide nerv destr elec stim	0.37	0.21	0.20	0.21	0.20	0.01	ZZZ
95874		A	Guide nerv destr needle emg	0.37	1.53	1.24	NA	NA	0.02	ZZZ
95874	TC	A	Guide nerv destr needle emg	0.00	1.33	1.06	NA	NA	0.01	ZZZ
95874	26	A	Guide nerv destr needle emg	0.37	0.20	0.18	0.20	0.18	0.01	ZZZ
95875		A	Limb exercise test	1.10	2.21	1.93	NA	NA	0.06	XXX
95875	TC	A	Limb exercise test	0.00	1.68	1.44	NA	NA	0.01	XXX
95875	26	A	Limb exercise test	1.10	0.53	0.49	0.53	0.49	0.05	XXX
95900		A	Motor nerve conduction test	0.42	1.44	1.33	NA	NA	0.02	XXX
95900	TC	A	Motor nerve conduction test	0.00	1.22	1.13	NA	NA	0.01	XXX
95900	26	A	Motor nerve conduction test	0.42	0.22	0.20	0.22	0.20	0.01	XXX
95903		A	Motor nerve conduction test	0.60	1.54	1.41	NA	NA	0.04	XXX
95903	TC	A	Motor nerve conduction test	0.00	1.25	1.14	NA	NA	0.01	XXX
95903	26	A	Motor nerve conduction test	0.60	0.29	0.27	0.29	0.27	0.03	XXX
95904		A	Sense nerve conduction test	0.34	1.28	1.20	NA	NA	0.02	XXX
95904	TC	A	Sense nerve conduction test	0.00	1.11	1.04	NA	NA	0.01	XXX
95904	26	A	Sense nerve conduction test	0.34	0.17	0.16	0.17	0.16	0.01	XXX
95905		A	Motor/sens nrve conduct test	0.05	2.41	2.41	NA	NA	0.02	XXX
95905	TC	A	Motor/sens nrve conduct test	0.00	2.38	2.38	NA	NA	0.01	XXX
95905	26	A	Motor/sens nrve conduct test	0.05	0.03	0.03	0.03	0.03	0.01	XXX
95920		A	Intraop nerve test add-on	2.11	2.69	2.46	NA	NA	0.09	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.66	1.51	NA	NA	0.01	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	1.03	0.95	1.03	0.95	0.08	ZZZ
95921		A	Autonomic nerv function test	0.90	1.53	1.41	NA	NA	0.04	XXX
95921	TC	A	Autonomic nerv function test	0.00	1.12	1.03	NA	NA	0.01	XXX
95921	26	A	Autonomic nerv function test	0.90	0.41	0.38	0.41	0.38	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
95922		A	Autonomic nerv function test	0.96	2.09	1.90	NA	NA	0.04	XXX
95922	TC	A	Autonomic nerv function test	0.00	1.66	1.49	NA	NA	0.01	XXX
95922	26	A	Autonomic nerv function test	0.96	0.43	0.41	0.43	0.41	0.03	XXX
95923		A	Autonomic nerv function test	0.90	3.92	3.31	NA	NA	0.05	XXX
95923	TC	A	Autonomic nerv function test	0.00	3.48	2.91	NA	NA	0.01	XXX
95923	26	A	Autonomic nerv function test	0.90	0.44	0.40	0.44	0.40	0.04	XXX
95925		A	Somatosensory testing	0.54	4.92	4.05	NA	NA	0.02	XXX
95925	TC	A	Somatosensory testing	0.00	4.66	3.81	NA	NA	0.01	XXX
95925	26	A	Somatosensory testing	0.54	0.26	0.24	0.26	0.24	0.01	XXX
95926		A	Somatosensory testing	0.54	4.65	3.89	NA	NA	0.04	XXX
95926	TC	A	Somatosensory testing	0.00	4.40	3.65	NA	NA	0.01	XXX
95926	26	A	Somatosensory testing	0.54	0.25	0.24	0.25	0.24	0.03	XXX
95927		A	Somatosensory testing	0.54	4.05	3.63	NA	NA	0.02	XXX
95927	TC	A	Somatosensory testing	0.00	3.79	3.38	NA	NA	0.01	XXX
95927	26	A	Somatosensory testing	0.54	0.26	0.25	0.26	0.25	0.01	XXX
95928		A	C motor evoked uppr limbs	1.50	6.22	5.28	NA	NA	0.10	XXX
95928	TC	A	C motor evoked uppr limbs	0.00	5.49	4.62	NA	NA	0.03	XXX
95928	26	A	C motor evoked uppr limbs	1.50	0.73	0.66	0.73	0.66	0.07	XXX
95929		A	C motor evoked lwr limbs	1.50	6.67	5.69	NA	NA	0.10	XXX
95929	TC	A	C motor evoked lwr limbs	0.00	5.94	5.02	NA	NA	0.03	XXX
95929	26	A	C motor evoked lwr limbs	1.50	0.73	0.67	0.73	0.67	0.07	XXX
95930		A	Visual evoked potential test	0.35	4.08	3.55	NA	NA	0.02	XXX
95930	TC	A	Visual evoked potential test	0.00	3.90	3.39	NA	NA	0.01	XXX
95930	26	A	Visual evoked potential test	0.35	0.18	0.16	0.18	0.16	0.01	XXX
95933		A	Blink reflex test	0.59	1.78	1.55	NA	NA	0.04	XXX
95933	TC	A	Blink reflex test	0.00	1.49	1.28	NA	NA	0.01	XXX
95933	26	A	Blink reflex test	0.59	0.29	0.27	0.29	0.27	0.03	XXX
95934		A	H-reflex test	0.51	1.30	1.12	NA	NA	0.02	XXX
95934	TC	A	H-reflex test	0.00	1.05	0.88	NA	NA	0.01	XXX
95934	26	A	H-reflex test	0.51	0.25	0.24	0.25	0.24	0.01	XXX

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95936		A	H-reflex test	0.55	0.90	0.79	NA	NA	0.02	XXX
95936	TC	A	H-reflex test	0.00	0.63	0.54	NA	NA	0.01	XXX
95936	26	A	H-reflex test	0.55	0.27	0.25	0.27	0.25	0.01	XXX
95937		A	Neuromuscular junction test	0.65	1.39	1.20	NA	NA	0.05	XXX
95937	TC	A	Neuromuscular junction test	0.00	1.08	0.91	NA	NA	0.01	XXX
95937	26	A	Neuromuscular junction test	0.65	0.31	0.29	0.31	0.29	0.04	XXX
95950		A	Ambulatory eeg monitoring	1.51	7.11	6.35	NA	NA	0.10	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.38	5.69	NA	NA	0.03	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.73	0.66	0.73	0.66	0.07	XXX
95951		C	Eeg monitoring/videorecord	0.00	0.00	0.00	NA	NA	0.00	XXX
95951	TC	C	Eeg monitoring/videorecord	0.00	0.00	0.00	NA	NA	0.00	XXX
95951	26	A	Eeg monitoring/videorecord	5.99	2.90	2.65	2.90	2.65	0.48	XXX
95953		A	Eeg monitoring/computer	3.08	9.01	8.89	NA	NA	0.18	XXX
95953	TC	A	Eeg monitoring/computer	0.00	7.52	7.50	NA	NA	0.03	XXX
95953	26	A	Eeg monitoring/computer	3.08	1.49	1.39	1.49	1.39	0.15	XXX
95954		A	Eeg monitoring/giving drugs	2.45	7.96	6.53	NA	NA	0.15	XXX
95954	TC	A	Eeg monitoring/giving drugs	0.00	7.08	5.74	NA	NA	0.04	XXX
95954	26	A	Eeg monitoring/giving drugs	2.45	0.88	0.79	0.88	0.79	0.11	XXX
95955		A	Eeg during surgery	1.01	4.61	3.88	NA	NA	0.05	XXX
95955	TC	A	Eeg during surgery	0.00	4.13	3.45	NA	NA	0.01	XXX
95955	26	A	Eeg during surgery	1.01	0.48	0.43	0.48	0.43	0.04	XXX
95956		A	Eeg monitor technol attended	3.61	32.06	25.78	NA	NA	0.32	XXX
95956	TC	A	Eeg monitor technol attended	0.00	30.41	24.33	NA	NA	0.16	XXX
95956	26	A	Eeg monitor technol attended	3.61	1.65	1.45	1.65	1.45	0.16	XXX
95957		A	Eeg digital analysis	1.98	9.70	7.88	NA	NA	0.11	XXX
95957	TC	A	Eeg digital analysis	0.00	8.76	7.01	NA	NA	0.01	XXX
95957	26	A	Eeg digital analysis	1.98	0.94	0.87	0.94	0.87	0.10	XXX
95958		A	Eeg monitoring/function test	4.24	10.43	8.85	NA	NA	0.26	XXX
95958	TC	A	Eeg monitoring/function test	0.00	8.47	7.01	NA	NA	0.04	XXX
95958	26	A	Eeg monitoring/function test	4.24	1.96	1.84	1.96	1.84	0.22	XXX

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95961		A	Electrode stimulation brain	2.97	4.97	4.27	NA	NA	0.15	XXX
95961	TC	A	Electrode stimulation brain	0.00	3.50	2.91	NA	NA	0.01	XXX
95961	26	A	Electrode stimulation brain	2.97	1.47	1.36	1.47	1.36	0.14	XXX
95962		A	Electrode stim brain add-on	3.21	3.76	3.29	NA	NA	0.15	ZZZ
95962	TC	A	Electrode stim brain add-on	0.00	2.19	1.86	NA	NA	0.01	ZZZ
95962	26	A	Electrode stim brain add-on	3.21	1.57	1.43	1.57	1.43	0.14	ZZZ
95965		C	Meg spontaneous	0.00	0.00	0.00	NA	NA	0.00	XXX
95965	TC	C	Meg spontaneous	0.00	0.00	0.00	NA	NA	0.00	XXX
95965	26	A	Meg spontaneous	7.99	3.88	3.69	3.88	3.69	0.64	XXX
95966		C	Meg evoked single	0.00	0.00	0.00	NA	NA	0.00	XXX
95966	TC	C	Meg evoked single	0.00	0.00	0.00	NA	NA	0.00	XXX
95966	26	A	Meg evoked single	3.99	1.94	1.85	1.94	1.85	0.31	XXX
95967		C	Meg evoked each addl	0.00	0.00	0.00	NA	NA	0.00	ZZZ
95967	TC	C	Meg evoked each addl	0.00	0.00	0.00	NA	NA	0.00	ZZZ
95967	26	A	Meg evoked each addl	3.49	1.69	1.56	1.69	1.56	0.29	ZZZ
95970		A	Analyze neurostim no prog	0.45	1.40	1.24	0.21	0.19	0.04	XXX
95971		A	Analyze neurostim simple	0.78	0.82	0.85	0.34	0.33	0.07	XXX
95972		A	Analyze neurostim complex	1.50	1.55	1.49	0.70	0.64	0.14	XXX
95973		A	Analyze neurostim complex	0.92	0.86	0.76	0.46	0.39	0.08	ZZZ
95974		A	Cranial neurostim complex	3.00	2.49	2.18	1.41	1.28	0.26	XXX
95975		A	Cranial neurostim complex	1.70	1.28	1.12	0.82	0.75	0.12	ZZZ
95978		A	Analyze neurostim brain/1h	3.50	3.10	2.71	1.72	1.56	0.38	XXX
95979		A	Analyz neurostim brain addon	1.64	1.24	1.10	0.81	0.73	0.14	ZZZ
95980		A	Io anal gast n-stim init	0.80	NA	NA	0.44	0.37	0.16	XXX
95981		A	Io anal gast n-stim subsq	0.30	0.60	0.57	0.20	0.17	0.03	XXX
95982		A	Io ga n-stim subsq w/reprog	0.65	0.80	0.70	0.36	0.30	0.05	XXX
95990		A	Spin/brain pump refil & main	0.00	2.47	2.19	NA	NA	0.03	XXX
95991		A	Spin/brain pump refil & main	0.77	2.63	2.28	0.36	0.29	0.05	XXX
95992		A	Canalith repositioning proc	0.75	0.46	0.45	0.33	0.32	0.05	XXX
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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96000		A	Motion analysis video/3d	1.80	NA	NA	0.93	0.77	0.11	XXX
96001		A	Motion test w/ft press meas	2.15	NA	NA	0.65	0.68	0.12	XXX
96002		A	Dynamic surface emg	0.41	NA	NA	0.20	0.18	0.03	XXX
96003		A	Dynamic fine wire emg	0.37	NA	NA	0.18	0.15	0.03	XXX
96004		A	Phys review of motion tests	2.14	1.03	1.00	1.03	1.00	0.14	XXX
96020		C	Functional brain mapping	0.00	0.00	0.00	NA	NA	0.00	XXX
96020	TC	C	Functional brain mapping	0.00	0.00	0.00	NA	NA	0.00	XXX
96020	26	A	Functional brain mapping	3.43	1.28	1.45	1.28	1.45	0.31	XXX
96040		B	Genetic counseling 30 min	0.00	1.23	1.29	NA	NA	0.03	XXX
96101		A	Psycho testing by psych/phys	1.86	0.48	0.51	0.28	0.40	0.07	XXX
96102		A	Psycho testing by technician	0.50	1.73	1.43	0.17	0.16	0.03	XXX
96103		A	Psycho testing admin by comp	0.51	1.30	1.11	0.19	0.18	0.03	XXX
96105		A	Assessment of aphasia	1.75	0.84	1.35	NA	NA	0.04	XXX
96110		A	Developmental test lim	0.00	0.24	0.23	NA	NA	0.01	XXX
96111		A	Developmental test extend	2.60	0.84	0.93	0.67	0.79	0.16	XXX
96116		A	Neurobehavioral status exam	1.86	0.70	0.72	0.55	0.56	0.10	XXX
96118		A	Neuropsych tst by psych/phys	1.86	0.69	0.93	0.26	0.38	0.07	XXX
96119		A	Neuropsych testing by tec	0.55	1.39	1.51	0.09	0.12	0.01	XXX
96120		A	Neuropsych tst admin w/comp	0.51	2.07	1.88	0.18	0.17	0.03	XXX
96125		A	Cognitive test by hc pro	1.70	1.04	0.99	NA	NA	0.07	XXX
96150		A	Assess hlth/behave init	0.50	0.07	0.11	0.07	0.10	0.01	XXX
96151		A	Assess hlth/behave subseq	0.48	0.08	0.11	0.07	0.10	0.01	XXX
96152		A	Intervene hlth/behave indiv	0.46	0.07	0.10	0.06	0.09	0.01	XXX
96153		A	Intervene hlth/behave group	0.10	0.02	0.03	0.02	0.02	0.01	XXX
96154		A	Interv hlth/behav fam w/pt	0.45	0.07	0.10	0.06	0.09	0.01	XXX
96155		N	Interv hlth/behav fam no pt	0.44	0.19	0.20	0.19	0.19	0.03	XXX
96360		A	Hydration iv infusion init	0.17	1.33	1.48	NA	NA	0.03	XXX
96361		A	Hydrate iv infusion add-on	0.09	0.31	0.35	NA	NA	0.01	ZZZ
96365		A	Ther/proph/diag iv inf init	0.21	1.71	1.85	NA	NA	0.03	XXX
96366		A	Ther/proph/diag iv inf addon	0.18	0.42	0.45	NA	NA	0.01	ZZZ

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96367		A	Tx/proph/dg addl seq iv inf	0.19	0.65	0.77	NA	NA	0.01	ZZZ
96368		A	Ther/diag concurrent inf	0.17	0.35	0.39	NA	NA	0.01	ZZZ
96369		A	Sc ther infusion up to 1 hr	0.21	4.82	4.79	NA	NA	0.03	XXX
96370		A	Sc ther infusion addl hr	0.18	0.26	0.26	NA	NA	0.01	ZZZ
96371		A	Sc ther infusion reset pump	0.00	2.25	2.35	NA	NA	0.01	ZZZ
96372		A	Ther/proph/diag inj sc/im	0.17	0.50	0.50	NA	NA	0.01	XXX
96373		A	Ther/proph/diag inj ia	0.17	0.38	0.38	NA	NA	0.01	XXX
96374		A	Ther/proph/diag inj iv push	0.18	1.29	1.43	NA	NA	0.03	XXX
96375		A	Tx/pro/dx inj new drug addon	0.10	0.48	0.56	NA	NA	0.01	ZZZ
96376		X	Tx/pro/dx inj same drug adon	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
96379		C	Ther/prop/diag inj/inf proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96401		A	Chemo anti-neopl sq/im	0.21	1.76	1.89	NA	NA	0.04	XXX
96402		A	Chemo hormon antineopl sq/im	0.19	0.67	0.83	NA	NA	0.01	XXX
96405		A	Chemo intralesional up to 7	0.52	1.78	1.98	0.37	0.34	0.03	000
96406		A	Chemo intralesional over 7	0.80	2.35	2.64	0.50	0.45	0.04	000
96409		A	Chemo iv push sngl drug	0.24	2.64	3.03	NA	NA	0.05	XXX
96411		A	Chemo iv push addl drug	0.20	1.42	1.63	NA	NA	0.03	ZZZ
96413		A	Chemo iv infusion 1 hr	0.28	3.42	3.98	NA	NA	0.05	XXX
96415		A	Chemo iv infusion addl hr	0.19	0.62	0.72	NA	NA	0.01	ZZZ
96416		A	Chemo prolong infuse w/pump	0.21	3.85	4.47	NA	NA	0.07	XXX
96417		A	Chemo iv infus each addl seq	0.21	1.63	1.89	NA	NA	0.03	ZZZ
96420		A	Chemo ia push tecnique	0.17	2.57	2.96	NA	NA	0.08	XXX
96422		A	Chemo ia infusion up to 1 hr	0.17	4.25	4.91	NA	NA	0.08	XXX
96423		A	Chemo ia infuse each addl hr	0.17	1.89	2.14	NA	NA	0.04	ZZZ
96425		A	Chemotherapy infusion method	0.17	4.55	5.02	NA	NA	0.10	XXX
96440		A	Chemotherapy intracavitary	2.37	19.85	18.54	1.51	1.45	0.54	000
96446		A	Chemotx admn prtl cavity	0.37	4.77	4.77	0.19	0.19	0.07	XXX
96450		A	Chemotherapy into cns	1.53	3.37	4.21	0.75	0.88	0.11	000
96521		A	Refill/maint portable pump	0.21	3.35	3.66	NA	NA	0.05	XXX
96522		A	Refill/maint pump/resvr syst	0.21	2.70	3.01	NA	NA	0.05	XXX

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96523		T	Irrig drug delivery device	0.04	0.61	0.70	NA	NA	0.01	XXX
96542		A	Chemotherapy injection	0.75	2.37	2.95	0.45	0.50	0.04	XXX
96549		C	Chemotherapy unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96567		A	Photodynamic tx skin	0.00	3.76	3.84	NA	NA	0.01	XXX
96570		A	Photodynmc tx 30 min add-on	1.10	0.44	0.47	0.44	0.47	0.18	ZZZ
96571		A	Photodynamic tx addl 15 min	0.55	0.19	0.21	0.19	0.21	0.04	ZZZ
96900		A	Ultraviolet light therapy	0.00	0.57	0.60	NA	NA	0.01	XXX
96902		B	Trichogram	0.41	0.20	0.20	0.18	0.18	0.03	XXX
96904		R	Whole body photography	0.00	1.82	1.99	NA	NA	0.01	XXX
96910		A	Photochemotherapy with uv-b	0.00	1.98	2.03	NA	NA	0.01	XXX
96912		A	Photochemotherapy with uv-a	0.00	2.55	2.61	NA	NA	0.01	XXX
96913		A	Photochemotherapy uv-a or b	0.00	3.59	3.63	NA	NA	0.01	XXX
96920		A	Laser tx skin < 250 sq cm	1.15	3.81	3.91	0.85	0.79	0.04	000
96921		A	Laser tx skin 250-500 sq cm	1.17	3.94	3.90	0.85	0.76	0.04	000
96922		A	Laser tx skin > 500 sq cm	2.10	5.07	5.17	1.55	1.38	0.08	000
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.92	0.88	NA	NA	0.05	XXX
97002		A	Pt re-evaluation	0.60	0.58	0.55	NA	NA	0.03	XXX
97003		A	Ot evaluation	1.20	1.23	1.10	NA	NA	0.05	XXX
97004		A	Ot re-evaluation	0.60	0.89	0.80	NA	NA	0.03	XXX
97005		I	Athletic train eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97006		I	Athletic train reeval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97010		B	Hot or cold packs therapy	0.06	0.10	0.09	NA	NA	0.01	XXX
97012		A	Mechanical traction therapy	0.25	0.20	0.19	NA	NA	0.01	XXX
97014		I	Electric stimulation therapy	0.18	0.26	0.24	NA	NA	0.01	XXX
97016		A	Vasopneumatic device therapy	0.18	0.35	0.32	NA	NA	0.01	XXX
97018		A	Paraffin bath therapy	0.06	0.23	0.21	NA	NA	0.01	XXX
97022		A	Whirlpool therapy	0.17	0.47	0.42	NA	NA	0.01	XXX
97024		A	Diathermy eg microwave	0.06	0.12	0.11	NA	NA	0.01	XXX
97026		R	Infrared therapy	0.06	0.10	0.09	NA	NA	0.01	XXX

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97028		A	Ultraviolet therapy	0.08	0.12	0.11	NA	NA	0.01	XXX
97032		A	Electrical stimulation	0.25	0.28	0.26	NA	NA	0.01	XXX
97033		A	Electric current therapy	0.26	0.63	0.56	NA	NA	0.01	XXX
97034		A	Contrast bath therapy	0.21	0.29	0.26	NA	NA	0.01	XXX
97035		A	Ultrasound therapy	0.21	0.14	0.13	NA	NA	0.01	XXX
97036		A	Hydrotherapy	0.28	0.63	0.57	NA	NA	0.01	XXX
97039		C	Physical therapy treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97110		A	Therapeutic exercises	0.45	0.45	0.41	NA	NA	0.01	XXX
97112		A	Neuromuscular reeducation	0.45	0.49	0.45	NA	NA	0.01	XXX
97113		A	Aquatic therapy/exercises	0.44	0.76	0.69	NA	NA	0.01	XXX
97116		A	Gait training therapy	0.40	0.39	0.36	NA	NA	0.01	XXX
97124		A	Massage therapy	0.35	0.38	0.35	NA	NA	0.01	XXX
97139		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97140		A	Manual therapy	0.43	0.41	0.38	NA	NA	0.01	XXX
97150		A	Group therapeutic procedures	0.27	0.31	0.28	NA	NA	0.01	XXX
97530		A	Therapeutic activities	0.44	0.54	0.50	NA	NA	0.01	XXX
97532		A	Cognitive skills development	0.44	0.31	0.29	NA	NA	0.01	XXX
97533		A	Sensory integration	0.44	0.38	0.36	NA	NA	0.01	XXX
97535		A	Self care mngment training	0.45	0.53	0.49	NA	NA	0.01	XXX
97537		A	Community/work reintegration	0.45	0.40	0.37	NA	NA	0.01	XXX
97542		A	Wheelchair mngment training	0.45	0.41	0.38	NA	NA	0.01	XXX
97545		R	Work hardening	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	ZZZ
97597		A	Rmvl devital tis 20 cm/<	0.51	1.56	1.56	0.15	0.15	0.05	000
97598		A	Rmvl devital tis addl 20 cm<	0.24	0.44	0.44	0.07	0.07	0.03	ZZZ
97602		B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97605		A	Neg press wound tx < 50 cm	0.55	0.57	0.53	0.16	0.17	0.08	XXX
97606		A	Neg press wound tx > 50 cm	0.60	0.59	0.54	0.17	0.18	0.10	XXX
97750		A	Physical performance test	0.45	0.47	0.44	NA	NA	0.03	XXX
97755		A	Assistive technology assess	0.62	0.39	0.36	NA	NA	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
97760		A	Orthotic mgmt and training	0.45	0.60	0.55	NA	NA	0.03	XXX
97761		A	Prosthetic training	0.45	0.46	0.43	NA	NA	0.03	XXX
97762		A	C/o for orthotic/prosth use	0.25	1.05	0.93	NA	NA	0.01	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition indiv in	0.53	0.42	0.38	0.36	0.32	0.03	XXX
97803		A	Med nutrition indiv subseq	0.45	0.37	0.34	0.31	0.28	0.03	XXX
97804		A	Medical nutrition group	0.25	0.18	0.15	0.17	0.15	0.01	XXX
97810		N	Acupunct w/o stimul 15 min	0.60	0.41	0.41	0.26	0.26	0.04	XXX
97811		N	Acupunct w/o stimul addl 15m	0.50	0.27	0.27	0.22	0.21	0.03	ZZZ
97813		N	Acupunct w/stimul 15 min	0.65	0.43	0.44	0.28	0.28	0.04	XXX
97814		N	Acupunct w/stimul addl 15m	0.55	0.32	0.32	0.24	0.24	0.04	ZZZ
98925		A	Osteopathic manipulation	0.46	0.43	0.41	0.20	0.18	0.03	000
98926		A	Osteopathic manipulation	0.71	0.57	0.54	0.29	0.27	0.03	000
98927		A	Osteopathic manipulation	0.96	0.71	0.67	0.36	0.35	0.04	000
98928		A	Osteopathic manipulation	1.21	0.82	0.78	0.45	0.43	0.06	000
98929		A	Osteopathic manipulation	1.46	1.00	0.93	0.54	0.51	0.09	000
98940		A	Chiropractic manipulation	0.45	0.30	0.29	0.16	0.15	0.01	000
98941		A	Chiropractic manipulation	0.65	0.39	0.36	0.23	0.23	0.03	000
98942		A	Chiropractic manipulation	0.87	0.47	0.44	0.31	0.30	0.03	000
98943		N	Chiropractic manipulation	0.40	0.28	0.28	0.18	0.17	0.03	XXX
98960		B	Self-mgmt educ & train 1 pt	0.00	0.73	0.76	NA	NA	0.01	XXX
98961		B	Self-mgmt educ/train 2-4 pt	0.00	0.35	0.36	NA	NA	0.01	XXX
98962		B	Self-mgmt educ/train 5-8 pt	0.00	0.25	0.27	NA	NA	0.01	XXX
98966		N	Hc pro phone call 5-10 min	0.25	0.15	0.15	0.11	0.10	0.01	XXX
98967		N	Hc pro phone call 11-20 min	0.50	0.26	0.25	0.22	0.21	0.03	XXX
98968		N	Hc pro phone call 21-30 min	0.75	0.36	0.35	0.33	0.32	0.05	XXX
98969		N	Online service by hc pro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99000		B	Specimen handling	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	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99026		N	In-hospital on call service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99027		N	Out-of-hosp on call service	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	XXX
99051		B	Med serv eve/wkend/holiday	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99053		B	Med serv 10pm-8am 24 hr fac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Med service out of office	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	XXX
99060		B	Out of office emerg med serv	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	XXX
99071		B	Patient education materials	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	XXX
99078		B	Group health education	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	XXX
99082		C	Unusual physician travel	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	XXX
99091		B	Collect/review data from pt	1.10	0.48	0.47	NA	NA	0.07	XXX
99100		B	Special anesthesia service	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	ZZZ
99135		B	Special anesthesia procedure	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	ZZZ
99143		C	Mod cs by same phys < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99144		C	Mod cs by same phys 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99145		C	Mod cs by same phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99148		C	Mod cs diff phys < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99149		C	Mod cs diff phys 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99150		C	Mod cs diff phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99170		A	Anogenital exam child	1.75	2.18	2.38	0.86	0.91	0.12	000
99172		N	Ocular function screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99173		N	Visual acuity screen	0.00	0.07	0.07	NA	NA	0.01	XXX

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99174		N	Ocular photoscreening	0.00	0.78	0.81	NA	NA	0.01	XXX
99175		A	Induction of vomiting	0.00	0.66	0.71	NA	NA	0.01	XXX
99183		A	Hyperbaric oxygen therapy	2.34	3.67	3.52	0.99	0.89	0.26	XXX
99190		X	Special pump services	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	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	2.61	2.49	NA	NA	0.05	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit new	0.48	0.73	0.69	0.26	0.24	0.04	XXX
99202		A	Office/outpatient visit new	0.93	1.16	1.09	0.49	0.44	0.07	XXX
99203		A	Office/outpatient visit new	1.42	1.57	1.47	0.72	0.64	0.14	XXX
99204		A	Office/outpatient visit new	2.43	2.14	2.00	1.20	1.06	0.23	XXX
99205		A	Office/outpatient visit new	3.17	2.51	2.36	1.49	1.34	0.27	XXX
99211		A	Office/outpatient visit est	0.18	0.37	0.39	0.08	0.08	0.01	XXX
99212		A	Office/outpatient visit est	0.48	0.72	0.70	0.24	0.22	0.04	XXX
99213		A	Office/outpatient visit est	0.97	1.05	0.99	0.47	0.41	0.07	XXX
99214		A	Office/outpatient visit est	1.50	1.48	1.41	0.71	0.63	0.10	XXX
99215		A	Office/outpatient visit est	2.11	1.90	1.80	1.00	0.90	0.14	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.73	0.68	0.08	XXX
99218		A	Initial observation caree	1.28	NA	NA	0.54	0.52	0.08	XXX
99219		A	Initial observation care	2.14	NA	NA	0.92	0.88	0.14	XXX
99220		A	Initial observation care	2.99	NA	NA	1.26	1.21	0.20	XXX
99221		A	Initial hospital care	1.92	NA	NA	0.86	0.76	0.18	XXX
99222		A	Initial hospital care	2.61	NA	NA	1.20	1.06	0.22	XXX
99223		A	Initial hospital care	3.86	NA	NA	1.77	1.56	0.29	XXX
99224		A	Subsequent observation care	0.54	NA	NA	0.24	0.24	0.04	XXX
99225		A	Subsequent observation care	0.96	NA	NA	0.44	0.44	0.05	XXX
99226		A	Subsequent observation care	1.44	NA	NA	0.65	0.65	0.08	XXX
99231		A	Subsequent hospital care	0.76	NA	NA	0.34	0.32	0.05	XXX
99232		A	Subsequent hospital care	1.39	NA	NA	0.63	0.57	0.08	XXX

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99233		A	Subsequent hospital care	2.00	NA	NA	0.90	0.81	0.12	XXX
99234		A	Observ/hosp same date	1.92	NA	NA	0.81	0.86	0.17	XXX
99235		A	Observ/hosp same date	2.78	NA	NA	1.19	1.20	0.19	XXX
99236		A	Observ/hosp same date	3.63	NA	NA	1.52	1.52	0.25	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.74	0.68	0.07	XXX
99239		A	Hospital discharge day	1.90	NA	NA	1.09	0.97	0.11	XXX
99241		I	Office consultation	0.64	0.66	0.66	0.24	0.24	0.07	XXX
99242		I	Office consultation	1.34	1.10	1.10	0.51	0.51	0.14	XXX
99243		I	Office consultation	1.88	1.46	1.46	0.71	0.71	0.18	XXX
99244		I	Office consultation	3.02	1.96	1.96	1.14	1.14	0.22	XXX
99245		I	Office consultation	3.77	2.30	2.30	1.38	1.38	0.29	XXX
99251		I	Inpatient consultation	1.00	NA	NA	0.32	0.32	0.07	XXX
99252		I	Inpatient consultation	1.50	NA	NA	0.52	0.52	0.12	XXX
99253		I	Inpatient consultation	2.27	NA	NA	0.84	0.84	0.15	XXX
99254		I	Inpatient consultation	3.29	NA	NA	1.23	1.23	0.18	XXX
99255		I	Inpatient consultation	4.00	NA	NA	1.44	1.44	0.24	XXX
99281		A	Emergency dept visit	0.45	NA	NA	0.14	0.13	0.03	XXX
99282		A	Emergency dept visit	0.88	NA	NA	0.27	0.24	0.07	XXX
99283		A	Emergency dept visit	1.34	NA	NA	0.39	0.36	0.10	XXX
99284		A	Emergency dept visit	2.56	NA	NA	0.67	0.62	0.22	XXX
99285		A	Emergency dept visit	3.80	NA	NA	0.91	0.88	0.30	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care first hour	4.50	3.02	2.94	1.67	1.55	0.34	XXX
99292		A	Critical care addl 30 min	2.25	1.12	1.07	0.84	0.78	0.18	ZZZ
99304		A	Nursing facility care init	1.64	0.94	0.81	0.94	0.81	0.14	XXX
99305		A	Nursing facility care init	2.35	1.27	1.09	1.27	1.09	0.20	XXX
99306		A	Nursing facility care init	3.06	1.58	1.34	1.58	1.34	0.23	XXX
99307		A	Nursing fac care subseq	0.76	0.49	0.44	0.49	0.44	0.04	XXX
99308		A	Nursing fac care subseq	1.16	0.76	0.68	0.76	0.68	0.07	XXX
99309		A	Nursing fac care subseq	1.55	0.99	0.88	0.99	0.88	0.08	XXX

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99310		A	Nursing fac care subseq	2.35	1.41	1.23	1.41	1.23	0.14	XXX
99315		A	Nursing fac discharge day	1.28	0.74	0.68	0.74	0.68	0.08	XXX
99316		A	Nursing fac discharge day	1.90	1.01	0.92	1.01	0.92	0.10	XXX
99318		A	Annual nursing fac assessmnt	1.71	0.98	0.84	0.98	0.84	0.10	XXX
99324		A	Domicil/r-home visit new pat	1.01	0.54	0.54	NA	NA	0.07	XXX
99325		A	Domicil/r-home visit new pat	1.52	0.72	0.72	NA	NA	0.10	XXX
99326		A	Domicil/r-home visit new pat	2.63	1.31	1.18	NA	NA	0.16	XXX
99327		A	Domicil/r-home visit new pat	3.46	1.74	1.54	NA	NA	0.22	XXX
99328		A	Domicil/r-home visit new pat	4.09	1.99	1.77	NA	NA	0.24	XXX
99334		A	Domicil/r-home visit est pat	1.07	0.62	0.58	NA	NA	0.07	XXX
99335		A	Domicil/r-home visit est pat	1.72	0.94	0.84	NA	NA	0.10	XXX
99336		A	Domicil/r-home visit est pat	2.46	1.31	1.15	NA	NA	0.14	XXX
99337		A	Domicil/r-home visit est pat	3.58	1.83	1.59	NA	NA	0.23	XXX
99339		B	Domicil/r-home care supervis	1.25	0.91	0.91	NA	NA	0.08	XXX
99340		B	Domicil/r-home care supervis	1.80	1.22	1.22	NA	NA	0.12	XXX
99341		A	Home visit new patient	1.01	0.52	0.53	NA	NA	0.07	XXX
99342		A	Home visit new patient	1.52	0.70	0.71	NA	NA	0.11	XXX
99343		A	Home visit new patient	2.53	1.15	1.11	NA	NA	0.18	XXX
99344		A	Home visit new patient	3.38	1.74	1.53	NA	NA	0.22	XXX
99345		A	Home visit new patient	4.09	2.05	1.81	NA	NA	0.26	XXX
99347		A	Home visit est patient	1.00	0.55	0.53	NA	NA	0.07	XXX
99348		A	Home visit est patient	1.56	0.80	0.76	NA	NA	0.10	XXX
99349		A	Home visit est patient	2.33	1.26	1.11	NA	NA	0.14	XXX
99350		A	Home visit est patient	3.28	1.69	1.49	NA	NA	0.22	XXX
99354		A	Prolonged service office	1.77	1.00	0.93	0.81	0.75	0.11	ZZZ
99355		A	Prolonged service office	1.77	0.96	0.90	0.78	0.72	0.11	ZZZ
99356		A	Prolonged service inpatient	1.71	NA	NA	0.85	0.75	0.11	ZZZ
99357		A	Prolonged service inpatient	1.71	NA	NA	0.85	0.76	0.11	ZZZ
99358		B	Prolong service w/o contact	2.10	0.96	0.93	0.96	0.93	0.14	XXX
99359		B	Prolong serv w/o contact add	1.00	0.47	0.46	0.47	0.46	0.07	ZZZ

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99360		X	Physician standby services	1.20	NA	NA	0.53	0.51	0.08	XXX
99363		B	Anticoag mgmt init	1.65	1.86	1.89	0.72	0.70	0.11	XXX
99364		B	Anticoag mgmt subseq	0.63	0.57	0.57	0.28	0.27	0.04	XXX
99366		B	Team conf w/pat by hc pro	0.82	0.38	0.37	0.36	0.35	0.05	XXX
99367		B	Team conf w/o pat by phys	1.10	NA	NA	0.48	0.47	0.07	XXX
99368		B	Team conf w/o pat by hc pro	0.72	NA	NA	0.32	0.30	0.04	XXX
99374		B	Home health care supervision	1.10	0.85	0.85	0.48	0.47	0.07	XXX
99375		I	Home health care supervision	1.73	1.19	1.28	0.76	0.88	0.11	XXX
99377		B	Hospice care supervision	1.10	0.85	0.85	0.48	0.47	0.07	XXX
99378		I	Hospice care supervision	1.73	1.19	1.34	0.76	0.94	0.11	XXX
99379		B	Nursing fac care supervision	1.10	0.85	0.85	0.48	0.47	0.07	XXX
99380		B	Nursing fac care supervision	1.73	1.19	1.19	0.76	0.75	0.11	XXX
99381		N	Init pm e/m new pat inf	1.50	1.56	1.54	0.61	0.58	0.10	XXX
99382		N	Init pm e/m new pat 1-4 yrs	1.60	1.6	1.59	0.65	0.63	0.09	XXX
99383		N	Prev visit new age 5-11	1.70	1.63	1.61	0.69	0.66	0.10	XXX
99384		N	Prev visit new age 12-17	2.00	1.75	1.72	0.81	0.77	0.13	XXX
99385		N	Prev visit new age 18-39	1.92	1.72	1.69	0.78	0.74	0.13	XXX
99386		N	Prev visit new age 40-64	2.33	1.89	1.86	0.95	0.9	0.15	XXX
99387		N	Init pm e/m new pat 65+ yrs	2.50	2.07	2.04	1.02	0.98	0.17	XXX
99391		N	Per pm reeval est pat inf	1.37	1.38	1.34	0.56	0.52	0.09	XXX
99392		N	Prev visit est age 1-4	1.50	1.43	1.4	0.61	0.58	0.10	XXX
99393		N	Prev visit est age 5-11	1.50	1.42	1.39	0.61	0.58	0.10	XXX
99394		N	Prev visit est age 12-17	1.70	1.5	1.46	0.69	0.66	0.10	XXX
99395		N	Prev visit est age 18-39	1.75	1.53	1.49	0.71	0.67	0.10	XXX
99396		N	Prev visit est age 40-64	1.90	1.59	1.55	0.77	0.74	0.12	XXX
99397		N	Per pm reeval est pat 65+ yr	2.00	1.76	1.72	0.81	0.79	0.13	XXX
99401		N	Preventive counseling indiv	0.48	0.52	0.55	0.21	0.21	0.03	XXX
99402		N	Preventive counseling indiv	0.98	0.74	0.78	0.43	0.42	0.07	XXX
99403		N	Preventive counseling indiv	1.46	0.95	0.99	0.64	0.63	0.10	XXX
99404		N	Preventive counseling indiv	1.95	1.17	1.21	0.85	0.84	0.12	XXX

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99406		A	Behav chng smoking 3-10 min	0.24	0.16	0.15	0.10	0.10	0.01	XXX
99407		A	Behav chng smoking > 10 min	0.50	0.27	0.25	0.22	0.20	0.03	XXX
99408		N	Audit/dast 15-30 min	0.65	0.34	0.33	0.28	0.28	0.04	XXX
99409		N	Audit/dast over 30 min	1.30	0.62	0.60	0.57	0.55	0.08	XXX
99411		N	Preventive counseling group	0.15	0.30	0.30	0.07	0.06	0.01	XXX
99412		N	Preventive counseling group	0.25	0.34	0.34	0.11	0.11	0.01	XXX
99420		N	Health risk assessment test	0.00	0.28	0.29	NA	NA	0.01	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99441		N	Phone e/m by phys 5-10 min	0.25	0.15	0.15	0.11	0.10	0.01	XXX
99442		N	Phone e/m by phys 11-20 min	0.50	0.26	0.25	0.22	0.21	0.03	XXX
99443		N	Phone e/m by phys 21-30 min	0.75	0.36	0.35	0.33	0.32	0.05	XXX
99444		N	Online e/m by phys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99450		N	Basic life disability exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Work related disability exam	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	XXX
99460		A	Init nb em per day hosp	1.92	NA	NA	0.84	0.73	0.08	XXX
99461		A	Init nb em per day non-fac	1.26	1.44	1.34	0.55	0.53	0.08	XXX
99462		A	Sbsq nb em per day hosp	0.84	NA	NA	0.37	0.33	0.05	XXX
99463		A	Same day nb discharge	2.13	NA	NA	1.09	0.98	0.11	XXX
99464		A	Attendance at delivery	1.50	NA	NA	0.59	0.54	0.07	XXX
99465		A	Nb resuscitation	2.93	NA	NA	0.68	0.93	0.22	XXX
99466		A	Ped crit care transport	4.79	NA	NA	2.23	1.98	1.02	XXX
99467		A	Ped crit care transport addl	2.40	NA	NA	1.05	0.95	0.14	ZZZ
99468		A	Neonate crit care initial	18.46	NA	NA	7.38	6.47	1.52	XXX
99469		A	Neonate crit care subsq	7.99	NA	NA	3.50	3.11	0.42	XXX
99471		A	Ped critical care initial	15.98	NA	NA	6.39	5.94	0.87	XXX
99472		A	Ped critical care subsq	7.99	NA	NA	3.28	3.00	0.48	XXX
99475		A	Ped crit care age 2-5 init	11.25	4.51	4.00	4.51	4.00	0.86	XXX
99476		A	Ped crit care age 2-5 subsq	6.75	2.89	2.49	2.89	2.49	0.52	XXX
99477		A	Init day hosp neonate care	7.00	NA	NA	3.07	2.79	0.38	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
99478		A	lc lbw inf < 1500 gm subsq	2.75	NA	NA	1.10	1.11	0.18	XXX
99479		A	lc lbw inf 1500-2500 g subsq	2.50	NA	NA	1.22	1.05	0.16	XXX
99480		A	lc inf pbw 2501-5000 g subsq	2.40	NA	NA	0.96	0.90	0.16	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99500		I	Home visit prenatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99501		I	Home visit postnatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99502		I	Home visit nb care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99503		I	Home visit resp therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99504		I	Home visit mech ventilator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99505		I	Home visit stoma care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99506		I	Home visit im injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99507		I	Home visit cath maintain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99509		I	Home visit day life activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99510		I	Home visit sing/m/fam couns	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99511		I	Home visit fecal/enema mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99512		I	Home visit for hemodialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99600		I	Home visit nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99601		I	Home infusion/visit 2 hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99602		I	Home infusion each addtl hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99605		X	Mtms by pharm np 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99606		X	Mtms by pharm est 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99607		X	Mtms by pharm addl 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		C	Radiopharm dx agent noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		C	In111 satumomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		C	Tc99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9501		C	Technetium tc-99m teboroxime	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		C	Tc99m tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		C	Tc99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9504		C	Tc99m apcitide	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
A9505		C	Tl201 thallium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507		C	In111 capromab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9508		C	I131 iodobenguate, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9509		C	Iodine i-123 sod iodide mil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9510		C	Tc99m disofenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9512		C	Tc99m pertechnetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9516		C	Iodine i-123 sod iodide mic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9517		C	I131 iodide cap, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9521		C	Tc99m exametazime	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9524		C	I131 serum albumin, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9526		C	Nitrogen n-13 ammonia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9527		C	Iodine i-125 sodium iodide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9528		C	Iodine i-131 iodide cap, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9529		C	I131 iodide sol, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9530		C	I131 iodide sol, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9531		C	I131 max 100uci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9532		C	I125 serum albumin, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9536		C	Tc99m depreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9537		C	Tc99m mebrofenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9538		C	Tc99m pyrophosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9539		C	Tc99m pentetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9540		C	Tc99m maa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9541		C	Tc99m sulfur colloid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9542		C	In111 ibritumomab, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9543		C	Y90 ibritumomab, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9544		C	I131 tositumomab, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9545		C	I131 tositumomab, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9546		C	Co57/58	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9547		C	In111 oxyquinoline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9548		C	In111 pentetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
A9550		C	Tc99m gluceptate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9551		C	Tc99m succimer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9552		C	F18 fdg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9553		C	Cr51 chromate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9554		C	I125 iothalamate, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9555		C	Rb82 rubidium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9556		C	Ga67 gallium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9557		C	Tc99m bicisate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9558		C	Xe133 xenon 10mci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9559		C	Co57 cyano	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9560		C	Tc99m labeled rbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9561		C	Tc99m oxidronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9562		C	Tc99m mertiatide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9563		C	P32 na phosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9564		C	P32 chromic phosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9566		C	Tc99m fanolesomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9567		C	Technetium tc-99m aerosol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9568		C	Technetium tc99m arcitumomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9569		C	Technetium tc-99m auto wbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9570		C	Indium in-111 auto wbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9571		C	Indium in-111 auto platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9572		C	Indium in-111 pentetreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9580		C	Sodium fluoride f-18	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		C	Sr89 strontium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9699		C	Radiopharm rx agent noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0008		X	Admin influenza virus vac	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	XXX
G0010		X	Admin hepatitis b vaccine	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	XXX
G0101		A	Ca screen;pelvic/breast exam	0.45	0.61	0.60	0.32	0.32	0.03	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0102		A	Prostate ca screening; dre	0.17	0.37	0.39	0.08	0.08	0.01	XXX
G0103		X	Psa screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104		A	Ca screen;flexi sigmoidscope	0.96	2.92	2.95	0.79	0.76	0.14	000
G0105		A	Colorectal scrn; hi risk ind	3.69	7.12	7.37	2.26	2.22	0.59	000
G0105	53	A	Colorectal scrn; hi risk ind	0.96	2.92	2.95	0.79	0.76	0.14	000
G0106		A	Colon ca screen;barium enema	0.99	5.15	5.23	NA	NA	0.04	XXX
G0106	TC	A	Colon ca screen;barium enema	0.00	4.78	4.82	NA	NA	0.01	XXX
G0106	26	A	Colon ca screen;barium enema	0.99	0.37	0.41	0.37	0.41	0.03	XXX
G0108		A	Diab manage trn per indiv	0.90	0.55	0.66	NA	NA	0.05	XXX
G0109		A	Diab manage trn ind/group	0.25	0.15	0.29	NA	NA	0.01	XXX
G0117		T	Glaucoma scrn hgh risk direc	0.45	1.02	0.97	NA	NA	0.03	XXX
G0118		T	Glaucoma scrn hgh risk direc	0.17	0.86	0.82	NA	NA	0.01	XXX
G0120		A	Colon ca scrn; barium enema	0.99	5.15	5.23	NA	NA	0.04	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	4.78	4.82	NA	NA	0.01	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.37	0.41	0.37	0.41	0.03	XXX
G0121		A	Colon ca scrn not hi rsk ind	3.69	7.12	7.37	2.26	2.22	0.59	000
G0121	53	A	Colon ca scrn not hi rsk ind	0.96	2.92	2.95	0.79	0.76	0.14	000
G0122		N	Colon ca scrn; barium enema	0.99	7.14	6.87	NA	NA	0.05	XXX
G0122	TC	N	Colon ca scrn; barium enema	0.00	6.71	6.44	NA	NA	0.01	XXX
G0122	26	N	Colon ca scrn; barium enema	0.99	0.43	0.43	0.43	0.43	0.04	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by md	0.42	0.42	0.40	0.42	0.40	0.03	XXX
G0127		R	Trim nail(s)	0.17	0.47	0.45	0.05	0.06	0.01	000
G0128		R	Corf skilled nursing service	0.08	0.20	0.19	NA	NA	0.01	XXX
G0130		A	Single energy x-ray study	0.22	0.72	0.74	NA	NA	0.02	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.62	0.65	NA	NA	0.01	XXX
G0130	26	A	Single energy x-ray study	0.22	0.10	0.09	0.10	0.09	0.01	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.42	0.40	0.42	0.40	0.03	XXX
G0143		X	Scr c/v cyto,thinlayer,rescr	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	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0145		X	Scr c/v cyto,thinlayer,rescr	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	XXX
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0157		E	Hhc pt assistant ea 15	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0158		E	Hhc ot assistant ea 15	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0159		E	Hhc pt maint ea 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0160		E	Hhc occup therapy ea 15	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161		E	Hhc slp ea 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0162		E	Hhc rn e&m plan svs, 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163		E	Hhc lpn/rn obs/asses ea 15	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0164		E	Hhc lis nurse train ea 15	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	3.85	4.41	NA	NA	0.03	XXX
G0168		A	Wound closure by adhesive	0.45	2.13	2.06	0.30	0.28	0.03	000
G0173		X	Linear acc stereo radsur com	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0175		X	Opps service,sched team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0176		X	Opps/php;activity therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0177		X	Opps/php; train & educ serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0179		A	Md recertification hha pt	0.45	0.68	0.71	NA	NA	0.03	XXX
G0180		A	Md certification hha patient	0.67	0.80	0.85	NA	NA	0.04	XXX
G0181		A	Home health care supervision	1.73	1.27	1.24	NA	NA	0.10	XXX
G0182		A	Hospice care supervision	1.73	1.28	1.28	NA	NA	0.10	XXX
G0186		C	Dstry eye lesn,fdr vssl tech	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0202		A	Screeningmammographydigital	0.70	3.33	3.38	NA	NA	0.05	XXX
G0202	TC	A	Screeningmammographydigital	0.00	3.05	3.09	NA	NA	0.01	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.28	0.29	0.28	0.29	0.04	XXX
G0204		A	Diagnosticmammographydigital	0.87	4.04	4.01	NA	NA	0.06	XXX
G0204	TC	A	Diagnosticmammographydigital	0.00	3.69	3.66	NA	NA	0.01	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.35	0.35	0.35	0.35	0.05	XXX
G0206		A	Diagnosticmammographydigital	0.70	3.17	3.16	NA	NA	0.05	XXX
G0206	TC	A	Diagnosticmammographydigital	0.00	2.89	2.87	NA	NA	0.01	XXX

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G0206	26	A	Diagnosticmammographydigital	0.70	0.28	0.29	0.28	0.29	0.04	XXX
G0219		N	Pet img wholbod melano nonco	0.00	0.00	0.00	NA	NA	0.00	XXX
G0219	TC	N	Pet img wholbod melano nonco	0.00	0.00	0.00	NA	NA	0.00	XXX
G0219	26	N	Pet img wholbod melano nonco	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0235		N	Pet not otherwise specified	0.00	0.00	0.00	NA	NA	0.00	XXX
G0235	TC	N	Pet not otherwise specified	0.00	0.00	0.00	NA	NA	0.00	XXX
G0235	26	N	Pet not otherwise specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0237		A	Therapeutic procd strg endur	0.00	0.25	0.29	NA	NA	0.01	XXX
G0238		A	Oth resp proc, indiv	0.00	0.26	0.31	NA	NA	0.01	XXX
G0239		A	Oth resp proc, group	0.00	0.31	0.34	NA	NA	0.01	XXX
G0245		R	Initial foot exam pt lops	0.88	1.16	1.09	0.49	0.44	0.05	XXX
G0246		R	Followup eval of foot pt lop	0.45	0.72	0.70	0.24	0.22	0.03	XXX
G0247		R	Routine footcare pt w lops	0.50	1.56	1.16	0.15	0.18	0.04	ZZZ
G0248		R	Demonstrate use home inr mon	0.00	3.22	4.11	NA	NA	0.01	XXX
G0249		R	Provide inr test mater/equip	0.00	3.01	3.63	NA	NA	0.01	XXX
G0250		R	Md inr test revie inter mgmt	0.18	0.07	0.08	NA	NA	0.01	XXX
G0251		E	Linear acc based stero radio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0252		N	Pet imaging initial dx	0.00	0.00	0.00	NA	NA	0.00	XXX
G0252	TC	N	Pet imaging initial dx	0.00	0.00	0.00	NA	NA	0.00	XXX
G0252	26	N	Pet imaging initial dx	1.50	0.66	0.70	0.66	0.70	0.10	XXX
G0255		N	Current percep threshold tst	0.00	0.00	0.00	NA	NA	0.00	XXX
G0255	TC	N	Current percep threshold tst	0.00	0.00	0.00	NA	NA	0.00	XXX
G0255	26	N	Current percep threshold tst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0257		E	Unsched dialysis esrd pt hos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0259		E	Inject for sacroiliac joint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0260		E	Inj for sacroiliac jt anesth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0268		A	Removal of impacted wax md	0.61	0.91	0.86	0.36	0.31	0.03	000
G0269		B	Occlusive device in vein art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0270		A	Mnt subs tx for change dx	0.45	0.37	0.34	0.31	0.28	0.03	XXX
G0271		A	Group mnt 2 or more 30 mins	0.25	0.18	0.15	0.17	0.15	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0275		A	Renal angio, cardiac cath	0.25	NA	NA	0.10	0.13	0.01	ZZZ
G0278		A	Iliac art angio,cardiac cath	0.25	NA	NA	0.10	0.13	0.01	ZZZ
G0281		A	Elec stim unattend for press	0.18	0.20	0.18	NA	NA	0.01	XXX
G0282		N	Elect stim wound care not pd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0283		A	Elec stim other than wound	0.18	0.20	0.18	NA	NA	0.01	XXX
G0288		A	Recon, cta for surg plan	0.00	0.99	2.55	NA	NA	0.01	XXX
G0289		A	Arthro, loose body + chondro	1.48	NA	NA	0.88	0.85	0.29	ZZZ
G0290		E	Drug-eluting stents, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0291		E	Drug-eluting stents,each add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0293		E	Non-cov surg proc,clin trial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0294		E	Non-cov proc, clinical trial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0295		N	Electromagnetic therapy onc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0302		X	Pre-op service lvrs complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0303		X	Pre-op service lvrs 10-15dos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0304		X	Pre-op service lvrs 1-9 dos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0305		X	Post op service lvrs min 6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0306		X	Cbc/diffwbc w/o platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0307		X	Cbc without platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0328		X	Fecal blood scrn immunoassay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0329		A	Electromagntic tx for ulcers	0.06	0.22	0.20	NA	NA	0.01	XXX
G0333		X	Dispense fee initial 30 day	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0337		X	Hospice evaluation preelecti	1.42	0.62	0.62	0.62	0.62	0.10	XXX
G0339		C	Robot lin-radsurg com, first	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0340		C	Robt lin-radsurg fractx 2-5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0341		A	Percutaneous islet celltrans	6.98	53.44	29.48	3.00	3.83	0.49	000
G0342		A	Laparoscopy islet cell trans	11.92	NA	NA	7.83	7.14	0.84	090
G0343		A	Laparotomy islet cell transp	19.85	NA	NA	13.28	12.09	1.40	090
G0364		A	Bone marrow aspirate &biopsy	0.16	0.19	0.19	0.09	0.09	0.01	ZZZ
G0365		A	Vessel mapping hemo access	0.25	5.87	5.90	NA	NA	0.04	XXX
G0365	TC	A	Vessel mapping hemo access	0.00	5.78	5.81	NA	NA	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0365	26	A	Vessel mapping hemo access	0.25	0.09	0.09	0.09	0.09	0.03	XXX
G0372		A	Md service required for pmd	0.17	0.08	0.12	0.08	0.07	0.01	XXX
G0378		X	Hospital observation per hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0379		X	Direct refer hospital observ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0389		A	Ultrasound exam aaa screen	0.58	2.45	2.68	NA	NA	0.04	XXX
G0389	TC	A	Ultrasound exam aaa screen	0.00	2.23	2.43	NA	NA	0.01	XXX
G0389	26	A	Ultrasound exam aaa screen	0.58	0.22	0.25	0.22	0.25	0.03	XXX
G0396		A	Alcohol/subs interv 15-30mn	0.65	0.32	0.28	0.27	0.23	0.04	XXX
G0397		A	Alcohol/subs interv >30 min	1.30	0.79	0.61	0.74	0.56	0.08	XXX
G0398		C	Home sleep test/type 2 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0398	TC	C	Home sleep test/type 2 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0398	26	C	Home sleep test/type 2 porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0399		C	Home sleep test/type 3 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0399	TC	C	Home sleep test/type 3 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0399	26	C	Home sleep test/type 3 porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0400		C	Home sleep test/type 4 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0400	TC	C	Home sleep test/type 4 porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0400	26	C	Home sleep test/type 4 porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0402		A	Initial preventive exam	2.43	2.19	1.80	1.15	1.15	0.12	XXX
G0403		A	Ekg for initial prevent exam	0.17	0.32	0.39	NA	NA	0.02	XXX
G0404		A	Ekg tracing for initial prev	0.00	0.25	0.31	NA	NA	0.01	XXX
G0405		A	Ekg interpret & report preve	0.17	0.07	0.08	0.07	0.06	0.01	XXX
G0406		A	Telhealth inpt consult 15min	0.76	NA	NA	0.34	0.32	0.05	XXX
G0407		A	Telheath inpt consult 25min	1.39	NA	NA	0.63	0.57	0.08	XXX
G0408		A	Telhealth inpt consult 35min	2.00	NA	NA	0.90	0.81	0.12	XXX
G0409		A	Corf related serv 15 mins ea	0.00	0.29	0.29	NA	NA	0.01	XXX
G0410		X	Grp psych partial hosp 45-50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0411		X	Inter active grp psych parti	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0412		A	Open tx iliac spine uni/bil	10.45	NA	NA	9.22	8.73	2.04	090
G0413		A	Pelvic ring fracture uni/bil	15.73	NA	NA	12.75	12.22	3.06	090

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0414		A	Pelvic ring fx treat int fix	14.65	NA	NA	12.59	12.00	2.86	090
G0415		A	Open tx post pelvic fxcture	20.93	NA	NA	16.35	15.34	4.21	090
G0416		A	Sat biopsy prostate 1-20 spc	3.09	13.96	13.96	NA	NA	0.12	XXX
G0416	TC	A	Sat biopsy prostate 1-20 spc	0.00	12.14	12.14	NA	NA	0.01	XXX
G0416	26	A	Sat biopsy prostate 1-20 spc	3.09	1.82	1.82	1.82	1.82	0.11	XXX
G0417		A	Sat biopsy prostate 21-40	5.86	27.26	27.26	NA	NA	0.25	XXX
G0417	TC	A	Sat biopsy prostate 21-40	0.00	23.71	23.71	NA	NA	0.01	XXX
G0417	26	A	Sat biopsy prostate 21-40	5.86	3.55	3.55	3.55	3.55	0.24	XXX
G0418		A	Sat biopsy prostate 41-60	10.30	46.56	46.56	NA	NA	0.42	XXX
G0418	TC	A	Sat biopsy prostate 41-60	0.00	40.50	40.50	NA	NA	0.01	XXX
G0418	26	A	Sat biopsy prostate 41-60	10.30	6.06	6.06	6.06	6.06	0.41	XXX
G0419		A	Sat biopsy prostate: >60	11.61	55.86	55.86	NA	NA	0.46	XXX
G0419	TC	A	Sat biopsy prostate: >60	0.00	48.60	48.60	NA	NA	0.01	XXX
G0419	26	A	Sat biopsy prostate: >60	11.61	7.26	7.26	7.26	7.26	0.45	XXX
G0420		A	Ed svc ckd ind per session	2.12	1.02	1.02	NA	NA	0.11	XXX
G0421		A	Ed svc ckd grp per session	0.50	0.24	0.24	NA	NA	0.03	XXX
G0422		A	Intens cardiac rehab w/exerc	1.06	0.91	0.91	0.91	0.91	0.06	XXX
G0423		A	Intens cardiac rehab no exer	1.06	0.91	0.91	0.91	0.91	0.06	XXX
G0424		A	Pulmonary rehab w exer	0.28	0.59	0.59	0.12	0.12	0.03	XXX
G0425		A	Inpt telehealth consult 30m	1.92	NA	NA	0.86	0.86	0.18	XXX
G0426		A	Inpt telehealth consult 50m	2.61	NA	NA	1.20	1.20	0.22	XXX
G0427		A	Inpt telehealth con 70/>m	3.86	NA	NA	1.77	1.77	0.29	XXX
G0428		N	Collagen meniscus implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0429		A	Dermal filler injection(s)	1.19	1.19	1.19	0.56	0.56	0.24	000
G0431		X	Drug screen multip class	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0432		X	Eia hiv-1/hiv-2 screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0433		X	Elisa hiv-1/hiv-2 screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0434		X	Drug screen multi drug class	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0435		X	Oral hiv-1/hiv-2 screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0436		A	Tobacco-use counsel 3-10 min	0.24	0.16	0.16	0.10	0.10	0.01	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G0437		A	Tobacco-use counsel>10min	0.50	0.30	0.30	0.24	0.24	0.03	XXX
G0438		A	Ppps, initial visit	2.43	2.19	2.19	NA	NA	0.12	XXX
G0439		A	Ppps, subseq visit	1.50	1.63	1.63	NA	NA	0.03	XXX
G0440		A	Skin/dermal subs init 25or<	2.22	2.71	2.71	1.01	1.01	0.27	000
G0441		A	Skin/dermal subs each additi	0.50	0.82	0.82	0.20	0.20	0.07	000
G3001		X	Admin + supply, tositumomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9001		X	Mccd, initial rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9002		X	Mccd,maintenance rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9003		X	Mccd, risk adj hi, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9004		X	Mccd, risk adj lo, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9005		X	Mccd, risk adj, maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9006		X	Mccd, home monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9007		X	Mccd, sch team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9008		X	Mccd,phys coor-care ovrsght	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9009		X	Mccd, risk adj, level 3	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9010		X	Mccd, risk adj, level 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9011		X	Mccd, risk adj, level 5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9012		X	Other specified case mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9013		N	Esrd demo bundle level i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9014		N	Esrd demo bundle-level ii	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9016		N	Demo-smoking cessation coun	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9017		X	Amantadine hcl 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9018		X	Zanamivir,inhalation pwd 10m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9019		X	Oseltamivir phosphate 75mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9020		X	Rimantadine hcl 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9033		X	Amantadine hcl oral brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9034		X	Zanamivir, inh pwdr, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9035		X	Oseltamivir phosp, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9036		X	Rimantadine hcl, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9041		A	Low vision rehab occupationa	0.69	0.28	0.28	0.28	0.28	0.04	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
G9042		A	Low vision rehab orient/mobi	0.25	0.25	0.25	0.25	0.25	0.01	XXX
G9043		A	Low vision lowvision therapi	0.25	0.25	0.25	0.25	0.25	0.01	XXX
G9044		A	Low vision rehabilate teache	0.24	0.19	0.19	0.19	0.19	0.01	XXX
G9140		X	Frontier extended stay demo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9141		X	Influenza a h1n1,admin w cou	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9142		X	Influenza a h1n1, vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9143		X	Warfarin respon genetic test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9147		N	Outpt iv insulin tx any mea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	1.07	0.99	0.08	0.09	0.01	XXX
P3001		A	Screening pap smear by phys	0.42	0.42	0.40	0.42	0.40	0.03	XXX
Q0035		A	Cardiokymography	0.17	0.31	0.35	NA	NA	0.02	XXX
Q0035	TC	A	Cardiokymography	0.00	0.25	0.29	NA	NA	0.01	XXX
Q0035	26	A	Cardiokymography	0.17	0.06	0.06	0.06	0.06	0.01	XXX
Q0091		A	Obtaining screen pap smear	0.37	0.87	0.88	0.17	0.15	0.03	XXX
Q0092		A	Set up port xray equipment	0.00	0.64	0.59	0.64	0.59	0.01	XXX
Q3001		C	Brachytherapy radioelements	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3014		X	Telehealth facility fee	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	XXX
R0075		C	Transport port x-ray multipl	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	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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2 If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

ADDENDUM C. - CODES WITH PROPOSED RVUS SUBJECT TO COMMENT FOR FOURTH FIVE-YEAR REVIEW OF WORK

CPT[1]/ HCPCS	Mod	Status	Description	Physi-cian Work RVUs[2]	Fully Imple-mented Non-Facility PE RVUs[2]	Year 2011 Transi-tional Non-Facility PE RVUs[2]	Fully Imple-mented Facility PE RVUs[2]	Year 2011 Transi-tional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
10140		A	Drainage of hematoma/fluid	1.58	2.97	2.85	1.69	1.65	0.20	010
10160		A	Puncture drainage of lesion	1.25	2.40	2.32	1.41	1.37	0.16	010
11732		A	Remove nail plate add-on	0.44	0.56	0.57	0.12	0.14	0.03	ZZZ
11765		A	Excision of nail fold toe	1.22	3.51	3.33	1.42	1.34	0.08	010
12031		A	Intmd wnd repair s/tr/ext	2.00	4.66	4.53	2.24	2.16	0.32	010
12032		A	Intmd wnd repair s/tr/ext	2.52	6.02	5.95	2.91	2.83	0.38	010
12034		A	Intmd wnd repair s/tr/ext	2.97	5.67	5.50	2.65	2.55	0.50	010
12035		A	Intmd wnd repair s/tr/ext	3.50	7.03	6.82	2.97	2.87	0.65	010
12036		A	Intmd wnd repair s/tr/ext	4.23	7.26	7.03	3.26	3.14	0.81	010
12037		A	Intmd wnd repair s/tr/ext	5.00	8.02	7.77	3.74	3.62	0.96	010
12041		A	Intmd wnd repair n-hf/genit	2.10	4.69	4.56	2.24	2.17	0.32	010
12042		A	Intmd wnd repair n-hg/genit	2.79	5.30	5.21	2.77	2.67	0.41	010
12044		A	Intmd wnd repair n-hg/genit	3.19	6.76	6.49	2.64	2.54	0.52	010
12045		A	Intmd wnd repair n-hg/genit	3.75	7.24	6.94	3.58	3.32	0.64	010
12046		A	Intmd wnd repair n-hg/genit	4.30	8.55	8.21	4.02	3.77	0.84	010
12047		A	Intmd wnd repair n-hg/genit	4.95	9.57	9.07	4.24	4.01	0.96	010
12051		A	Intmd wnd repair face/mm	2.33	4.94	4.85	2.44	2.38	0.36	010
12052		A	Intmd wnd repair face/mm	2.87	5.38	5.35	2.79	2.78	0.42	010
12053		A	Intmd wnd repair face/mm	3.17	6.48	6.28	2.80	2.70	0.50	010
12054		A	Intmd wnd repair face/mm	3.50	6.71	6.48	2.71	2.62	0.59	010
12055		A	Intmd wnd repair face/mm	4.50	8.49	8.02	3.62	3.34	0.73	010
12056		A	Intmd wnd repair face/mm	5.30	10.36	9.70	5.38	4.85	0.67	010
12057		A	Intmd wnd repair face/mm	6.00	12.09	11.21	5.38	5.00	0.76	010
13100		A	Repair of wound or lesion	3.17	5.53	5.45	3.27	3.20	0.50	010
13101		A	Repair of wound or lesion	3.96	7.13	7.01	3.88	3.79	0.61	010
15120		A	Skn splt a-grft fac/nck/hf/g	10.15	13.51	13.44	9.09	9.07	1.76	090
15121		A	Skn splt a-grft f/n/hf/g add	2.00	3.76	3.90	1.58	1.60	0.37	ZZZ
15260		A	Skin full graft een & lips	11.64	16.71	16.21	12.42	12.08	1.77	090
15732		A	Muscle-skin graft head/neck	16.38	19.29	19.11	14.67	14.45	2.91	090
17250		A	Chemical cautery tissue	0.50	1.74	1.68	0.51	0.49	0.07	000
17260		A	Destruction of skin lesions	0.96	1.69	1.67	0.99	0.95	0.12	010
17261		A	Destruction of skin lesions	1.22	2.84	2.80	1.34	1.31	0.18	010
17262		A	Destruction of skin lesions	1.63	3.30	3.24	1.62	1.58	0.23	010
17263		A	Destruction of skin lesions	1.84	3.53	3.48	1.75	1.71	0.26	010
17264		A	Destruction of skin lesions	1.99	3.76	3.70	1.83	1.78	0.29	010
17266		A	Destruction of skin lesions	2.39	4.09	4.03	2.06	2.00	0.34	010
17270		A	Destruction of skin lesions	1.37	2.87	2.81	1.41	1.37	0.20	010

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2]	Fully Implemented Non-Facility PE RVUs[2]	Year 2011 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2011 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
17271		A	Destruction of skin lesions	1.54	3.06	3.01	1.56	1.52	0.23	010
17272		A	Destruction of skin lesions	1.82	3.41	3.37	1.75	1.71	0.26	010
17273		A	Destruction of skin lesions	2.10	3.73	3.67	1.92	1.87	0.30	010
17274		A	Destruction of skin lesions	2.64	4.20	4.14	2.24	2.19	0.37	010
17276		A	Destruction of skin lesions	3.25	4.63	4.55	2.58	2.51	0.48	010
17280		A	Destruction of skin lesions	1.22	2.75	2.70	1.32	1.28	0.18	010
17281		A	Destruction of skin lesions	1.77	3.23	3.17	1.71	1.67	0.26	010
17282		A	Destruction of skin lesions	2.09	3.64	3.59	1.92	1.88	0.30	010
17283		A	Destruction of skin lesions	2.69	4.14	4.09	2.30	2.25	0.38	010
17284		A	Destruction of skin lesions	3.20	4.57	4.53	2.60	2.55	0.44	010
17286		A	Destruction of skin lesions	4.48	5.50	5.39	3.35	3.28	0.67	010
19302		A	P-mastectomy w/ln removal	13.87	NA	NA	9.40	8.93	2.95	090
22520		A	Percut vertebroplasty thor	9.22	55.61	55.64	4.57	4.75	1.06	010
22521		A	Percut vertebroplasty lumb	8.01	55.13	55.03	4.24	4.45	0.94	010
22522		A	Percut vertebroplasty addl	4.30	NA	NA	1.75	1.81	0.54	ZZZ
22523		A	Percut kyphoplasty thor	8.62	NA	NA	5.60	5.72	1.69	010
22524		A	Percut kyphoplasty lumbar	8.22	NA	NA	5.44	5.55	1.61	010
22525		A	Percut kyphoplasty add-on	4.47	NA	NA	2.17	2.19	0.95	ZZZ
25600		A	Treat fracture radius/ulna	2.64	6.27	5.82	5.76	5.24	0.49	090
25605		A	Treat fracture radius/ulna	6.00	8.67	8.57	7.73	7.64	1.15	090
27385		A	Repair of thigh muscle	6.93	NA	NA	8.72	8.54	1.36	090
27530		A	Treat knee fracture	2.65	5.74	5.77	5.10	5.10	0.51	090
27792		A	Treatment of ankle fracture	8.75	NA	NA	8.97	8.79	1.66	090
28002		A	Treatment of foot infection	4.00	6.94	7.03	3.19	3.47	0.45	010
28003		A	Treatment of foot infection	9.06	10.94	10.37	6.70	6.43	1.06	090
28120		A	Part removal of ankle/heel	7.31	11.86	11.19	6.46	6.05	1.01	090
28122		A	Partial removal of foot bone	6.76	10.37	10.13	5.58	5.63	0.72	090
28285		A	Repair of hammertoe	4.76	9.32	8.80	4.63	4.46	0.45	090
28715		A	Fusion of foot bones	13.42	NA	NA	12.12	11.74	2.28	090
28820		A	Amputation of toe	5.82	10.40	10.02	5.24	4.99	0.85	090
28825		A	Partial amputation of toe	5.37	10.28	9.99	5.08	4.98	0.75	090
29125		A	Apply forearm splint	0.50	1.31	1.27	0.58	0.56	0.08	000
29126		A	Apply forearm splint	0.68	1.49	1.42	0.65	0.63	0.10	000
29405		A	Apply short leg cast	0.80	1.50	1.47	0.86	0.84	0.11	000
29425		A	Apply short leg cast	0.80	1.41	1.42	0.77	0.78	0.10	000
29515		A	Application lower leg splint	0.73	1.25	1.21	0.62	0.60	0.10	000
32405		A	Biopsy lung or mediastinum	1.93	0.66	0.71	0.66	0.71	0.18	000
32851		A	Lung transplant single	59.64	NA	NA	25.28	25.80	14.05	090
32852		A	Lung transplant with bypass	65.50	NA	NA	27.10	28.13	15.35	090
32853		A	Lung transplant double	84.48	NA	NA	33.67	32.99	20.00	090

CPT[1]/ HCPCS	Mod	Status	Description	Physi-cian Work RVUs[2]	Fully Imple-mented Non-Facility PE RVUs[2]	Year 2011 Transi-tional Non-Facility PE RVUs[2]	Fully Imple-mented Facility PE RVUs[2]	Year 2011 Transi-tional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
32854		A	Lung transplant with bypass	90.00	NA	NA	35.65	35.47	21.21	090
33030		A	Partial removal of heart sac	36.00	NA	NA	16.13	14.94	8.55	090
33031		A	Partial removal of heart sac	45.00	NA	NA	19.22	17.47	10.83	090
33120		A	Removal of heart lesion	38.45	NA	NA	15.81	15.24	9.20	090
33315		A	Exploratory heart surgery	35.00	NA	NA	14.60	14.24	8.41	090
33411		A	Replacement of aortic valve	62.07	NA	NA	24.85	25.09	14.93	090
33412		A	Replacement of aortic valve	59.00	NA	NA	22.90	22.61	14.77	090
33468		A	Revision of tricuspid valve	45.13	NA	NA	18.15	17.91	11.30	090
33645		A	Revision of heart veins	31.30	NA	NA	13.46	13.55	7.82	090
33647		A	Repair heart septum defects	33.00	NA	NA	14.07	14.49	8.25	090
33692		A	Repair of heart defects	36.15	NA	NA	16.58	16.19	2.56	090
33710		A	Repair of heart defects	37.50	NA	NA	15.48	16.44	8.78	090
33875		A	Thoracic aortic graft	50.72	NA	NA	22.33	20.86	12.12	090
33910		A	Remove lung artery emboli	48.21	NA	NA	20.26	18.80	12.04	090
33916		A	Surgery of great vessel	78.00	NA	NA	29.74	26.33	19.49	090
33935		R	Transplantation heart/lung	91.78	NA	NA	36.50	34.78	22.94	090
33975		A	Implant ventricular device	25.00	NA	NA	8.47	8.38	5.95	XXX
33976		A	Implant ventricular device	30.75	NA	NA	10.16	10.00	7.68	XXX
33977		A	Remove ventricular device	20.86	NA	NA	8.16	9.14	4.96	XXX
33978		A	Remove ventricular device	25.00	NA	NA	9.60	10.36	6.26	XXX
33979		A	Insert intracorporeal device	37.50	NA	NA	12.55	13.82	8.98	XXX
33980		A	Remove intracorporeal device	33.50	NA	NA	12.48	16.96	8.08	XXX
33981		A	Replace vad pump ext	16.11	NA	NA	6.56	6.56	4.02	XXX
33982		A	Replace vad intra w/o bp	37.86	NA	NA	15.43	15.43	9.07	XXX
33983		A	Replace vad intra w/bp	44.54	NA	NA	18.15	18.15	10.67	XXX
35188		A	Repair blood vessel lesion	18.00	NA	NA	6.46	6.82	3.85	090
35612		A	Artery bypass graft	20.35	NA	NA	7.50	7.72	4.84	090
35800		A	Explore neck vessels	12.00	NA	NA	7.27	6.71	2.53	090
35840		A	Explore abdominal vessels	20.75	NA	NA	10.33	9.24	4.45	090
35860		A	Explore limb vessels	15.25	NA	NA	7.42	6.64	3.48	090
36200		A	Place catheter in aorta	3.02	12.93	13.90	0.98	1.05	0.60	000
36246		A	Place catheter in artery	5.27	22.83	25.31	1.78	1.94	0.98	000
36247		A	Place catheter in artery	6.29	41.60	44.68	2.11	2.30	1.18	000
36470		A	Injection therapy of vein	1.10	3.24	3.15	1.25	1.13	0.22	010
36471		A	Injection therapy of veins	1.65	3.18	3.18	1.04	1.03	0.33	010
36600		A	Withdrawal of arterial blood	0.32	0.55	0.55	0.11	0.10	0.03	XXX
36819		A	Av fuse uppr arm basilic	13.29	NA	NA	6.49	6.53	2.98	090
36821		A	Av fusion direct any site	12.11	NA	NA	6.62	6.43	2.71	090
36825		A	Artery-vein autograft	14.17	NA	NA	7.24	6.78	3.17	090
37140		A	Revision of circulation	40.00	NA	NA	19.84	17.69	8.53	090

CPT[1]/ HCPCS	Mod	Status	Description	Physi-cian Work RVUs[2]	Fully Imple-mented Non-Facility PE RVUs[2]	Year 2011 Transi-tional Non-Facility PE RVUs[2]	Fully Imple-mented Facility PE RVUs[2]	Year 2011 Transi-tional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
37145		A	Revision of circulation	37.00	NA	NA	18.52	17.00	8.07	090
37160		A	Revision of circulation	38.00	NA	NA	19.03	16.85	8.13	090
37180		A	Revision of circulation	36.50	NA	NA	18.38	16.57	7.80	090
37181		A	Splice spleen/kidney veins	40.00	NA	NA	19.84	17.93	8.52	090
42415		A	Excise parotid gland/lesion	17.16	NA	NA	12.66	12.31	2.29	090
42420		A	Excise parotid gland/lesion	19.53	NA	NA	13.96	13.62	2.63	090
43262		A	Endo cholangiopancreatograph	7.38	NA	NA	4.25	4.25	1.09	000
43415		A	Repair esophagus wound	44.88	NA	NA	22.14	20.23	10.25	090
45331		A	Sigmoidoscopy and biopsy	1.15	3.59	3.63	0.94	0.93	0.18	000
47563		A	Laparo cholecystectomy/graph	11.47	NA	NA	7.20	6.95	2.43	090
47564		A	Laparo cholecystectomy/explr	18.00	NA	NA	11.01	9.95	3.84	090
49507		A	Prp i/hern init block >5 yr	9.09	NA	NA	6.27	6.05	1.92	090
49521		A	Rerepair ing hernia blocked	11.48	NA	NA	7.22	6.95	2.41	090
49587		A	Rpr umbil hern block > 5 yr	7.08	NA	NA	5.45	5.25	1.49	090
49652		A	Lap vent/abd hernia repair	11.92	NA	NA	7.52	7.25	0.83	090
49653		A	Lap vent/abd hern proc comp	14.94	NA	NA	9.31	8.97	1.07	090
49654		A	Lap inc hernia repair	13.76	NA	NA	8.30	8.01	0.97	090
49655		A	Lap inc hern repair comp	16.84	NA	NA	10.06	9.68	1.19	090
51705		A	Change of bladder tube	0.90	1.59	1.59	0.51	0.51	0.09	000
51710		A	Change of bladder tube	1.35	1.21	1.21	0.83	0.83	0.12	000
52005		A	Cystoscopy & ureter catheter	2.37	5.14	5.54	1.23	1.31	0.24	000
52007		A	Cystoscopy and biopsy	3.02	9.47	10.69	1.46	1.57	0.30	000
52310		A	Cystoscopy and treatment	2.81	3.78	4.08	1.29	1.38	0.29	000
52315		A	Cystoscopy and treatment	5.20	5.98	6.62	2.22	2.39	0.50	000
52630		A	Remove prostate regrowth	6.55	NA	NA	4.32	4.57	0.64	090
52640		A	Relieve bladder contracture	4.79	NA	NA	3.80	3.89	0.45	090
52649		A	Prostate laser enucleation	14.56	NA	NA	7.50	8.55	1.41	090
53440		A	Male sling procedure	13.36	NA	NA	7.02	7.86	1.31	090
57287		A	Revise/remove sling repair	11.15	NA	NA	7.21	7.38	1.47	090
57288		A	Repair bladder defect	12.13	NA	NA	7.11	7.23	1.59	090
60220		A	Partial removal of thyroid	11.19	NA	NA	8.04	7.80	1.94	090
60240		A	Removal of thyroid	15.04	NA	NA	9.66	9.30	2.74	090
60500		A	Explore parathyroid glands	15.60	NA	NA	10.06	9.68	3.01	090
62284		A	Injection for myelogram	1.54	3.93	4.15	0.77	0.80	0.18	000
63655		A	Implant neuroelectrodes	10.92	NA	NA	10.35	10.00	3.42	090
64405		A	N block inj occipital	0.94	1.76	1.68	0.70	0.67	0.19	000
69220		A	Clean out mastoid cavity	0.83	3.27	3.19	0.95	0.92	0.10	000
78264		A	Gastric emptying study	0.80	7.60	7.61	NA	NA	0.07	XXX
78264	TC	A	Gastric emptying study	0.00	7.34	7.33	NA	NA	0.03	XXX
78264	26	A	Gastric emptying study	0.80	0.26	0.28	0.26	0.28	0.04	XXX

CPT[1]/ HCPCS	Mod	Status	Description	Physi-cian Work RVUs[2]	Fully Imple-mented Non-Facility PE RVUs[2]	Year 2011 Transi-tional Non-Facility PE RVUs[2]	Fully Imple-mented Facility PE RVUs[2]	Year 2011 Transi-tional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
92511		A	Nasopharyngoscopy	0.61	3.50	3.55	0.81	0.81	0.03	000
92950		A	Heart/lung resuscitation cpr	4.00	4.39	4.31	1.08	1.06	0.32	000
93321		A	Doppler echo exam heart	0.15	0.52	0.61	NA	NA	0.02	ZZZ
93321	TC	A	Doppler echo exam heart	0.00	0.47	0.55	NA	NA	0.01	ZZZ
93321	26	A	Doppler echo exam heart	0.15	0.05	0.06	0.05	0.06	0.01	ZZZ
94660		A	Pos airway pressure cpap	0.76	0.98	0.96	0.28	0.27	0.05	XXX
98925		A	Osteopathic manipulation	0.46	0.43	0.41	0.20	0.18	0.03	000
98926		A	Osteopathic manipulation	0.71	0.57	0.54	0.29	0.27	0.03	000
98927		A	Osteopathic manipulation	0.96	0.71	0.67	0.36	0.35	0.04	000
98928		A	Osteopathic manipulation	1.21	0.82	0.78	0.45	0.43	0.06	000
98929		A	Osteopathic manipulation	1.46	1.00	0.93	0.54	0.51	0.09	000
99218		A	Initial observation caree	1.28	NA	NA	0.54	0.52	0.08	XXX
99219		A	Initial observation care	2.14	NA	NA	0.92	0.88	0.14	XXX
99220		A	Initial observation care	2.99	NA	NA	1.26	1.21	0.20	XXX
99234		A	Observ/hosp same date	1.92	NA	NA	0.81	0.86	0.17	XXX
99235		A	Observ/hosp same date	2.78	NA	NA	1.19	1.20	0.19	XXX
99236		A	Observ/hosp same date	3.63	NA	NA	1.52	1.52	0.25	XXX
99315		A	Nursing fac discharge day	1.28	0.74	0.68	0.74	0.68	0.08	XXX
99316		A	Nursing fac discharge day	1.90	1.01	0.92	1.01	0.92	0.10	XXX
99460		A	Init nb em per day hosp	1.92	NA	NA	0.84	0.73	0.08	XXX
99462		A	Sbsq nb em per day hosp	0.84	NA	NA	0.37	0.33	0.05	XXX
99463		A	Same day nb discharge	2.13	NA	NA	1.09	0.98	0.11	XXX

[1] CPT codes and descriptors only are copyright 2011 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

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Part III

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 434, 438, and 447

Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 434, 438, and 447

[CMS–2400–F]

RIN 0938–AQ34

Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.

SUMMARY: This final rule will implement section 2702 of the Patient Protection and Affordable Care Act which directs the Secretary of Health and Human Services to issue Medicaid regulations effective as of July 1, 2011 prohibiting Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for health care-acquired conditions specified in the regulation. It will also authorize States to identify other provider-preventable conditions for which Medicaid payment will be prohibited.

DATES: These regulations are effective on July 1, 2011.

FOR FURTHER INFORMATION CONTACT: Venesa Day, (410) 786–8281, or Marsha Lillie-Blanton, (410) 786–8856.

SUPPLEMENTARY INFORMATION:

Acronyms

To assist the reader, the following list of the acronyms are used in this final rule:

AHRQ Agency for Healthcare Research and Quality
BPM Benefit Policy Manual
CABG Coronary artery bypass graft
CBO Congressional Budget Office
CDC Centers for Disease Control and Prevention
DVT Deep vein thrombosis
ESRD End-stage renal disease
DRA Deficit Reduction Act of 2005 (Pub. L. 109–171, enacted on February 8, 2006)
FFP Federal financial participation
FY Fiscal year
HAC Hospital-acquired condition
HCAC Health care-acquired condition
ICR Information collection requirement
IH Inpatient Hospital
IPPS Inpatient prospective payment system
MS–DRG Diagnosis-related group
NCA National coverage analysis
NDC National coverage determination
NQF National Quality Forum
OACT [CMS] Office of the Actuary
OIG Office of Inspector General
OMB Office of Management and Budget
OPPC Other provider-preventable condition
PE Pulmonary embolism
POA Present on admission
PPC Provider-preventable condition
PRA Paperwork Reduction Act
RFA Regulatory Flexibility Act (September 19, 1980, Pub. L. 96–354)
RIA Regulatory impact analysis
SMDL State Medicaid Director Letter
SPA State plan amendment
UMRA Unfunded Mandates Reform Act of 1995 (Pub. L. 104–04, enacted on March 22, 1995)
UTI Urinary tract infection

I. Background

Title XIX of the Social Security Act (the Act) authorizes Federal grants to the States for Medicaid programs to provide medical assistance to persons with limited income and resources. While Medicaid programs are administered by the States, they are jointly financed by the Federal and State governments. Each State establishes its own eligibility standards, benefits packages, payment rates, and program administration for Medicaid in accordance with Federal statutory and regulatory requirements. Operating within broad Federal parameters, States select eligibility groups, types, and range of services, payment levels for services, and administrative and operating procedures. Each State Medicaid program must be described and administered in accordance with a Federally-approved "State plan." This comprehensive document describes the nature and scope of the State's Medicaid program, and provides assurances that it will be administered in conformity with all Federal requirements.

The Federal government pays its share of medical assistance expenditures to the State on a quarterly basis according to a formula described in sections 1903 and 1905(b) of the Act. Specifically, section 1903 of the Act requires that the Secretary (except as otherwise provided) pay to each State which has a plan approved under title XIX, for each quarter, an amount equal to the Federal medical assistance percentage of the total amount expended during such quarter as medical assistance under the State plan.

Among the statutory requirements for Medicaid State plans, section 1902(a)(4) of the Act requires that State plans provide for methods of administration as are found to be necessary by the Secretary for the proper and efficient operation of the plan. Section 1902(a)(6) of the Act requires that a State plan for medical assistance provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from time-to-time require, and comply with such provisions as the Secretary may from time-to-time find necessary to assure the correctness and verification of such reports. In addition, section 1902(a)(19) of the Act requires that a State plan for medical assistance provide such safeguards as may be necessary to assure that eligibility for care and services under the plan will be determined, and such care and services will be provided, in a manner consistent with simplicity of administration and the best interests of the recipients.

A. The Medicare Program and Quality Improvements Made in the Deficit Reduction Act of 2005 (DRA) (Pub. L. 109–171)

Title XVIII of the Act provides authority for the Secretary to operate the Medicare program, which provides payment for certain medical expenses for persons 65 years of age or older, certain disabled individuals, and persons with end-stage renal disease (ESRD). Medicare benefits include inpatient care, a wide range of medical services, and outpatient prescription drugs.

The Medicare statute authorizes the Secretary, in the course of operating the Medicare program, to develop, implement, and monitor quality measures, as well as take other actions, to ensure the quality of the care and services received by Medicare beneficiaries.

Payment under the Medicare program for inpatient hospital services is generally based on the "inpatient prospective payment system" (IPPS) described in section 1886(d) of the Act. Hospitals receive a payment for each inpatient discharge based in part on diagnosis codes that identify a "diagnosis-related group" (MS–DRG). Assignment of an MS–DRG can take into account the presence of secondary diagnoses, and payment levels are also adjusted to account for a number of hospital-specific factors.

Section 5001(a) of the Deficit Reduction Act of 2005 (Pub. L. 109–171, enacted on February 8, 2006) (DRA) amended section 1886(b)(3)(B) of the Act to expand the set of hospital quality measures collected by Medicare. In particular, this provision directed the Secretary to start collecting baseline measures set forth by the Institute of Medicine in its November 2005 report. In FY 2008 and subsequent years, the Secretary was required to add other measures that reflect consensus among affected parties. The provision also allowed the Secretary to replace and update existing quality measures. The statute mandates that the Secretary establish a process for hospitals to review data that will be made public

and, after that process is complete, requires the Secretary to post measures on the Hospital Compare Internet Web site.

Section 5001(c) of the DRA amended section 1886(d)(4) of the Act to adjust payment to hospitals for certain preventable hospital-acquired conditions (HACs) identified by the Secretary. Specifically, under section 1886(d)(4)(D)(iv) of the Act, the Secretary is required to select codes associated with at least two conditions to be identified as HACs. These conditions are required to have the following characteristics: (a) High cost or high volume or both; (b) result in the assignment of a case to a MS–DRG that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. Section 5001(c) of the DRA provides for revision of the list of conditions from time to time, as long as it contains at least two conditions.

B. Previously Specified Medicare HACs

Under the provisions of section 1886(d)(4)(D)(ii) of the Act, when a HAC is not present on admission (POA), but is reported as a secondary diagnosis associated with the hospitalization, the Medicare payment under IPPS to the hospital may be reduced to reflect that the condition was hospital-acquired. More specifically, the hospital discharge cannot be assigned to a higher paying MS–DRG if the secondary diagnosis associated with the HAC was the only reason for this assignment.

Since October 1, 2007, hospitals subject to the IPPS have been required to submit information on Medicare claims specifying whether diagnoses were POA. The POA indicator reporting requirement and the HAC payment provision apply to IPPS hospitals only. This requirement does not apply to hospitals exempt from the IPPS.

The following is a list of the Medicare HACs for FY 2011 (75 FR 50084 through 50085):

- Foreign Object Retained After Surgery.
- Air Embolism.
- Blood Incompatibility.
- Stage III and IV Pressure Ulcers.
- Falls and Trauma.
  + Fractures.
  + Dislocations.
  + Intracranial Injuries.
  + Crushing Injuries.
  + Burns.
  + Electric Shock.
- Manifestations of Poor Glycemic Control.
  + Diabetic Ketoacidosis.
  + Nonketotic Hyperosmolar Coma.
  + Hypoglycemic Coma.
  + Secondary Diabetes with Ketoacidosis.
  + Secondary Diabetes with Hyperosmolarity.
- Catheter-Associated Urinary Tract Infection (UTI).
- Vascular Catheter-Associated Infection.
- Surgical Site Infection Following:
  + Coronary Artery Bypass Graft (CABG)—Mediastinitis.
  + Bariatric Surgery.
  —Laparoscopic Gastric Bypass.
  —Gastroenterostomy.
  —Laparoscopic Gastric Restrictive Surgery.
  + Orthopedic Procedures.
  —Spine.
  —Neck.
  —Shoulder.
  —Elbow.
- Deep Vein Thrombosis (DVT)/ Pulmonary Embolism (PE).
  + Total Knee Replacement.
  + Hip Replacement.

The Secretary may revise this list upon review and does so through notice and comment rulemaking.

C. Previously Specified Medicare National Coverage Determinations (NCD)

In 2002, the National Quality Forum (NQF) published "Serious Reportable Events in Healthcare: A Consensus Report", which listed 27 adverse events that were "serious, largely preventable and of concern to both the public and health care providers." These events and subsequent revisions to the list became known as "never events." This concept and need for the proposed reporting led to NQF's "Consensus Standards Maintenance Committee on Serious Reportable Events," which maintains and updates the list which currently contains 29 items.

The Medicare program has addressed certain "never events" through national coverage determinations (NCDs). Similar to any other patient population, Medicare beneficiaries may experience serious injury and/or death if they undergo erroneous surgical or other invasive procedures and may require additional healthcare to correct adverse outcomes that may result from such errors. To address and reduce the occurrence of these surgeries, CMS issued three NCDs. Under these NCDs, CMS does not cover a particular surgical or other invasive procedure to treat a particular medical condition when the practitioner erroneously performs: (1) A different procedure altogether; (2) the correct procedure but on the wrong body part; or (3) the correct procedure but on the wrong patient. Medicare will also not cover hospitalizations and other services related to these non-covered procedures.

D. Prior Guidance on Medicaid HACs and NCDs in Response to Medicare's Policy

Section 5001(c) of the DRA addressed only payment under the Medicare IPPS and did not require that Medicaid implement nonpayment policies for HACs. However, in light of the Medicare requirements, we encouraged States to adopt payment prohibitions on provider claims for HACs to coordinate with the Medicare prohibitions under section 1886(d)(4)(D) of the Act. To accomplish this task, we issued State Medicaid Director Letter (SMDL) #08–004 on July 31, 2008. In the July 31, 2008 SMDL, we noted that there was variation in how State Medicaid programs had addressed such claims in the past. The letter noted that nearly 20 States already had, or were considering, eliminating payment for some or all of the 28 conditions on the NQF's list of Serious Reported Events. Other States had more limited efforts to deny payment for services related to such conditions because the services were "medically unnecessary" in light of the primary diagnosis.

Recognizing this variation and addressing the immediate concern of the States over Federal cost-shifting that could result from the Medicare HAC policy as applied to those who are dually-eligible for Medicare and Medicaid, we took a flexible position in the July 31, 2008 SMDL guidance on State Medicaid handling of the issue. The SMDL indicated that States seeking to implement HAC nonpayment policies could do so by amending their Medicaid State plans to specify the extent to which they would deny payment for an HAC. Those interested only in avoiding secondary liability for Federal Medicare denials of HACs and NCDs in the case of dual-eligibles could do so by amending their State Plan to indicate that payment would not be available for HACs and the procedures described in the three NCDs that are not paid by Medicare. States that wanted broader payment prohibitions could indicate that payment would not be available for conditions specified in the State plan amendment (SPA), or that meet criteria identified in the SPA.

E. Section 2702 of the Affordable Care Act

Section 2702 of the Affordable Care Act requires that the Secretary implement Medicaid payment adjustments for health care-acquired conditions (HCACs). Section 2702 of the

Affordable Care Act did not grant the Secretary new authorities, indicating that existing statutory authorities are sufficient to fulfill the obligation. Section 2702(a) of the Affordable Care Act sets out a general framework for application of Medicare prohibitions on payment for HCACs to the Medicaid program. Section 2702(a) of the Affordable Care Act first directs the Secretary to identify current State practices that prohibit payment for HCACs and to incorporate the practices identified, or elements of such practices, which the Secretary determines appropriate for application to the Medicaid program in regulations. Section 2702(a) of the Affordable Care Act then requires that, effective as of July 1, 2011, the Secretary prohibit payments to States under section 1903 of the Act for any amounts expended for providing medical assistance for HCACs specified in regulations. Such regulations must ensure that the prohibition on payment for HCACs shall not result in a loss of access to care or services for Medicaid beneficiaries.

Section 2702(b) of the Affordable Care Act defines the term "health care-acquired condition" as "a medical condition for which an individual was diagnosed that could be identified by a secondary diagnostic code described in section 1886(d)(4)(D)(iv) of the Act."

Section 2702(c) of the Affordable Care Act specifically requires that the Secretary, in carrying out section 2702 of the Affordable Care Act, apply the regulations issued under section 1886(d)(4)(D) of the Act relating to the prohibition of payments based on the presence of a secondary diagnosis code specified by the Secretary in such regulations, as appropriate for the Medicaid program. The Secretary may exclude certain conditions identified under title XVIII of the Act for nonpayment under title XIX of the Act when the Secretary finds the inclusion of such conditions to be inapplicable to beneficiaries under title XIX of the Act.

We believe, and confirmed through public comment, that incorporating Medicare's HACs in Medicaid's policy is inherently complex because of population differences across programs. We fully understand that the HACs developed for Medicare's population will not directly apply to various subsets of Medicaid's population. While we have established Medicare as a baseline, we understand that States will, through their payment policies, appropriately address these differences.

F. Requirement To Review Existing State Practices Prohibiting Nonpayment Policies for HCACs

Section 2702 of the Affordable Care Act requires that the Secretary identify current State practices that prohibit payment for HCACs and incorporate those practices, as appropriate, into Medicaid regulations.

To fulfill the statutory direction, we reviewed existing SPAs originally submitted in response to the July 31, 2008 SMDL (#08–004). We also researched State HCAC-related nonpayment policies that had been implemented outside of Medicaid State plans. We reviewed State quality assurance programs, pay-for-performance programs, reporting requirements and procedures, and payment systems.

We reviewed various articles, reports, summaries, and data bases pertaining to States' existing practices concerning hospital and HCACs and infections. For a list of the items considered, see the February 17, 2011 proposed rule (76 FR 9283, 9286 through 9287).

We discussed internally within CMS, as well as with interagency partners at the Agency for Healthcare Research and Quality (AHRQ) and the CDC to ensure that the proposed regulations were consistent with other regulations, policies, and procedures currently in existence surrounding this issue. We also met with them to gain information on areas where we could mirror existing processes to eliminate undue burdens on States or providers.

We issued a State survey to capture data from all related payment policies regardless of whether they were implemented as a result of the July 31, 2008 SMDL or whether such practices are currently detailed in the State plan. We have received helpful information from a few States through the survey and have reviewed other information that has been helpful in explaining current State processes for making payment adjustments for HCACs. Subsequent to the publication of the survey, we held all-State calls where we answered questions in response to the survey, had States with existing policies talk about their experiences, and listened to discussion regarding the implementation of the HCAC policy.

We met with nongovernmental partners including the NQF, the National Academy for State Health Policy, the National Association of Children's Hospitals, the Joint Commission, and State Medicaid Medical Directors. Most of these organizations are primarily focused on State program development and/or quality issues. We reached out to them to ensure that the proposed policies were consistent with current industry understanding of both State payment and quality improvement goals. In our discussions with these organizations, we were able to discuss State experiences on a broad, national level that had been gained from working with States. During these meetings, we discussed a number of issues related to the proposed rule and State concerns in implementing this provision. For instance, it was clear from many of our discussions that States hoped to be able to look to this provision to provide additional definition regarding the types of conditions to identify for nonpayment, as well as to provide some support in working with provider communities to which these policies would be applied.

G. Current State Practices Prohibiting Payment for HACs, HCACs, and Other Similar Events

We found that 29 States do not have existing HCAC-related nonpayment policies. Most of the 21 States that currently have HCAC-related nonpayment policies identify at least Medicare's HACs for nonpayment in hospitals. However, it is important to note that at least half of the existing policies we reviewed exceeded Medicare's current HAC requirements and policies, either in the conditions identified, the systems used to indicate the conditions, or the settings to which the nonpayment policies applied. These policies vary tremendously from State to State in the authority used to enact the policies, the terminology used, the conditions identified, State's utilization of the current Medicare HAC list, the service settings to which nonpayment policies are applied, reporting requirements, and the claims processing of the nonpayment policies.

All of the States with HCAC-related nonpayment policies have implemented provisions that would protect the State from dual-eligible liability either by directly prohibiting payment for Medicare crossover claims or by relying on existing State plan authority to deny payment for claims previously denied by Medicare.

We found that 17 of the States implemented Medicaid specific policies that reduce payment for services provided to Medicaid beneficiaries. Most of the States implementing Medicaid specific policies identify at least Medicare's current list of HACs, and nearly half of those States defined a list that was different from Medicare's current list of HACs for nonpayment.

Similar variation exists in States' plan language identifying Medicare's NCD for nonpayment ranging from mirroring Medicare to completely breaking from Medicare. We do note, however, that the nature of the NQF serious reportable events, like surgery on the wrong body part, proper surgery wrong patient, and wrong surgery, is so severe that States were likely to have relied on State coverage provisions and appropriate care requirements to deny payment for these events.

We also found that States use different general terminology for HCAC-related nonpayment policies even though many of the conditions identified overlap, are from the same sources, and do not generally vary in medical definition from one list to the other. For example, 3 States identify "air embolism" as a condition for nonpayment under its plans with the condition understood to be consistently defined for medical purposes. However, one State includes air embolisms on its list of "HACs"; another includes the same condition as a "Serious Adverse Event"; and the third includes it on a list of "Medical Errors."

We also found that at least 7 of the States with HCAC-related nonpayment policies apply those policies to settings other than the inpatient hospital setting required by Medicare, including both physicians and ambulatory surgical centers.

Variation across States is not surprising given the States have been permitted broad flexibility in defining their HCAC policies and programs. However, we attribute some of the variety on this issue to the wealth of information and evidence-based guidelines available to States, either through their own experiences and resources or through industry researched and developed resources related to health system quality. Data gathered on the conditions identified, reporting strategies, and implementation guidelines indicate that States have relied heavily on existing health system quality improvement research to define requirements while tailoring policies appropriate to their own systems. In addition, our research indicates that States' HCAC-related nonpayment policies are mainly intended to drive broader health system agendas to promote quality outcomes. We believe the use of evidence-based measures and the push for health system quality are an appropriate foundation for the proposed regulation. We proposed to implement Medicaid HCAC regulations that would provide some consistency across health care payers (Medicare and Medicaid). At the same time, we also proposed to accommodate State flexibility to design individual HCAC policies for nonpayment, quality-related programs suitable for their own Medicaid program and health marketplace to the extent such policies go beyond Federally-established minimum standards. The July 31, 2008 SMDL (#08–004) instructed States to submit SPAs to enact nonpayment provisions. Thirteen States submitted SPAs to include PPC related nonpayment provisions in their Medicaid State plans. Other States that implemented these policies through some other authority like State law or administrative procedures will be required to submit new SPAs for review and work with CMS to ensure their policies, effective July 1, 2011, are in line with the final provisions of this rule.

H. Provider Preventable Conditions

The final rule includes the umbrella term, "Provider-Preventable Conditions (PPC)" which is defined as two distinct categories, Health Care-Acquired Conditions (HCAC) and Other Provider-Preventable Conditions (OPPC).

Health Care Acquired Conditions:

- Apply to Medicaid inpatient hospital settings; and
- Are defined as the full list of Medicare's HAC, with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee replacement or hip replacement in pediatric and obstetric patients, as the minimum requirements for States' PPC non-payment programs.

Other Provider-Preventable Conditions include the following:

- Apply broadly to Medicaid inpatient and outpatient health care settings where these events may occur;
- Are defined to include at a minimum, the three Medicare National Coverage Determinations (surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery);
- Would allow States to expand to settings other than IH with CMS approval by nature of identifying events that occur in other settings; and
- Would allow States to expand the conditions identified for non-payment with CMS approval, based on criteria set forth in the regulation.

The final rule requires that States revise Medicaid plans to comply with this provision and mandates that States implement provider self reporting through claims systems. The final rule protects beneficiary access to care by eliminating States' ability to unduly impact providers for the occurrence of conditions identified. The final rule requires that:

- No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.
- Reductions in provider payment may be limited to the extent that the identified provider-preventable conditions would otherwise result in an increase in payment; and the State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider-preventable conditions.

While the Statutory effective date is July 1, 2011, CMS intends to delay compliance action on these provisions until July 1, 2012.

We proposed to exercise our authority under sections 1902(a)(4), 1902(a)(19), and 1902(a)(30)(A) of the Act to provide for identification of provider preventable conditions (PPCs) as an umbrella term for hospital and nonhospital acquired conditions identified by the State for nonpayment to ensure the high quality of Medicaid services. These statutory provisions authorize requirements that States use methods and procedures determined by the Secretary to be necessary for the proper and efficient administration of the State plan, to provide care and services in the best interests of beneficiaries, and to provide for payment that is consistent with quality of care, efficiency, and economy.

With the introduction of this term, we proposed to include two categories of PPCs—HCACs and other provider-preventable conditions (OPPCs). HCACs would apply as required under the statute. OPPCs would be applicable to other conditions that States identify and have approved through their Medicaid State plans.

The inclusion of the new terms, PPCs and OPPCs, is consistent with the implementation of a broader application of this policy which allows us to appropriately incorporate existing State practices. The adoption of a new term is necessary because the term, "health care-acquired condition" is very narrowly defined in the Statute and does not provide for the inclusion of conditions other than those identified as HACs for Medicare, even excludes the three Medicare NCDs. Additionally, the Affordable Care Act definition of HCACs only applies to the inpatient hospital setting.

We considered a broader definition of the term, "health care-acquired conditions," attempting to isolate the idea of the actual condition from the setting in which it occurred. Section

1886(d)(4)(D)(iv) of the Act applies specifically to conditions applicable to inpatient hospital patients and reimbursed under the IPPS. We did look to the Affordable Care Act in creating the terms PPCs and OPPCs.

We did look to the Affordable Care Act in creating the terms PPC and OPPC. Section 3008(b) of the Affordable Care Act, "Study And Report On Expansion Of Healthcare Acquired Conditions Policy To Other Providers," requires that Medicare study the effects of expanding its existing policy to other providers. We adopted the "Other Providers" term to remain consistent with Medicare in the potential expansion of its policy.

In looking to expand the overall policy, we considered a number of other terms but determined that many of them like "adverse events" or "serious reportable events" would generate confusion because they had existing industry definitions that did not necessarily overlap with our policy aims. We adopted the term "Provider Preventable Condition" for use in Medicaid because it appropriately identified the scope of the conditions and could act as a "catch-all." Also, the term had not been narrowly defined by use in Medicare, Medicaid, or in the industry at-large.

I. Reporting of Results

After researching State, industry, and Federal information related to the importance of reporting of quality data in driving improved health outcomes, we proposed that a simplified level of reporting is essential to creating a successful nonpayment policy both from the payment and quality perspectives. We believe that any requirements for provider reporting should provide a consistent format for States to report State-specific measures; require that providers report conditions identified for nonpayment when they occur regardless of a provider's intention to bill; and not cause undue burden on States or providers.

Quality reporting related to PPCs across States is inconsistent. There are 27 States that require reporting of either hospital-acquired infections, conditions, or some combination of both. Some of those States require quality reporting but have not implemented associated HCAC-related nonpayment policies. Others have HCAC-related nonpayment policies, but have not implemented quality reporting requirements.

Existing national quality reporting formats do not support the collection of data on HCACs and OPPCs for Medicaid beneficiaries. Providers, mainly hospitals, are subject to reporting requirements in addition to those imposed by States. For instance, most hospitals report some quality measures to CMS, the Joint Commission, or the CDC. We considered requiring hospitals to report to CMS or the National Health Safety Network, but decided against this because of concerns about the capacity within these systems to accommodate State specific reporting of varied measures and the fact that this might not be consistent with what most States are currently requiring providers to report.

HACs, HCACs, and related policies represent liabilities for providers beyond nonpayment provisions. In fact, Medicare and the industry-at-large, have experienced nonclaiming or nonbilling on the part of providers seeking to escape the liability that could come with any type of notification of a particular event or to avoid negative health outcome indicators.

In consideration of our research, we proposed a requirement that existing claims systems be used as a platform for provider self-reporting. We also proposed to include reporting provisions that would require provider reporting in instances when there is no associated bill. For instance, States could employ the widely used POA system in combination with including edits in their Medicaid claims systems that would indicate an associated claim and flag it for medical review.

J. States' Use of Payment Systems Other Than MS–DRG

We also found that States' payment systems will dictate the manner in which States are able to operationalize PPCs related nonpayment policies. For instance, some States reimburse using MS–DRG or some other type of grouper software to price claims. As with Medicare, these States may use the POA indicator system to identify claims and reduce payments by programming the grouper to reduce payment through the grouper. We note that a considerable number of States do not use grouper systems to reimburse providers. These States may identify and reduce payment for HCACs using methods appropriate to the specific reimbursement system used within that State. We believe that the proposed provision allows States this type of flexibility in designing methodologies that would isolate amounts for nonpayment and allow provider payment to be reduced based on a CMS-approved State plan methodology that is prospective in nature.

II. Summary of the Provisions of the Proposed Rule and Analysis of and Responses to Public Comments

A. General Discussion

We proposed to codify provisions that would allow States flexibility in identifying PPCs that include, at a minimum, the HACs identified by Medicare, but may also include other State-identified conditions. This flexibility will extend to applying nonpayment provisions to service settings beyond the inpatient hospital setting. We believe that establishing Medicare as the minimum for the application of this policy is appropriate at this point.

We encouraged States to consider the benefits and quality implications of expanding HCAC quality and nonpayment policies as more information becomes available from Medicare and State Medicaid programs.

We proposed that PPCs are defined under two categories: HCACs and OPPCs. We proposed to define the category of PPCs that would be referred to using the term "health care-acquired conditions" (HCACs) based on the definition of that term in section 2702(b) of the Affordable Care Act. We also noted that the Secretary has authority to update the Medicare HAC list as appropriate. As such, States are required to comply with subsequent updates or revisions in accordance with section 1886(d)(4)(D) of the Act.

We proposed to require that States implement requirements for provider self-reporting of HCACs in the Medicaid claims payment process. We also proposed to provide that States may identify similar OPPCs related to services furnished in settings other than inpatient hospitals, which would also be subject to a payment prohibition.

We further proposed that the treatment of these OPPCs will be similar to the treatment of HCACs. State plans must provide for nonpayment for care and services related to these OPPCs, and Federal financial participation (FFP) will not be available in State expenditures for such care and services related to OPPCs.

We received the following comments in response to our general discussion.

1. General Comments

Comment: One commenter expressed the view that the original Medicare HAC policy adopted by CMS in FY 2008 for hospitals subject to the Medicare Inpatient Prospective Payment System (IPPS hospitals), in response to the requirements of the DRA, was flawed policy and that many physicians disagreed with the notion that some of

the identified Medicare HACs are reasonably preventable. The commenter was opposed to extending these provisions to Medicaid and suggested that CMS abandon the notion of a nonpayment policy for HACs in both Medicare and Medicaid and replace it with a policy encouraging compliance with evidence-based guidelines.

Response: We disagree. The Medicare HAC payment policy was established under the authority of section 5001(c) of the DRA and has been in place since FY 2008. Section 2702 of the Affordable Care Act requires that CMS adopt similar regulations for the Medicaid program taking into consideration existing State practices and the appropriate application to the Medicaid program. This regulation, like the Medicare HAC rule that preceded it, was developed in direct response to the enactment of that provision. While we recognize that some of the PPCs are not entirely preventable and should therefore be excluded from the program. However, most of these PPCs are never events, which means they should never happen, in the first place, and they are entirely preventable if providers follow best medical practices. This is true regardless of whether a patient is a senior citizen on Medicare or a child on Medicaid. PPCs that used to be regarded as not entirely preventable, like CLABSI (or CAUTI), have been shown to be preventable by providers. We believe that the provisions of this rule will provide a strong incentive for the provider to apply best medical practice and seek innovative methods to prevent adverse outcomes. The HACs were adopted by Medicare through an evidence-based process. In addition, the definition used for OPPC in new § 447.26 provides that States must consider evidence-based guidelines in adopting optional PPCs.

Comment: Some commenters supported the policy of payment adjustment when conditions were demonstrated to be reasonably preventable based on the evidence, but thought that the population differences between Medicare and Medicaid may present distinct issues and considerations in considering events for nonpayment. Some commenters questioned the appropriateness of the application of Medicare HACs to Medicaid populations, specifically children and pregnant women.

Response: We agree that Medicare's population is generally different than Medicaid's and that those differences may present distinct issues and considerations. We realize that some categories of Medicare's HACs, like Surgical Site Infection following CABG or Bariatric surgery, are not typically applicable to pediatric or obstetric populations because the underlying conditions associated with each of Medicare's HACs will not typically occur in those populations, thus limiting the frequency and relevance of the HAC. We reviewed each of Medicare's HACs and the related evidence-based prevention protocols to determine whether the final rule should specifically exclude any of the conditions identified by Medicare, with respect to populations more characteristic of Medicaid, particularly children and pregnant women. We considered each in relation to the following:

(1) *Clinical applicability.* That is, does this condition occur in pediatric and obstetric populations enough to significantly impact the populations or provider reimbursement?

(2) *Availability of evidence based guidelines appropriate to prevention for the pediatric and obstetric populations.* Are there bundles specific to preventing these conditions and infections in the pediatric and obstetric populations? If bundles do not exist, are there other bundles that can be appropriately applied to these populations?

(3) *Reasonable preventability.* Can the conditions or infections be reasonably prevented through the use of evidence based guidelines to warrant financial penalties? Our research determined that certain Medicare HACs, such as Foreign Objects Retained After Surgery, Air Embolism, Blood Incompatibility, Stage 3 and 4 Pressure Ulcers, Falls and Trauma, and Manifestations of Poor Glycemic Control, Catheter Associated Urinary Tract Infections, and Vascular-Catheter Associated Blood Stream Infections, are clinically applicable to all Medicaid populations, including children and pregnant women. We determined that there are evidence-based guidelines to support the reasonable preventability of these conditions in pediatric and obstetric populations, and that there is no indication that these prevention guidelines would cause harm if appropriately applied. There was no evidence to indicate that a provider adhering to these evidence based guidelines could not reasonably prevent, though not absolutely prevent these infections in every case in Medicaid populations.

Our research determined that Surgical Site Infection following CABG, Bariatric Surgery, or Orthopedic procedures is not typically applicable to children and pregnant women because it is not likely that these populations would be subject to some of the primary surgical procedures. However, we determined that there are evidence-based guidelines to support the reasonable preventability of Surgical Site Infection following the specified procedures when they do occur in these populations. Furthermore, there is no indication that these prevention guidelines would cause harm when appropriately applied. There is no evidence to indicate that a provider adhering to these evidence based guidelines could not reasonably prevent, though not absolutely prevent, these infections in every case in Medicaid populations.

Our research also determined that the Medicare HAC Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) as related to a total knee replacement or hip replacement is not a common occurrence for children or pregnant women because it is not likely that these populations would be subject to the primary surgical procedures of total knee replacement or hip replacement. We determined that evidence-based guidelines available support the reasonable preventability of DVT/PE in most cases, however, the related prevention protocols have not been proven appropriate for application in children and pregnant women. Therefore, we are not identifying the Medicare HAC, DVT/PE as related to total knee replacement, or hip replacement for pediatric or obstetric populations under Medicaid's PPC policy. We have revised the final rule to reflect this determination.

We remind commenters that the Medicare HACs serve as a baseline, and that States electing to expand their policies to consider other conditions associated with children and pediatric quality measures may do so through the SPA process. We encourage States to collaborate both with CMS and other States, as well as their provider communities and stakeholders like CDC and AHRQ to implement informed policies appropriate to their Medicaid populations. We will support State efforts and cross-educate, through the State plan amendment process and by providing information that we gather from States and other programs.

Comment: One commenter believed that the expansion of PPCs for Medicaid under the proposed rule goes beyond any previous guidance shared by CMS with the State during Affordable Care Act-related conference calls.

Response: Discussions held with the States, stakeholder groups and various provider communities regarding this policy were necessary to determine existing State practices regarding non-payment for health care-acquired conditions. They were informational for

CMS and did not in any way commit the Secretary to a particular policy direction. They were also a first effort in allowing States without existing policies to gather some general information from and network with States with existing policies.

The final regulation incorporates conditions identified as Medicare's HACs, with the exception of DVT/PE as related to total knee replacement and total hip replacement for pediatric and obstetric populations, and 3 NCDs as the minimum requirement for State PPC nonpayment policies. The rule allows States the flexibility, if desired, but does not require, States to identify additional conditions as PPCs under their Medicaid programs. Additionally, States have already begun to develop PPC-related non-payment policies and this rule would allow that work to continue.

Comment: A few commenters believed that there was not sufficient time to implement these provisions for providers that had not already been subject to Medicare's policy, and were particularly concerned with the implementation timeframes for reporting.

Response: We anticipate that States and providers, especially those groups of providers that have not been subject to Medicare's HAC policy, will need to work collaboratively to develop policies and implement reporting systems that would complement existing payment structures. We believe given the timeframes involved and the need for States to provide guidance to providers, it would be appropriate to delay compliance action on the provisions of the rule until July 1, 2012.

Comment: One commenter requested that we strike § 447.26(c)(4) because they believed the access requirements proposed there were already reflected in 447.204 which requires that payment be sufficient to assure beneficiary access. The commenter thought that any dual interpretations could lead to unwarranted litigation risks.

Response: We thank the commenter for this comment. We have revised the language at 447.26(c)(4) to clarify that, "A State plan must ensure that non-payment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries."

2. Conditions Identified and Providers Affected

Comment: Some commenters pointed out that Medicare's HAC policy applies only to Medicare IPPS hospitals. These commenters believed that CMS should limit Medicaid PPC payment restrictions to Medicaid participating hospitals that are similar to Medicare IPPS hospitals. Other commenters asked for clarification on this same point. Most of these commenters also believed that we should limit States ability to identify other PPCs, proposing that the set of Medicare's HACs and 3 NCDs be used as a ceiling instead of as a floor for Medicaid's PPC policy.

Response: The Affordable Care Act requires that HACs identified under the Medicare IPPS are applicable to all entities that operate as Medicaid inpatient hospitals. We do not have the authority to exempt any Medicaid inpatient hospital providers from these requirements. States currently have the authority to extend PPC-related non-payment policies to other conditions.

Comment: Some commenters objected to the entire category of OPPC (affecting providers other than hospitals) included in the proposed regulation. Commenters recommended that CMS consider and impose a number of parameters related to States' implementation and selection of the OPPC category.

Response: In preparing this regulation, the Statute required that CMS consider existing State practices and determine whether, as a matter of policy, it was appropriate to include those established practices in these final regulations. We determined that, in some instances, States had implemented provisions that applied to providers in settings other than inpatient hospital settings, including outpatient hospital settings. We did not believe that it was prudent to require of all States what had been done in a few, but we wanted to provide States the flexibility to do so. Accordingly, we designed the PPC provisions to allow the expansion of State policies to other care settings, and other conditions. In light of the differences between the types of participating providers and the enrollee populations in Medicare and Medicaid, we provided flexibility for States in the identification and application of OPPCs. We anticipate that States will consider arguments made by particular providers that these OPPCs should be defined so that they do not apply to them. We believe this is the appropriate forum for consideration of the unique circumstances of particular providers.

Comment: Some commenters recommended that we consider the benefits of and establish a nationally consistent set of conditions identifiable as PPCs for Medicaid.

Response: We determined that the conditions identified as Medicare's HACs, with the exception of DVT/PE as related to total knee replacement and total hip replacement for pediatric and obstetric populations, and 3 NCDs are appropriate to serve as the baseline for Medicaid's PPC policy. We are strongly committed to permitting State flexibility to innovate in this area. State innovation has been a significant driver of Federal policy, and States have direct experience with utilization and claims review with respect to Medicaid services.

Comment: Some commenters suggested that the initial set of conditions be more limited and targeted, and that they be expanded incrementally over time.

Response: Section 2702(b) of the Affordable Care Act defines the term "health care-acquired condition" as "a medical condition for which an individual was diagnosed that could be identified by a secondary diagnostic code described in section 1886(d)(4)(D)(iv) of the Act." The provision also allows the Secretary to exclude conditions not appropriate for application in Medicaid. As such, the final regulation incorporates conditions identified as Medicare's HACs, with the exception of DVT/PE as related to total knee replacement and total hip replacement for pediatric and obstetric populations, and 3 NCDs. Additionally, we believe that the flexibility provided States in developing additional PPCs, beyond those established as the floor in the final rule, allow for the type of incremental expansion of this policy that the commenters suggest.

Comment: Other commenters recommended that Medicaid PPCs focus on conditions specific to the Medicaid population. A few commenters offered that it would be ideal for CMS to evaluate other Medicaid specific conditions that would apply specifically to pregnant women or children.

Response: We believe that the flexibility provided States in the final rule will facilitate the development of additional Medicaid specific conditions to be identified for nonpayment. Some State Medicaid programs with existing policies have identified conditions specific to certain populations like Obstetrical Hemorrhage with Transfusion, which is a condition specific to pregnant women. We encourage States to follow CMS's example in identifying conditions by working with provider communities and industry partners.

Comment: A few commenters suggested that CMS coordinate Federal PPCs policies across agencies and with other organizations developing quality measures specific to Medicaid populations.

Response: We are actively working to coordinate with other health reform initiatives such as the pediatric core quality measures, accountable care

organizations, and health insurance exchanges to develop coordinated Federal policy in the area of Health System Quality. We continue to collaborate with States, providers, and other stakeholders to inform policy decisions related to this area.

Comment: Some commenters stated that any extension of PPC beyond the hospital setting was premature, and emphasized that application of PPC to other providers was not feasible because of the different patient populations, payment structures and conditions that applied in different environments. These commenters stated unique issues in various provider settings including long-term care settings, dialysis clinics, and skilled nursing facilities.

Response: We disagree with the point that the PPC provisions should be limited to the hospital environment. This rule requires that States adopt minimum requirements for each category of PPC. States have the flexibility to identify additional OPPCs if desired, but there is no requirement to do so. Many States have already identified conditions beyond the minimum requirements in this final rule. We understand clearly that the category of OPPCs would allow expansion beyond the hospital environment and must be done in close consultation with affected providers and limited to situations where a State has made a finding that the condition could reasonably have been prevented in ordinary cases. We have revised regulatory text to make clear that these are State determinations that must be made based on State findings that the condition is reasonably preventable using procedures supported by evidence-based guidelines. The identification of PPCs in settings other than the hospital setting makes sense because, from the perspective of the patient, it matters very little whether a wrong site surgery occurred in a hospital, an ambulatory surgery center, or in a minor surgery done in the physician's office. Moreover, States have already gone beyond the hospital setting in their individual PPC policies. All that this Federal regulation adds is the HCAC category which requires nonpayment for the full list of Medicare's HACs, with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee replacement or hip replacement in pediatric and obstetric patients and the OPPC category which requires the minimum mandatory inclusion of what are now the three Medicare NCDs: Surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery. We are simply replicating the mandatory provisions in the Medicare program, and adding these to the existing State flexibility under Medicaid to establish payment and quality standards.

We encourage States to collaborate both with CMS and other States, as well as their provider communities and stakeholders like CDC and AHRQ to implement informed policies appropriate to their Medicaid populations. We will support State efforts and cross-educate, through the SPA process and by providing information that we gather from States and other programs.

Comment: A number of commenters requested that CMS clarify that the HCAC category applies only to inpatient hospitals.

Response: This final rule has revised regulatory language to clarify that the HCAC category applies to all inpatient hospital settings under Medicaid. The OPPC category minimum requirements (Medicare's 3 NCDs) are applicable in any healthcare service setting where these events may occur.

Comment: One commenter expressed concern that expansion of PPC to nonhospital providers threatened the access of Medicaid beneficiaries to care. In particular, the commenter asked CMS to clarify that Medicaid payment disallowance for PPC would not apply when the PPC was present at the time the provider commenced treatment of the patient.

Response: The language in the proposed regulation was intended to cover only situations where payment reduction was being applied to treatment for a condition not present on admission or commencement of treatment by that provider. However, we understand that clarifying the language of the regulation to emphasize this point would be helpful and have done so in this final regulation. New § 447.26 (c)(2) explicitly states that "* * * no reduction in payment for a PPC will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider." This was implied in the previous language, but has now been made explicit. CMS agrees with the comment and is providing this clarification.

CMS disagrees with the commenter's point that the expansion of State PPC policies beyond the hospital environment will limit access. We understand clearly that expansion beyond the hospital environment must be done in close consultation with affected providers and limited to situations where a provider could reasonably have prevented the PPC. However, from the perspective of the patient, it matters very little whether a wrong site surgery occurred in a hospital, an ambulatory surgery center, or in a minor surgery done in the physician's office. Moreover, as the commenter notes, States have already gone beyond the hospital setting in their individual PPC policies.

Comment: One commenter requested that CMS provide States additional guidance on applying the Medicare HAC criteria to Medicaid providers and conditions. This commenter believed that we should partner with States to have continued dialogue on evidence-based guidelines.

Response: As stated throughout the rule, we intend to continue dialogue with States and other Agencies related to this issue.

3. PPC Terminology

Comment: A few commenters believed that the distinctions among the terms in the proposed rule were confusing and made it difficult to understand which term applied to which criteria.

Response: We have revised the regulatory text to clarify that PPCs are clearly defined into two separate categories, HCACs (conditions identified as Medicare's HACs (with the exception of DVT/PE following total knee replacement or hip replacement in pediatric and obstetric patients) for IPPS purposes, applied broadly to Medicaid inpatient hospitals) and OPPCs (conditions applicable in any healthcare service setting minimally defined as Medicare's 3 NCDs).

Comment: A few commenters objected to the use of the term PPC. One proposed the use of the alternative term "Preventable Healthcare Related Conditions." The commenters noted that one proprietary organization is currently utilizing the acronym PPC for "Potentially Preventable Conditions."

The commenters also questioned our use of the term other provider preventable condition and stated their biggest concern was with creating a new term that encompassed 3 NCDs so closely related with the NQF's "Serious Reportable Events in Healthcare." The commenters recommended that CMS not create explicit category titles under the PPC umbrella term.

Response: As stated in the preamble, the designation of these terms is necessary to a policy that meets statutory requirements in setting Medicare's policy as the minimum and allowing States the flexibility to expand beyond that minimum. We do not believe that the term PPC has been

narrowly defined across the industry to include a specific set of policy provisions as would be required by this final rule. In addition, we do not believe that the use of the PPC acronym will infringe on any proprietary organizations' ability to continue to use that acronym. We have not made any revisions to this final rule to reflect this comment.

Comment: One commenter had questions regarding the definition of OPPC. The commenter questioned which evidence-based guidelines would be used and recommended that the regulation be expanded to include exact definitions of the guidelines.

Response: It would be difficult to determine a singular set of guidelines to be identified for the various conditions that States may identify under these provisions. The rule provides States flexibility in determining the conditions identified for nonpayment under their individual State plans. As States submit plans for approval, we will evaluate the conditions proposed by States and determine their appropriateness for the Medicaid program. Additionally, we would remind commenters that the Secretary has the authority to revisit these provisions and may do so as this policy area develops. We reject the commenters recommendation and have made no changes to the final provisions regarding this issue.

Comment: Many commenters recommended that more research be done by Medicare and Medicaid on applying PPC nonpayment policies to outpatient settings before conditions that occur in those settings are incorporated into PPC nonpayment policies or expanded. Some commenters objected to the designation of the 3 NCDs as a baseline for the Medicaid policy.

Response: Medicare is conducting additional research to inform its policy on applying its HAC provisions beyond its IPPS hospitals. In preparing this regulation, CMS was required to consider existing State practices and determine whether, as a matter of policy, it was appropriate to include those established practices in these final regulations. We determined that, in some instances, States had implemented provisions that applied to providers in settings other than inpatient hospital settings, including outpatient hospital settings. We did not believe that it was prudent to require of all States what had been done in a few, but we wanted to provide States the flexibility to do so. Accordingly, we designed the PPC provisions to allow the expansion of State policies to other care settings, and other conditions. We agree that States should do additional research to evaluate the impact of applying nonpayment policies in outpatient settings before adopting such policies. It should also be noted that States with existing policies that do not meet the minimum provisions of this final rule and those without existing policies will need to submit for CMS approval SPAs implementing these policies.

The three events that we are requiring that States include in their OPPC are those events which already trigger payment reductions in the Medicare program as national coverage determinations (NCDs). In the Medicare program, NCDs are already applied to all providers, not just to specified hospitals. Medicare NCDs are detailed, evidence-based determinations that are supported by substantial data. Therefore, inclusion of these three events merely replicates evidence-based determinations that are already in effect in the Medicare program.

Comment: One commenter stated that the expansion of State PPC policies into non-inpatient settings will be extremely difficult to implement due to the very characteristics that are inherent to the outpatient setting, such as: The types of care and services provided; numerous providers and provider-types involved in care; periodic episodes of care provided by numerous providers over lengthy periods of time; and lack of systems and infrastructure to adequately coordinate care between visits and providers, among others. The wide variety of payment systems create enormous challenges for provider reporting, according to this commenter.

Response: We are encouraging States to work with provider communities and other stakeholders to carefully examine nonpayment policies in non-inpatient settings. Additionally, we are requiring that States submit for approval Medicaid State plan amendments that would implement PPC nonpayment policies. To support these Medicaid State plan amendments, we are clarifying that the State must have made findings that the proposed PPC is reasonably preventable through the application of evidence-based guidelines. The SPA review process will give CMS and providers the opportunity to consider State policy before it is implemented and to provide guidance and input based on our knowledge of the issues.

4. POA and Coding Systems

Comment: Several commenters objected to the burden of creating a POA system and the potential for variation in the different State PPC policies. Commenters are concerned that the POA requirement and its impact on reimbursement may result in extraneous testing, delayed care, and further access issues for Medicaid patients. In emergency situations, it is often impossible to provide optimal patient care and simultaneously determine POA status, it was noted. One commenter also noted that many hospitals were not familiar with the intricacies of POA coding and would require CMS guidance and time to implement it.

Response: The POA system is not required by this final regulation, but obviously providers will need to carefully document the physical status of their patients on admission. That documentation is not simply done for legal purposes, but serves the legitimate medical purpose of allowing for careful evaluation the patient's condition prior to treatment and communicating that information to members of the treatment team. Ultimately, the provider will self-report PPCs to the State. The State may choose to verify this by a POA system or by other methods.

Comment: One commenter disagreed that relying on record review with the "Global Trigger Tool" to detect what is present on admission will be effective in detecting POA. The commenter requested clarification on the method and asserted that it is not CMS's responsibility to determine POA retrospectively. The commenter opined that since CMS is not the patient's care provider, this would be bureaucratic over-reach into the patient-provider relationship.

Response: We agree with the commenter that it is not CMS's responsibility to determine the POA status of a patient. The "Global Trigger Tool" is a tool by which providers would use a series of "triggers" to determine the possible occurrence of an adverse event and indicate further review of a particular case. Neither the proposed rule, nor this final rule include any requirement that a provider implement the use of the "Global Trigger Tool." We do suggest that our research indicates that this tool may be useful in identifying the occurrence of PPCs, as well as others like nursing reviews or concurrent utilization reviews.

Comment: One State commented that the POA indicator is a very useful resource to identify the specific hospital where an adverse event occurred.

Response: We thank the commenter for this information.

Comment: One commenter was concerned with the use of the POA indicator being applied to pediatric populations because it may be hard to determine whether a child entered an emergency department with an

asymptomatic yet incubating infection. This commenter recommended a study be done to determine whether the incubation period in a child is different from an adult because the information would influence the determination of POA in certain cases.

Response: The POA system is not required by this final regulation, but obviously providers will need to carefully document the physical status of their patients on admission. That documentation is not simply done for legal purposes, but serves the legitimate medical purpose of allowing for careful evaluation the patient's condition prior to treatment and communicating that information to members of the treatment team. Ultimately, the provider will self-report PPCs to the State. The State may choose to verify this by a POA system or by other methods.

In regard to the study of the incubation period of infections in children versus adults, the purpose of this rule is to deny Medicaid payment for PPCs. States will be required to submit SPAs to implement these policies, however, aside from the minimum requirements in the rule States have flexibility in determining how to implement the related provisions, including the conditions identified for nonpayment. That being said, we recognize the inherent differences between the Medicare and Medicaid populations and would note that a major consideration for allowing States such flexibility in the OPPC category is the idea that States will be able to work with their provider communities and industry partners to further consider the unique situation of Medicaid beneficiaries within each State. We realize that for children's hospitals and pediatric populations there are a number of conditions that could be otherwise identified. We believe that States, working with their provider communities, are in a better position to develop additional conditions specific to their Medicaid populations and programs. We continue to believe that innovations should be shared across programs and States. As information becomes available, we will share implementation examples with States. We also encourage States to collaborate in this policy area.

Comment: One commenter recommends that States consistently adopt the ICD–9–CM and ICD–10–CM codes as the only diagnostic standard for identifying conditions for purposes of Medicaid payment. According to this commenter, it would be administratively burdensome for providers, as well as result in lack of data comparability across Medicare and Medicaid programs, to allow Medicaid programs to use alternative coding systems or their own method for identifying each PPC.

Response: We agree that the ICD–9–CM and ICD–10–CM codes present a reasonable alternative to developing and implementing unique diagnostic codes for the purposes of this provision. We encourage States to explore the use of the ICD–9–CM and ICD–10–CM codes for purposes of identifying PPCs under their existing programs.

Comment: One commenter expressed concern over identifying additional costs associated with an adverse event that occurs in a same day surgery center, a skilled nursing facility or a clinic. The commenter reported that it would be very difficult to identify the clinic or facility as the cause of the adverse event because they are not reimbursed through a DRG payment system. The commenter notes that its claims system would not isolate claim lines related to the adverse event to distinguish them from appropriate services.

Response: We appreciate the response. We understand the difficulty that States may face in applying this policy in settings other than inpatient hospital settings, but note that some States have managed to apply these policies quite broadly and successful quality outcomes have resulted. We encourage States to evaluate their populations and work with their provider communities to explore the possibilities of expanding PPC policies to non-inpatient hospital settings to support States efforts to improve the quality of care in their overall health systems.

Comment: One State with hospitals exempt from Medicare IPPS payment under 1814(b)(3) of the Act noted that its existing PPC policy, which started in 2008, has resulted in a 12 percent decrease in measured hospital complication rates with associated cost reductions of $62 million which were subsequently redistributed within hospitals in that State. The State praised CMS for allowing State flexibility in developing PPC policy and outlined planned State initiatives in reducing preventable readmissions. This State also noted that since its policy is considerably expansive, it should be exempted from this final rule.

Response: We do not have legal authority to exempt any State from the statutorily required provisions. We disagree with the suggestion that a States existing policy should exempt a State from the requirements of this final rule. The provisions of the final rule are drafted to allow States flexibility in developing individual PPC policies, while adhering to the minimum requirements set forth. While we appreciate the innovative nature of State programs, we believe that it is necessary for all States to appropriately amend their Medicaid State plans to comply with Federal law. This will also enable other States to learn and be better informed.

We also believe that this comment illustrates the value of the Federal-State partnership in Medicaid. Many of the ideas used in this regulation were originally developed by State Medicaid programs interested in improving the quality of care received by their Medicaid beneficiaries. States, like other stakeholders in the Medicaid system, share a common interest in the development of safe, efficient Medicaid systems which serve their beneficiaries. A common goal for CMS, States, providers and patients is the pursuit of better outcomes for individuals and populations, while reducing unsustainable costs through improved quality of care. The pursuit of this common goal strengthens not only Medicaid, but the entire American health care system.

Comment: Some commenters were strongly supportive of the approach taken by the proposed regulation. The commenters endorsed the use of the Medicare HAC as Medicaid HCAC and the provision of flexibility to States through the SPA process. In particular, one group favored the preservation of State ability to define PPC which occurred outside of hospitals and the three federally required OPPC. This commenter stressed the value of required State reporting systems and suggested public posting of such data after appropriate risk-adjustment and data validation. The comment also noted the importance of CMS monitoring to assure that the PPC policy had no adverse effects on beneficiary access to care.

Response: We appreciate the commenters' support. We will monitor the implementation of the final rule to assure that beneficiary access to care is not impaired.

5. General Comments

Comment: One commenter believes that the proposed rule is inconsistent because it states that hospitals will need additional infection control staff to prevent or reduce PPCs and that hospitals already have programs in place. The commenter also asks for clarification on whether the implementation cost estimates are academic or provided by hospitals.

Response: The commenter is taking these two points out of context. In the

preamble to the proposed rule in discussing options considered for reporting requirements we say, "We considered requiring reporting to Hospital Compare and the National Health Safety Network, but decided against these formats because: We do not believe they currently have the capacity to allow State specific reporting of varied measures; their existing collections may not be consistent with what most States are currently requiring providers report; and the reporting formats may impose undue significant burden for providers—particularly those that do not have full-time quality staffs or resources." Later in the proposed rule where we discuss the regulatory impact analysis we state, "The Joint Commission requires hospitals to have established programs for Quality Improvement, Risk Management, Safety, and Infection Control. As a result, a majority of hospitals already have in place programs to avert Medicare HACs and thus would not incur new costs to implement parallel programs to avert Medicaid HACs." There are hospitals that have existing programs. There are also hospitals that will need to use additional resources to meet State requirements. This will be determined by each individual hospital depending upon its existing resources. The estimates are based on our experience with the implementation of like provisions through the SPA process, as well as Medicare's experience implementing its HAC policy.

Comment: Commenters were concerned that States would be too expansive in defining outpatient PPCs and noted that, in the outpatient area, there is limited provider control and patient compliance issues are essential.

Another commenter expressed concern that the provisions would allow States to identify conditions not based on accepted medical standards. It noted that, in its State, the automated Medicaid claims system used by Medicaid health plans had limited ability to report out or adjust for PPCs. The commenter was critical of the short timeline for compliance and expressed concern that, in the dual eligible category, there was a possibility of double payment reduction.

Response: We note that an OPPC must be supported by a finding by the State that it "could have reasonably been prevented through the application of evidence-based guidelines." To address this comment, we have strengthened this language to require that the finding be based on a review of medical literature by qualified professionals. As a result, States PPCs will not be able to identify a PPC without a strong basis to do so, and we do not anticipate great variation between States over time.

We are requiring that the providers self-report PPCs, at which time the health plan or State can, upon receipt of the self-report, make an appropriate payment correction. We believe that, once providers have put in place systems to track and report PPCs, they will be able to use this information to reasonably reduce the incidence of these defined events in their facilities. For dual eligibles, the intent of this rule is that no payment would be available under either Medicare's IPPS or Medicaid for an identified HAC. We do not view this as a "double payment reduction" but as a consistent nonpayment policy. State Medicaid agencies have repeatedly expressed to CMS their concern that, with dual eligibles, the impact of a Medicare HAC denial was often that the provider would simply bill Medicaid as a secondary payer. This would result in no denial of payment even when a Medicare HAC occurred. Indeed, that complaint from State Medicaid agencies is one of the reasons that, in this regulation, we are attempting to coordinate Medicare and Medicaid policies.

Comment: Several commenters suggested that we develop a set of standard definitions that account for provider setting and other evidence-based factors that can be applied across health care settings and across State lines. Some also suggested that we remove the option providing States the ability to include any HCACs or OPPCs beyond those required by Medicare to encourage State-to-State uniformity.

Response: Medicaid is a State-administered program. By setting Medicare's hospital IPPS HAC policy as the base policy, we are encouraging uniformity across the two programs while simultaneously allowing States to retain the flexibility that is statutorily-afforded to them under title XIX of the Act.

Comment: One commenter questioned what would prevent hospitals from spreading the cost of nonpayment for PPCs out among all health care consumers. The commenter suggested that CMS institute an incentive system by implementing a pre-paid provider incentive pool rather than a nonpayment system.

Response: The purpose of this regulation is to establish rules that would prevent Medicaid from paying for HCACs resulting from provider error and to encourage quality-based reimbursement. Hospitals will continue to be paid for the services provided. If a patient enters the facility for a surgical procedure and in the process of that procedure a HCAC occurs, the hospital will receive payment for the initial surgical procedure but will not receive payment for services provided in addressing the HCAC. That being said, this final rule sets out broad parameters for allowing States to design PPC policies that complement their current systems. If a State is able to develop a system that complies with the requirements of this final rule through an incentive based program, we welcome the opportunity to review it as part of a SPA and share it with other States as appropriate.

Comment: Some commenters asked CMS to provide in the final rules specific guidance to States regarding the inclusion of additional preventable conditions; for example, issue specific, evidence-based parameters for defining "preventable" with consideration for issues like patient noncompliance. Other commenters provided specific conditions that they did not believe States should identify for nonpayment in their PPC policies. The commenters had various reasons for objecting to States' inclusion of these conditions based on patient population, facility type, and administrative burden.

Response: The final rule does not require that States include other provider preventable conditions, but provides States with the option to do so. By allowing States to develop these programs through State plan amendments with the participation of the provider community, we believe that concerns such as this will be addressed at the State level.

Comment: One commenter highlights the fact the PPCs program's impact on States includes the administrative and financial burden of building and maintaining data collection systems, not to mention the reality that State Medicaid programs are run by public administrators who may not have training or experience in clinical issues, comparative effectiveness research, and other factors that are critical when making payment restriction decisions.

Response: We agree that States may need to employ additional resources to implement a PPC policy, just as with any other payment policy implemented by States. The minimum requirements under this final rule are designed to minimize the administrative burden on all stakeholders. The PPC policy is designed to use existing data systems to identify conditions as they occur. We encourage States and providers to work together to craft comprehensive PPC nonpayment and reporting policies that are reasonable and effective.

Comment: One commenter noted that payment reductions for those hospitals that have a high burden of Medicaid and Medicare patients will challenge their ability to stay open at current capacity if they suffer significant payment reductions due to the new rule. Critical access hospitals may be the most vulnerable due to the lack of infrastructure to analyze their own data and develop corrective actions prior to the actual payment reductions, according to the commenter.

Response: Hospitals will continue to be paid for the provision of high quality care under the final rule. The Affordable Care Act requires that HACs identified under Medicare IPPS rules are applicable to all entities that operate as Medicaid inpatient hospitals. We do not have the authority to exempt any Medicaid inpatient hospital providers from these requirements.

Comment: One commenter noted that under Medicare, the cost savings seems relatively low as it pertains to all of the HACs, which is the baseline for this policy under Medicaid. According to this commenter, there is very little data to suggest that the savings under Medicaid would be greater even if the OPPCs are included. The commenter recommend that CMS take a slower approach to broadening the HCAC policy by expanding from the Medicare HACs over a longer period of time to evaluate the savings from nonpayment for HCACs under the Medicaid program.

Response: The purpose of this regulation is to drive quality care, it is not a cost savings exercise. We recognize there may be some cost savings and that it may take some time to realize the full extent of the cost savings, but this measure is important for the long-term benefit of the Medicaid program, Medicaid beneficiaries, and the health care industry as a whole. We intend for these provisions to be a catalyst for change where the infrastructure for quality measurement, as well as the methods for improvement that should be built into our system, are not currently in place.

Comment: One commenter wrote to share its success in quality improvement within a particular State. The commenter reported various collaborations that it has undertaken with its State and other stakeholder organizations resulting in delivery system innovations have proven valuable and efficient.

Response: We appreciate this comment and commend the commenter for taking the necessary steps to improve care to its beneficiaries. We encourage other States and organizations to innovate in the same way.

Comment: One commenter recommended that national clinical consensus should be a component of the criterion as to whether a condition is "reasonably preventable."

Response: We agree that a finding as to whether a condition is "reasonably preventable." must be based on a solid basis in national medical literature, as determined by qualified professionals. Therefore, we are retaining and strengthening the portion of the OPPC definition from the proposed rule that requires that conditions identified by States must be supported by a finding that the conditions, "could have reasonably been prevented through evidence-based guidelines." We are adding that this State finding must be based upon a review of medical literature by qualified professionals. We believe that this stronger language will ensure a level of integrity and consistency in these determinations.

Comment: One commenter believed that Medicare has determined and will continue to determine, with the help of evidence-based guidelines, what is reasonably preventable and what are "never events," and that this should be the standard across all regions of the country because there would not be any benefit to the population of beneficiaries for one state to have different quality health standards including for payment consideration.

Response: The work that Medicare has done in the process of developing its IPPS HAC policy is valuable and consistent. Adopting this work on a national level will benefit States and beneficiaries. This is part of the reason the final regulation incorporates conditions identified as Medicare's HACs, with the exception of DVT/PE as related to total knee replacement and total hip replacement for pediatric and obstetric populations, and 3 NCDs as the foundation of the Medicaid policy to be applied in States.

Comment: One commenter believed, in regard to flexibility as to the grouper that each State selects to use to process HCAC, that to achieve consistency there needs to be limits placed on the choice. Also, States need to be using the current HIPAA administrative code set versions that Medicare uses. This commenter also supported the standardization of public domain groupers to help reduce the cost to healthcare providers and States.

Response: States have great flexibility in designing their own payment systems and working with their provider communities in determining how best to implement these provisions. We do not intend to restrict that flexibility with this final rule. We note that not all States reimburse providers using grouper methodologies. In regard to the adoption of the standardization of public domain groupers, we appreciate this comment, but it is outside the scope of this rule.

Comment: Many commenters recommended that we revise Medicare's HAC list to include or eliminate various conditions.

Response: We thank the commenters for their input. However, revisions to Medicare's IPPS HAC list are outside the scope of this rule.

Comment: Some commenters wrote requesting clarification of or on the application of Medicare's HAC list.

Response: The commenters' requests are outside the scope of this rule. We refer the commenter to the Medicare HAC page located at *http://www.cms.gov/HospitalAcqCond/02_Statute_Regulations_Program_Instructions.asp#TopOfPage.*

6. State Plan Amendments

Comment: One State noted that the preamble (see 76 FR 9289) proposes that States would be required to amend their Medicaid State plans to match any changes to Medicare's final IPPS rule that Medicare publishes 60 days prior to the beginning of the next Federal fiscal year. The State commented that 60 days does not allow enough time to identify ways to capture the data and program and test changes to the payment system. The State suggested that CMS clarify that a State could comply by the submission of a State plan amendment by the end of the Federal quarter in which the change takes effect, that is, by the end of the first quarter of the next Federal fiscal year.

Response: The Medicaid SPA process requires that States submit amendments to their Medicaid plans no later than the last day of the quarter in which the amendment would take effect. We have developed a State plan preprint that outlines the minimum provisions of this final rule and allows States the flexibility to identify OPPCs for nonpayment in their Medicaid State plans. States will define the related payment methodologies within the appropriate sections of their Medicaid State plans.

7. Reporting Requirements

Comment: One commenter recommended that reporting requirements be included in States' provider policies and included in provider contracts.

Response: As discussed in the proposed rule, a reporting component is

essential to building an effective PPCs policy for a number of reasons, including State and CMS ability to capture data related to these occurrences. We believe that States will need to work with their provider communities to implement an appropriate reporting system.

Comment: One commenter supports the requirement that existing claims systems be used as a platform for provider self-reporting because it is essential that their nonpayment policies are based on data provided through their claims systems.

Response: We thank the commenter for support on this issue.

Comment: One commenter remarked that provider self-reporting procedures should require providers to report conditions identified for nonpayment when they occur, regardless of the provider's intention to bill. Hospitals and providers have a clear incentive not to report quality errors beyond nonpayment provisions, according to the commenter. CMS must take a strong stance against underreporting and apply strict penalties. Another commenter requested that CMS clarify that States would be required to submit provider self-reporting data to CMS.

Response: In Medicaid, States are given a large degree of flexibility under title XIX of the Act. As such, providers submit Medicaid claims to States and not CMS. While we are requiring that States implement self-reporting requirements, States have the ability under the statute to determine how they will implement these requirements with input from the provider communities. Once data is collected at the State level, States will submit that data to CMS as part of their standard procedure for collecting and sharing Medicaid provider claims data.

Comment: Several commenters supported provisions in the proposed rule that would require States to implement provider self-reporting requirements through the claims submission processes.

Response: We agree and have retained these provisions in the final rule.

Comment: A few commenters believe that providers will be over burdened with the reporting requirements under this new regulation. Additionally, they disagreed with how long it would take States to develop and implement reporting requirements.

Response: The provisions of this final rule require reporting through State claims systems because they are existing resources that are routinely and regularly modified to accept State payment adjustments for other provisions. Most providers subject to the minimum requirements of the final provisions will be familiar with when and how to report these conditions. In States with existing policies, there are already these types of reporting requirements for payment purposes. And, States electing to go beyond the minimum requirements of these provisions will need to work with their provider communities to ensure that all aspects of the provisions can be sufficiently implemented. Provider reporting is necessary to ensure that the payment preclusion is effective in eliminating PPCs, or determine whether additional measures may be required, or whether the measures applied are necessary.

Comment: One commenter requested clarification on the purpose of provider reporting and how CMS expects States to use reported information. Another commenter noted that there is no clear provision on how States are to report this data to CMS. One State asks whether the SPA will have to specify how the reporting will be done, or if States will need to assure that they will comply with the requirement.

Response: We are requiring that States impose provider self-reporting through claims systems because that information will be used to determine when a PPC occurred and trigger State payment action. The data will also be fed by States to CMS. CMS and States will use this data to inform policy making.

Comment: One commenter noted that the proposed rule requires States to establish a provider reporting requirement for PPCs. The commenter asked what the parameters will be for those guidelines and how much latitude CMS will give to the States.

Response: As a requirement of the final rule, States will implement the provider self-reporting through payment claims systems regardless of the provider's intention to bill. We are working to ensure that States consistently report at least the minimum requirements of the rule through the Medicaid Management Information Systems (MMIS). We anticipate that States and providers, especially those groups of providers that have not been subject to Medicare's HAC policy, will need to work cooperatively to develop and implement reporting systems that would complement existing payment structures. As discussed in the proposed rule, a reporting component is essential to building an effective PPCs policy for a number of reasons, including State and CMS ability to capture data related to these occurrences.

8. Medicare and Medicaid Dual Eligibles

Comment: One commenter supports nonpayment for all PPCs as they pertain to the dual eligible population. This commenter urges CMS to codify provisions that prohibit Medicaid claim payment for claims that have been denied by Medicare based on the presence of a HAC.

Response: We agree. This is a significant area of concern, and we have revised the final regulation to reflect that no FFP is available for a Medicare denied claim based on the presence of a HAC, "A State plan must provide that no medical assistance will be paid for 'provider-preventable conditions' as defined in this section; and as applicable for individuals dually eligible for both the Medicare and Medicaid programs."

Comment: Some commenters requested clarification on how these provisions would apply to Medicare cross over claims. Commenters wanted clarification on how to determine that Medicare has rejected a HAC claim for an individual dually eligible for Medicare and Medicaid.

Response: We agree that the proposed provisions lacked clarity in the application to individuals dually eligible for Medicare and Medicaid. We have revised the final rule to provide clarification. States may determine that Medicare has reduced payment based on the provisions of its HAC policy by working with their Medicare Fiscal Intermediary to identify the appropriate codes related to treatment for dually eligible individuals. Reference materials regarding POA coding for Medicare HACs may be found at *https://www.cms.gov/HospitalAcqCond/05_Coding.asp#TopOfPage*

To support State efforts, we will work with the Federal Coordinated Health Care Office to provide guidance on this issue.

9. Managed Care

Comment: One commenter wrote in support of the provision requiring States to modify their managed care contracts to reflect the PPCs payment adjustment.

Response: We agree and are retaining requirements that States include PPC payment restrictions in managed care contracts. All providers should be held to these quality standards and the final rule retains these requirements.

Comment: One commenter requested clarification of the expectation for MCOs to refund money derived from the nonpayment of PPCs back to States.

Response: We anticipate that savings gained from the application of State PPC policies to their managed care providers

will, ultimately, be factored into the individual contract rates established with those providers.

Comment: One commenter requested clarification that the amendments to § 434.6 do not apply to MCOs, and further, that the MCO contracts with providers will not have to require providers to report PPCs associated with claims to the MCOs.

Response: On its own, the provisions of § 434.6 do not apply to MCOs; however, by cross-reference, we are applying the specific provision in § 434.6(a)(12) regarding PPCs to MCO contracts. We do intend that MCO contracts with providers, identical to Medicaid State agency's contracts with providers, require those providers to report PPCs associated with claims to the MCO. Further, so that the Medicaid State agency will be able to quantify and report, if necessary, information on all PPCs in the Medicaid program, we expect that MCOs will track PPC data and make it available to the State upon request. Accordingly, we are modifying the proposed § 438.6 to clarify both intentions.

Comment: A few commenters requested that CMS provide guidance for States on how to apply the nonpayment requirement for HCACs to capitation payments, specifically those under § 438.6. Additionally, the commenters requested information on how these policies would apply to the development of actuarially sound rates.

Response: We believe that the implementation of State PPCs policies will be consistent with what we anticipate in the fee-for-service setting and have only minimal impact on provider payment and therefore the development of actuarially sound rates. However, as the MCOs spend less money on services, that decrease will be reported to the State which will in future rate-setting reflect the reduced expenditures in the rate setting. States will need to work with their MCOs to develop appropriate policies within their contracts.

Comment: One commenter recommended that CMS reinforce the importance of State compliance with the requirement that Medicaid managed care rate setting must be actuarially sound.

Response: The requirements of this final rule do not in any way preempt regulatory provisions otherwise in effect. We urge States to work with all of their provider communities to determine the best ways in which to implement related nonpayment policies.

10. Comment Period

Comment: A few commenters objected to the 30-day comment period. One commenter proposed that CMS issue a final rule with comment period to accept additional public comment and to provide additional time for States to articulate how they might comply with the regulations.

Response: This rule does not present a high level of complexity and we believe that the 30-day comment period provided commenters sufficient time to fully evaluate the proposed rule and submit comments to CMS. The 30-day comment period is consistent with the requirements of the Administrative Procedure Act codified at 5 U.S.C. 553, and a longer period is not warranted in light of the significant beneficiary protection that this rule would implement. For the same reasons, we do not agree that issuing a final rule with comment period is necessary.

B. Access to Care

Section 2702(a) of the Affordable Care Act requires that the Secretary ensure that adjustments to payment rates under this section do not result in a loss of access to care for beneficiaries. To this end, we proposed that any reduction in payment would be limited to the amounts directly identifiable as related to the PPC and the resulting treatment.

We received the following comments in response to our proposals concerning access to care.

Comment: One commenter stated that hospitals should not be penalized multiple times for the same occurrence.

Response: We agree and urge provider communities to engage States to ensure that methodologies implemented do not unduly impact providers.

Comment: Several commenters requested that we include a provider appeals process in these provisions. The commenters noted that the nature of identified conditions and the variation in State payment policies warranted the inclusion.

Response: Existing State appeal processes may be available for a provider to contest whether a State has improperly identified the occurrence of a condition identified as a PPC. We encourage States to develop appeals processes that will allow providers to object to any payment reduction when the provider can show that an identified PPC occurred despite all appropriate precaution.

Comment: Some commenters opined that allowing States any flexibility in defining PPC through the OPPC category would be an undue burden on providers who operate on a multistate basis.

Response: The underlying authority for this rule is found in provisions of title XIX of the Act that predated section 2702 of the Affordable Care Act. The proposed rule was supported by our existing authority under sections 1102, 1902(a)(19), and 1902(a)(30) of the Act. Providers that operate on a multistate basis must comply with the laws and rules of each State in which they operate. We see no compelling reason to limit State flexibility to identify PPC nonpayment rules to ensure high quality services for beneficiaries.

Comment: One commenter opposed the idea of States being allowed to define potential PPC and opined that this task was better left to national quality organizations such as NQF or IOM. While expressing support for the general concept of evidence-based quality standards, the commenter believed that it was important that these standards be national in scope and that the use of State Medicaid payment systems was not the appropriate vehicle for improvement of health care quality.

Response: The Medicaid program, by its very nature, is a partnership between the Federal and State governments, and is administered by States. While we are requiring that States rely on a review of medical literature by qualified professionals to identify evidence-based PPCs, we believe it is essential to allow States flexibility to develop payment strategies that provide strong incentives for high quality services.

Comment: Several commenters recommended that we limit State ability to create PPCs to only those which strictly met the Medicare criteria in section 1886 (d)(4)(D)(iv) of the Act.

Response: Section 2702 of the Affordable Care Act requires that the Secretary by rulemaking, establish a nonpayment policy for HCACs, the underlying authority for this rule is found in provisions of title XIX of the Act. The proposed rule was supported by our existing authority under sections 1102, 1902(a)(19), and 1902(a)(30) of the Act and States, using this authority, have already undertaken payment policies to drive quality outcomes. We see no compelling reason to limit State flexibility to identify PPC nonpayment rules to ensure high quality services for beneficiaries.

Comment: One commenter was supportive of the proposed regulation and of the addition of non-hospital providers through the OPPC category. The commenter suggested careful CMS scrutiny of proposed State PPC SPAs to assure no adverse impact on beneficiary access to care, the addition of a risk-adjustment mechanism to the regulation, careful monitoring to assure

that no access problems develop, and some mechanism to publicly report provider outcomes. The Maryland Medicaid model for PPC payment and reporting was offered as an exemplary model for national use.

Response: We reviewed the Maryland system in developing this regulation and, found it to be a useful State model that combined both financial incentives with overall quality improvement efforts. CMS will review State preprints, reimbursement State plan amendments, and supplementary information to determine final action on State PPC policies.

Comment: Some commenters expressed concern that the proposed regulation allowed too much discretion to individual States to use the SPA process to affect payment in areas where no national consensus about appropriate care existed.

Response: We are strongly committed to permitting State flexibility to innovate in this area. State innovation has been a significant driver of Federal policy, and States have direct experience with utilization and claims review for Medicaid services. While we anticipate that States will review data to identify evidence-based PPCs, we believe it is essential to allow States flexibility to develop payment strategies that provide strong incentives for high quality services.

The SPA review process will give CMS and providers the opportunity to consider State policy before it is implemented and to provide guidance and input based on our knowledge of the issues.

Comment: Several commenters expressed concern that the language of the proposed regulation allowed States excessive authority to use the PPC process to further reduce Medicaid compensation during a period when States are already under financial pressure to reduce Medicaid costs. One commenter suggested numerous additional limitations of State use of the PPC process be added to the final regulation.

Response: This final rule provides for nonpayment to the extent that an identified PPC would otherwise result in an increase in payment for additional services, and permits States to identify PPCs in addition to the core PPCs that are based on Medicare. This is consistent with the considerable flexibility that States have in setting payment rates and methodologies. States will need to file SPAs with CMS outlining the State's proposed nonpayment methodology, and their approach to inclusion of Federal minimum standards, as well as any additional variations proposed by the State. The SPA process will allow the State's providers to file public comments on any proposed State changes.

Comment: Several commenters expressed concern over how the nonpayment policy would be implemented in States that do not use MS–DRG reimbursement systems. A few commenters requested that States that have elected to use per-diem, global payment, bundled payment or other non-MS–DRG systems to reimburse hospitals be allowed to continue to do so, and not be forced to move to MS–DRG.

Commenters were concerned that these States will need to identify methods appropriate to their reimbursement mechanisms to make payment reductions for PPCs and that resource-intensive post payment audits and payment adjustments are likely to be necessary. These commenters noted that they are encouraged by our attempt to provide flexibility to States, but requested that we issue guidance that includes best practice recommendations for developing efficient payment adjustments where reimbursement is not based on an MS–DRG system. Another commenter requested that we provide options for how States may identify or estimate the cost of services on a systematic basis without a case by case review. One commenter requested that we develop a crosswalk of HCAC conditions to non-DRG payment methodologies to assure consistency in reporting from States back to CMS. The commenter remarks that encouraging States and MCOs to create their own crosswalks will be counter-productive.

Response: CMS recognizes that many States do not use MS–DRG to reimburse hospital providers. As stated in the NPRM, we have no intention of requiring States to alter their current compensation systems to comply with this final regulation beyond the necessary adjustments needed to implement the PPCs non-payment provisions. This intention continues through the final rule.

States have flexibility to design their own payment systems within the guidelines of Federal regulations. The final rule allows States the flexibility to implement nonpayment policies through various mechanisms, but requires that States submit Medicaid SPAs setting forth their mechanism to comply with the required nonpayment for PPCs, with public notice for CMS approval. States will need to work with their provider communities, industry partners, and CMS to determine the most effective manner in which to implement these nonpayment provisions. As we noted in the preamble to the proposed rule, we intend to continue to gather and share information related to States' implementation of PPCs nonpayment policies. However, we do not intend to endorse any particular best practices.

We do not wish to limit State flexibility by dictating methods in which PPCs should be translated or "cross walked" to individual State payment systems. However, we do agree that there is a need for as much consistency as possible in reporting from States to CMS. As a requirement of the final rule, States will implement the provider self-reporting through payment claims systems regardless of the provider's intention to bill. We are working to ensure that States consistently report at least the minimum requirements of the rule through the Medicaid Management Information Systems (MMIS). We anticipate that States and providers, especially those groups of providers that have not been subject to Medicare's HAC policy, will need additional time to develop and implement reporting systems that would complement existing payment structures. As discussed in the proposed rule, a reporting component is essential to building an effective PPC policy for a number of reasons, including State and CMS ability to capture data related to these occurrences.

Comment: A few commenters believed that it is unjust to penalize providers for complications that occur despite best evidence-based efforts to eliminate or avoid them. Commenters noted that some conditions have more to do with patient risk factors or patient compliance than with quality of care. Another commenter stated that not covering these conditions would encourage denial of care to high risk patient or a mass exodus of providers. Several commenters suggested that appeals processes be included in State Medicaid PPCs provisions that would allow providers to challenge payment denials.

Response: We agree that not all of the identified events will be avoidable in 100 percent of the cases even with appropriate precautions. But current Medicaid payment systems are designed to provide incentives to providers to efficiently provide high quality care and result in an aggregate payment that may be more or less than actual costs in a particular case. For example, payment is often based on a fee schedule or diagnosis related group methodology that considers average or target costs of the particular service or services and may differ from actual costs in a

particular case. Even "reasonable cost" rates do not necessarily include all costs a provider may incur. It is important to remember that the identified conditions have been determined through evidence-based medicine to be provider preventable. For the issue of appeal rights, existing State appeal processes may be available for a provider to contest whether a State has improperly identified the occurrence of a condition identified as a PPC. We encourage States to develop appeals processes that will allow providers to object to any payment reduction when the provider can show that an identified PPC occurred despite all appropriate precaution.

Comment: One commenter suggested, as an example, that we consider permitting Medicaid coordinated care plans to adopt inpatient concurrent review as a practice for addressing PPCs. The commenter noted that, "most Medicaid coordinated care plans utilize inpatient concurrent review as a unique reimbursement practice for addressing PPCs. Most Medicaid coordinated care plans utilize inpatient concurrent review to identify hospital days that are not medically necessary or represent delays in care. These days are generally not eligible for reimbursement in a non-DRG/per-diem environment. Expanding the concurrent review process to include identification of hospital days required solely for the treatment of PPCs would be one way to address this issue."

Response: This is one example of how States may be able to identify amounts related to the treatment of PPCs. The final rule indicates that States may reduce payments to providers when the PPC would otherwise result in an increase in payment. The rule also requires that the State be able to reasonably isolate for nonpayment the portion of payment directly related to treatment for, and related to, the PPC. The rule does not limit State flexibility in accomplishing these requirements.

Comment: One commenter asked that we clarify that it recognizes that different reimbursement methodologies may result in no reduction or different reductions than the reductions under MS–DRGs. Another commenter asked that we confirm that, "if on the same inpatient hospital day, both services associated with a PPC and services not associated with a PPC are rendered and if payment is made on a per diem basis such that the presence of the PPC services would not result in an increased per diem payment even without this proposed regulation, then no adjustment to the payment for that day is necessary."

Response: We agree that given the variations in Medicaid payment methodologies and systems across States, there may be differences in amounts identified for nonpayment based on the payment system employed by the individual State. And there is no requirement that State Medicaid payment adjustments to providers correlate specifically to Medicare's payment adjustments for those same conditions. Payment methodologies are extremely complex, and we do not believe it is productive to address broad hypothetical scenarios regarding implementation of nonpayment policies. We intend to work with each State to develop implementation strategies that make sense with its particular payment methodologies.

Comment: Some commenters recommended that risk-adjustment be incorporated into PPCs policies.

Response: These comments appear to refer to payment methodologies that provide for case-mix adjustments to give higher payments to providers that treat sicker populations, to reflect the higher cost of treating such populations. Such methodologies are not related to the policies relating to PPCs that are reflected in this rule, and to combine the two would significantly weaken the incentives for providers to institute preventive measures to eliminate PPCs. We note that we strongly support the incorporation of risk-adjustment in State Medicaid programs, which States can elect under current law. We are urging provider communities to continue to work with States to develop successful risk-adjustment approaches on the State level.

Comment: One commenter suggested that hospitals which serve Medicare and Medicaid beneficiaries will decrease in quality as a result of the proposed policy because the fixed costs associated with providing medical services will become variable, and instead of absorbing the loss, investors will simply reduce capital investments. The commenter offers that one solution to this possible undesired consequence is to have the Medicaid and Medicare programs absorb such costs, albeit not through direct payments. Instead, the commenter suggested CMS could pay a flat rate at the beginning of the year covering all PPCs and require them to be fully serviced without charge. This way, they will still have the incentive to reduce HCACs but will not have to bear the costs.

Response: The policy set forth in this rule is designed to improve quality of services by providing a strong incentive for providers to take steps eliminate the incidence of preventable conditions. A provider that does so will suffer no economic loss. In contrast, the flat rate payment approach proposed by the commenter would lock in a tolerance level for such conditions, instead of eliminating them, and would send a mixed message to providers about whether providers must take steps to eliminate preventable conditions.

C. Effective Date of the Final Provisions

Consistent with the provisions of section 2702(a) of the Affordable Care Act, we proposed to make these requirements effective July 1, 2011. In the proposed rule, we requested that States submit conforming SPAs to implement these provisions prior to that date. To be in compliance with the July 1, 2011 effective date, under § 430.20, we proposed that the last date a SPA may be submitted is September 30, 2011, which is the last day of the quarter in which the amendment would be effective.

We received the following comments in response to our proposals concerning the effective date.

Comment: Several commenters expressed concern that the July 1, 2011 effective date of the rule does not leave sufficient time for discussion of policy, implementation of required hospital changes, and development of the appropriate systems for reporting. Additionally, commenters suggested that States be permitted up to 60 days to incorporate Medicare HACs as Medicare updates its list.

Response: We are statutorily-required to implement these regulations effective July 1, 2011. We do believe, however, that States may need additional time to work with providers to implement sound policies and reporting mechanisms. We intend to delay compliance action on these provisions until July 1, 2012.

We disagree that this final rule should provide States up to 60 days to incorporate additional Medicare HACs as Medicare's list changes. The publication of Medicare's final IPPS rule is consistent and published in ample time to allow States to incorporate HAC changes. The Medicaid SPA process allows States sufficient time to propose and incorporate any changes that Medicare may make to its HAC list considering the timeframe in which Medicare publishes its final rule.

Comment: One commenter recommended that CMS not penalize States that are not prepared to implement the proposed Medicaid nonpayment policy or any future updates in a timely manner due to a vender not modifying necessary software in a timely manner.

Response: States have great flexibility in administering their programs. We urge States to work with their provider communities and vendors to ensure that they meet the provisions of these rules in a timely fashion.

D. Specific Revisions to Regulations Text

The provisions of the proposed rule would deny FFP for Medicaid expenditures made for PPCs, including HCACs and OPPCs identified in the State plan; and would ensure that related payment adjustments do not limit beneficiary access to care. These provisions, as proposed, would apply to payments as specified under States' approved Medicaid State plans, effective no later than July 1, 2011. We proposed to modify the regulations at 42 CFR parts 434, 438, and 447 following general provider payment rules and preceding other provisions concerning reductions in provider payments. In addition, to ensure that these provisions apply to contracts that States use to provide Medicaid benefits using a managed care delivery system, we proposed to modify the regulations at 42 CFR part 438.

Currently, the general rules regarding Medicaid State plan payments for Medicaid are provided at part 447 subpart A. We proposed to add a new § 447.26 to indicate that FFP will not be available for expenditures made for PPCs. We have included in § 447.26(a) a statement of the basis and purpose for the regulation, and in § 447.26(b), the definitions for the umbrella term PPCs, and the included terms HCACs, and other PPCs. We proposed to establish Medicare as the floor that all States must adopt, but allow flexibility for States to move beyond the Medicare definitions and settings. As States' programs evolve and they make additional requirements, we will require that necessary SPAs be submitted for implementation purposes.

In § 447.26(c), we proposed to set forth the general rule that State plans must preclude payment to providers for PPCs, and that FFP is not available for State expenditures for PPCs. To ensure beneficiary access to care, we specified that any reductions may be limited to the added cost resulting from the PPC.

In § 447.26(d), we have included a provision that will require States to require provider reporting of PPCs associated with Medicaid claims, or with courses of treatment for Medicaid beneficiaries that would otherwise be payable under Medicaid.

In addition to these changes in part 447, we proposed including a requirement in § 434.6(a)(12) for contracts for medical or administrative services that contractors do not make payment for PPCs, and require that providers comply with the reporting requirements in § 447.26(d) as a condition of receiving payment. Likewise, to ensure that these provisions are included as required elements in Medicaid managed care contracts, we proposed including a requirement in § 438.6(f)(2) that contracts must comply with both § 434.6(a)(12) and § 447.26.

We proposed these particular provisions because the information gathered in preparation for issuing the proposed rule indicated the need for a consistent authority under which States could implement PPC nonpayment policies; a consistent approach to identifying conditions for nonpayment; a streamlined terminology to indicate Medicaid HCAC payment policies; State flexibility to implement provisions suitable to their own systems; and a consistent provider reporting platform.

We received the following comments in response to our proposals to revise the regulations text.

Comment: One commenter believed that the language of the proposed regulation could be construed to limit payments even when the PPC condition was present on admission or initiation of provider treatment.

Response: The language in the proposed regulation was intended to cover only situations where payment reduction was being applied to treatment for a condition not present on admission or commencement of treatment by that provider. However, we understand that clarifying the language of the regulation to emphasize this point would be helpful to and we have done so in this final rule. New § 447.26(c)(3) language explicitly states that "* * * no reduction in payment for a PPC will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider." This was implied in the previous language, but has now been made explicit. We agree with the comment and are providing this clarification.

Comment: A number of commenters requested that CMS clarify that the HCAC category applies only to inpatient hospitals.

Response: The final rule has revised regulatory language to clarify that HCAC category applies to all Medicaid inpatient hospital settings.

Comment: One commenter expressed concern that expansion of PPC to nonhospital providers threatened the access of Medicaid beneficiaries to care. In particular, commenters asked CMS to clarify that Medicaid payment disallowance for PPC would not apply when the PPC was present at the time the provider commenced treatment of the patient.

Response: The language in the proposed regulation was intended to cover only situations where payment reduction was being applied to treatment for a condition not present on admission or commencement of treatment by that provider. However, we understand that clarifying the language of the regulation to emphasize this point would be helpful and we have done so in this final rule. New § 447.26(c)(2) language explicitly states that "* * * no reduction in payment for a PPC will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider." This was implied in the previous language, but has now been made explicit. CMS agrees with the comment and is providing this clarification.

Comment: A few commenters believed that the distinctions among the terms in the proposed rule were confusing and made it hard to understand which term applied to which criteria.

Response: We have revised the regulatory text to make it clear that provider preventable conditions are clearly defined into two separate categories, healthcare acquired conditions (Medicare's HACs applicable only to inpatient hospital providers paid under the IPPS) and other provider-preventable conditions (conditions minimally defined as Medicare's 3 NCDs, applicable in any healthcare service setting).

Comment: One commenter requested clarification on the purpose of provider reporting and how CMS expects States to use reported information. Another commenter noted that there is no clear provision on how States are to report this data to CMS. One State questioned whether the SPA will have to specify how the reporting will be done, or if States will need to assure that they will comply with the requirement.

Response: We are requiring that States impose provider self-reporting through claims systems because that information will be fed by States to CMS. CMS and States will use this data to inform policy making. Language assuring compliance with this provision is incorporated in the State plan pre-print associated with this provision.

Comment: One commenter supports nonpayment for all PPCs as they pertain to the dual eligible population. This

commenter urges CMS to codify provisions that prohibit Medicaid claim payment for claims that have been denied by Medicare based on the presence of a HAC.

Response: This is a significant area of concern, and we have revised the final regulation to clarify the prohibition on Medicaid payment for claims that have been denied (in full or in part) by Medicare, to reflect this recommendation.

Comment: One commenter noted that the proposed rule requires States to establish a provider reporting requirement for PPCs and requested that amend the final rule to allow States time to implement the PPC policies in general.

Response: As a requirement of the final rule, States will implement the provider self-reporting through payment claims systems regardless of the provider's intention to bill. We anticipate that States and providers, especially those groups of providers that have not been subject to Medicare's HAC policy, will need to work collaboratively to develop and implement reporting systems that would complement existing payment structures.

III. Provisions of the Final Rule

This final rule incorporates the provisions of the proposed rule with the following exceptions.

In § 447.26(b), we are revising the definition of health care-acquired condition to mean a condition occurring in any inpatient hospital setting, identified as a HAC by the Secretary under section 1886(d)(4)(D)(iv) of the Act for purposes of the Medicare program identified in the State plan as described in section 1886(d)(4)(D)(ii) and (iv) of the Act; other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) related to total knee replacement or hip replacement surgery in pediatric and/or obstetric patients.

In § 447.26(c)(1), we are revising the language to read "A State plan must provide that no medical assistance will be paid for "provider-preventable conditions" as defined in this section; and as applicable for individuals dually eligible for both the Medicare and Medicaid programs."

IV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

In accordance with the Act, we solicited public comments on the proposed collection of information, with a 30-day comment period, in the proposed rule that published on February 17, 2011 (76 FR 9283). We did not receive any substantive comments related to the proposed information collection requirements or burdens and, therefore, we are retaining the following requirements and estimates that were set out in the proposed rule.

A. ICRs Regarding Contract Requirements (§ 438.6)

Section 438.6(f)(2) will also require States which provide medical assistance using a managed care delivery system to modify their managed care contracts to reflect the PPCs payment adjustment policies as applied through these regulations. The burden associated with this requirement is the time and effort necessary for a State to amend its managed care contracts to reflect these policies. We estimated that 48 States will be required to comply with this requirement. We also estimated that it will take 8 hours for each State to revise its contracts to comply with this requirement and submit the amended contract to CMS for review and approval. The total estimated annual burden associated with this requirement is 384 hours at a cost of $20.67 per hour per State.

B. ICRs Regarding the Prohibition on Payment for Provider-Preventable Conditions (§ 447.26)

Effective July 1, 2011, § Section 447.26(c)(1) will require States to submit SPAs for CMS approval that would reduce payments to providers by amounts related to PPCs. The burden associated with this requirement will be the time and effort necessary for a State to submit its SPA and the associated pre-print. We estimated that 50 States, the District of Columbia, and Territories will be required to comply with this requirement. We further estimated that it will take each State 7 hours to submit the aforementioned documentation to CMS. The total estimated burden associated with this requirement would be 385 hours at a cost of $20.67 per hour per State.

We estimated that it will take each State 7 hours because we intend to issue a template to States to simplify the process of making the related amendment to the Medicaid State plan.

Section 447.26(c)(2) will also require States to implement provider reporting requirements to ensure that PPCs are identified in claims for Medicaid payment. The burden associated with this requirement is the time and effort necessary to develop and implement provider reporting requirements that are effective with the provisions of this regulation. We estimated that 50 States, the District of Columbia, and Territories will be required to comply with this requirement. We estimated that it will take 24 hours for each State to develop and implement the provider reporting requirements as specified above. The total estimated burden associated with this requirement will be 1320 hours at a cost of $20.67 per hour per State. We believe that this estimate is reasonable because we are requiring that States have providers use their existing claims processes to report identified events.

TABLE 1—ANNUAL RECORDKEEPING AND REPORTING REQUIREMENTS

Regulation section(s)	OMB Control No.	Number of respondents	Number of responses	Burden per response (hours)	Total annual burden (hours)	Hourly labor cost of reporting ($)	Total labor cost of reporting ($)	Total capital/ maintenance costs ($)	Total cost ($)
438.6(f)(2)	0938–NEW	48	48	8	384	20.67	7,937.28	0	7,937.28
447.26(c)(1)	0938–NEW	55	55	7	385	20.67	7957.95	0	7,957.5
447.26(c)(2)	0938–NEW	55	55	24	1,320	20.67	27,284.4	0	27,284.4
Total		158	158	39	2089			0	43,179.18

The estimated annual burden associated with the requirements under 438.6(f)(2), 447.26(c)(1), and 447.26(c)(2) is 2,089 hours (total) at a cost of $43,179.18 (total) or $806.13 (per State).

TABLE 2—ANNUAL RECORDKEEPING AND REPORTING REQUIREMENTS

Regulation section(s)	OMB Control No.	Number of respondents	Number of responses	Burden per response (hours)	Total annual burden (hours)	Hourly labor cost of reporting ($)	Total labor cost of reporting ($)	Total capital/ maintenance costs ($)	Total cost ($)
438.6(f)(2)	0938–NEW	48	48	8	384	20.67	7,937.28	0	7,937.28
447.26(c)(1)	0938–NEW	50	50	7	350	20.67	7,234.5	0	7,234.5
447.26(c)(2)	0938–NEW	50	50	24	1,200	20.67	2,4804	0	2,4804
Total		98	148	39	1,934			0	39,975.78

The estimated annual burden associated with the requirements under 438.6(f)(2), 447.26(c)(1), and 447.26(c)(2) is 1,934 hours (total) at a cost of $39,975.78 (total) or $806.13 (per State).

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on July 7, 2011.

OMB, Office of Information and Regulatory Affairs, *Attention:* CMS Desk Officer, *Fax Number:* (202) 395–5806. *Fax Number:* (202) 395–6974.

V. Regulatory Impact Statement

A. Statement of Need

This final rule implements section 2702 of the Affordable Care Act which directs the Secretary to issue Medicaid regulations effective as of July 2011, prohibiting Federal payments to States (under section 1903 of the Act) for any amounts expended for providing medical assistance for HCACs. It will also authorize States to identify other PPCs for which Medicaid payment would be prohibited. We view this regulation as one step of a larger approach to address the problem of PPCs.

B. Overall Impact

We have examined the impacts of this rule as required by Executive Order 12866 on Regulatory Planning and Review (September 30, 1993), Executive Order 13563 on Improving Regulation and Regulatory Review (February 2, 2011), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Act, section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), Executive Order 13132 on Federalism (August 4, 1999), and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if 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 in any 1 year). This rule does not reach the economic threshold and thus is not considered a major rule under the Congressional Review Act.

It is difficult to estimate the amount which will be withheld from providers under this regulation, as not all of these events will be billed. However, it is instructive to note that the total dollar amount of Medicare claims denied under its HAC policy is approximately $20 million per year (see 75 FR 23895, May 4, 2010). The original regulation creating the Medicare HACs was published in the August 19, 2008 **Federal Register** (73 FR 48433). In addition, estimates were conducted by the Congressional Budget Office (CBO) and the CMS Office of the Actuary (OACT) on the impact of section 2702 of the Affordable Care Act. The CBO estimate concluded there would be no impact associated with section 2702 of the Affordable Care Act (CBO and JCT, 2010 Estimate). The CMS OACT estimate (Estimated Financial Effects of the "Patient Protection and Affordable Care Act," as Amended, 2010) projected an impact from section 2702 of the Affordable Care Act on the Medicaid program of cost savings of $2 million for FY 2011 ($1 million for the Federal share and $1 million for the State share), with an aggregate cost savings of $35 million ($20 million for the Federal share and $15 million for the State share) for FYs 2011 through 2015. The Federal and State share cost savings, as result of denied payments, are represented by the reduction in transfers from Medicaid to hospitals. These estimates could be higher if States elect to expand beyond the minimum requirements of this rule.

TABLE 3—MEDICAID IMPACTS FOR FYS 2011 THROUGH 2015

Medicaid impacts	FY impact ($ millions)					
	2011	2012	2013	2014	2015	Total
Federal Share	−1	−4	−5	−5	−5	−20
State Share	−1	−3	−3	−4	−4	−15
Total	−2	−7	−8	−9	−9	−35

There are administrative cost impacts on States to modify their systems to meet reporting requirements, but we believe these are not significant. As noted above, the reporting system in this final rule relies on an existing billing system currently in place. Both States and providers already have billing, claiming, and payment systems in place to act upon the information obtained. The costs reported in section IV of this final rule, Collection of Information Requirements, amount to an additional $39,976 dollars aggregate across all States.

Hospitals may incur additional costs to reduce PPCs. Such costs include hiring additional nurses to ensure enforcement of the infection prevention policies. In turn, preventing or reducing HCACs will lead to a reduction in direct health spending, which is a benefit realized by Medicaid, hospitals and other payers.

The Joint Commission requires hospitals to have established programs for Quality Improvement, Risk Management, Safety, and Infection Control. As a result, a majority of hospitals already have in place programs to avert Medicare HACs and thus would not incur new costs to implement parallel programs to avert Medicaid HCACs. Furthermore, we anticipate a public benefit to all providers and payers since programs that hospitals develop to avoid Medicaid HCACs will likely benefit all patients and reduce health care costs. Patient benefits resulting from a reduction in HCAC may include an increase in healthy years of life. However, this public benefit will derive from possible responses by hospitals and not from this regulation itself.

We realize that the overall problem of HCACs cannot be completely addressed in this regulation, as this final regulation is one step of an overall approach. Consequently, the estimated economic impacts from all HHS initiatives to address HCACs may result in much higher savings impact than presented in this analysis. However, such economic savings, for example, will not derive from this regulation alone, but will in part come from the knowledge that State and Federal governments gain from the reporting requirements created by this regulation. That knowledge will in turn inform future HHS initiatives to reduce excess morbidity and mortality attributable to PPCs.

The RFA requires agencies to analyze options for regulatory relief for small entities, if a rule has a significant impact on a substantial number of small entities. Most hospitals, other providers, and suppliers are small entities, either by nonprofit status or by having revenues of $7.0 million to $34.5 million in any 1 year. Individuals and States are not included in the definition of a small entity. Guidance issued by the Department of Health and Human Services interpreting the RFA considers effects to be economically significant if they reach a threshold of 3 to 5 percent or more of total revenue or total costs. As illustrated in Table 1, any decrease in payments, as a result of this regulation, to small entities should be significantly less than this threshold. Therefore, we are not preparing an analysis for the RFA because the Secretary has determined that this final rule will not have a significant economic impact on a substantial number of small entities.

In addition, section 1102(b) of the Act requires us to prepare a RIA 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 for Medicare payment regulations and has fewer than 100 beds. We are not preparing an analysis for section 1102(b) of the Act because the Secretary has determined that this final rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2011, that threshold is approximately $136 million. This rule will have no consequential effect on State, local, or tribal governments in the aggregate or on the private sector.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. While this regulation does not impose substantial costs on State or local governments, it does preempt some State laws. The requirements of Executive Order 13132 are applicable.

Executive Order 13132 sets forth a process to be followed by the Federal government whenever Federal regulatory processes may affect or preempt State regulations or laws. We are aware that many States do have regulations for Medicaid nonpayment in the event that specified adverse events occur during provider care. This final rule is intended to create a Federal legal minimum for such State regulations. States could continue to enact more stringent laws or regulations upon approval of a Medicaid SPA by CMS to assure that there is no adverse impact on Medicaid beneficiary access to care.

This final rule derives from section 2702 of the Affordable Care Act and other CMS statutory authority. Under the requirements of Executive Order 13132 and the requirements of section 2702 of the Affordable Care Act, we have consulted with the States before issuing this final rule. Major portions of the regulation are, in fact, derived from comparable State regulations. Significant regulatory authority in this area would remain with the States should the proposed regulation become final. As stated, the final rule does not completely preempt State law, but merely sets a Federal minimum standard.

We are meeting the requirements of Executive Order 13132 by issuing this final rule 30 days prior to the effective

date of July 1, 2011, set forth in the Affordable Care Act.

C. Anticipated Effects

1. Effects on State Medicaid Programs

The effects on State Medicaid programs as a result of this provision will depend on various factors. For instance, as we state in the preamble, there are 21 States that have already implemented similar policies. While we have reviewed existing State policies and incorporated those policies that we believe would best apply on a national level, these States will have to make changes to comply with the minimums set in this final rule. In addition, States will have to work through the SPA review process to ensure that their existing policies do not serve to limit beneficiaries' access to healthcare.

The States that have used State plan authority to implement their nonpayment policies will need to review their policies and ensure that they comply with any final provisions of these rules. These States will likely have to submit revisions to their State plans. In addition, the States that implemented these policies through some other authority like State law or administrative procedures will have to submit new SPAs for review and work with CMS to ensure that their policies effective July 1, 2011, are in line with the final provisions of these rules. States that have elected not to implement Medicaid specific policies or that do not have related policies at all will need to submit new SPAs. Further, States which use a managed care delivery system to provide Medicaid benefits to beneficiaries will have to amend and submit for CMS review and approval managed care contracts that reflect these new requirements. While this regulation is effective on July 1, 2011, most States will already have their managed care contracts for the fiscal year in place by that time and there may be some delay in incorporating new language in their managed care contracts. We will issue subregulatory guidance to States requiring that appropriate changes be made to managed care contracts to comply with the regulation.

All States will need to incorporate the reporting requirements into their claims systems. In addition, States will need to evaluate the best ways in which to identify and reduce payment for PPCs under their respective Medicaid plans.

We anticipate that this provision will prompt programmatic changes for States regarding quality improvement considerations within health care systems. This provision, while it is a payment provision, is primarily targeted at preventing medical errors.

2. Effects on Other Providers

We anticipate that these provisions will prompt health care providers to adopt quality programs that would limit the risk of providing services or using resources, in error, that will not be reimbursed.

We anticipate that the reporting requirements will ultimately be a catalyst for providers in developing quality practices to reduce the risks associated with receiving care at their facilities and promote overall quality improvements.

3. Effects on the Medicaid Program

Medicare's and States' experience has demonstrated that related policies often do not produce substantial short-term financial savings within health care systems. Medicare estimated that the policy will reduce its spending by an aggregate amount of about $80,000,000 from FY 2009 through FY 2013, or by less than 0.01 percent of total annual spending on inpatient hospital services (75 FR 50661). States report similar short-term savings. However, there are more significant gains to be realized when considering the broader impact of increased quality on the health system overall, or more exactly the savings created when preventable conditions and related treatment are measured.

The anticipated public benefit to all providers and payers from programs that hospitals develop to avoid Medicaid HCACs will likely benefit all patients and reduce health care costs. This includes, for example, Medicaid beneficiaries realizing an increase in healthy years of life as a result of the reduction in HCACs. However, this public benefit will derive from possible responses by hospitals and not from this regulation itself.

D. Alternatives Considered: Conditions Identified as Provider-Preventable Conditions

The statute requires that Medicaid, at a minimum, recognize Medicare's current list of HACs. We considered proposing regulatory action that included only the conditions listed as Medicare HACs. However, when considering current State practices our research concluded that many States' policies included conditions not identified by Medicare as HACs. We concluded that such limited action would not serve the program purposes of ensuring high quality care and would potentially limit State flexibility to protect beneficiaries and program integrity. Similarly, we considered proposing regulatory action that included only the inpatient hospital setting. Again, after assessing current State practices, as well as industry-based research, there is clear indication that data is available to States that will allow them to employ evidence based policy practices beyond the inpatient hospital setting. To provide States full flexibility to protect beneficiaries and the program, we elected the more comprehensive approach that we discussed in the proposed rule. We considered defining OPPC as, "a condition occurring in any health care setting that could have reasonably been prevented through the ordinary provision of high quality care during the course of treatment * * *" We believed that this terminology would limit additional requirements on States to produce evidence of preventability. However, after discussing the terminology and scientific parameters that exist in relation to this issue, we proposed that the term be defined as, "a condition that could have reasonably been prevented through the application of evidence based guidelines."

E. Conclusion

For the reasons outlined in the RIA, we are not preparing an analysis for either the RFA or section 1102(b) of the Act because we have determined that this final rule would not have a direct significant economic impact on a substantial number of small entities or a direct significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 434

Grant programs—health, Health maintenance organizations (HMO), Medicaid, Reporting and recordkeeping requirements.

42 CFR Part 438

Grant programs—health, Medicaid, Reporting and recordkeeping requirements.

42 CFR Part 447

Accounting, Administrative practice and procedure, Drugs, Grant programs—health, Health facilities, Health professions, Medicaid, Reporting and recordkeeping requirements, Rural areas.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services amends 42 CFR parts 434, 438, and 447, as set forth below:

PART 434—CONTRACTS

■ 1. The authority citation for part 434 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

Subpart A—General Provisions

■ 2. Section 434.6 is amended by—
■ A. Revising the introductory text of paragraph (a).
■ B. Removing the semicolons from the end of paragraphs (a)(1) through (a)(9), and the semicolon and the word "and" from the end of paragraph (a)(10) and replacing them with a period.
■ C. Adding a new paragraph (a)(12).

The revision and addition read as follows:

§ 434.6 General requirements for all contracts and subcontracts.

(a) *Contracts.* All contracts under this part must include all of the following:

* * *

(12) Specify the following:

(i) No payment will be made by the contractor to a provider for provider-preventable conditions, as identified in the State plan.

(ii) The contractor will require that all providers agree to comply with the reporting requirements in § 447.26(d) of this subchapter as a condition of payment from the contractor.

(iii) The contractor will comply with such reporting requirements to the extent the contractor directly furnishes services.

* * * * *

PART 438—MANAGED CARE

■ 3. The authority citation for part 438 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

Subpart A—General Provisions

■ 4. Section 438.6 is amended by revising paragraph (f) to read as follows:

§ 438.6 Contract requirements.

* * * * *

(f) *Compliance with contracting rules.* All contracts must meet the following provisions:

(1) Comply with all applicable Federal and State laws and regulations including title VI of the Civil Rights Act of 1964; title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990 as amended.

(2) Provide for the following:

(i) Compliance with the requirements mandating provider identification of provider-preventable conditions as a condition of payment, as well as the prohibition against payment for provider-preventable conditions as set forth in § 434.6(a)(12) and § 447.26 of this subchapter.

(ii) Reporting all identified provider-preventable conditions in a form or frequency as may be specified by the State.

(3) Meet all the requirements of this section.

* * * * *

PART 447—PAYMENTS FOR SERVICES

■ 5. The authority citation for part 447 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

Subpart A—Payments: General Provisions

■ 6. Section 447.26 is added to read as follows:

§ 447.26 Prohibition on payment for provider-preventable conditions.

(a) *Basis and purpose.* The purpose of this section is to protect Medicaid beneficiaries and the Medicaid program by prohibiting payments by States for services related to provider-preventable conditions.

(1) Section 2702 of the Affordable Care Act requires that the Secretary exercise authority to prohibit Federal payment for certain provider preventable conditions (PPCs) and health care-acquired conditions (HCACs).

(2) Section 1902(a)(19) of the Act requires that States provide care and services consistent with the best interests of the recipients.

(3) Section 1902(a)(30) of the Act requires that State payment methods must be consistent with efficiency, economy, and quality of care.

(b) *Definitions.* As used in this section—

Health care-acquired condition means a condition occurring in any inpatient hospital setting, identified as a HAC by the Secretary under section 1886(d)(4)(D)(iv) of the Act for purposes of the Medicare program identified in the State plan as described in section 1886(d)(4)(D)(ii) and (iv) of the Act; other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other provider-preventable condition means a condition occurring in any health care setting that meets the following criteria:

(i) Is identified in the State plan.

(ii) Has been found by the State, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines.

(iii) Has a negative consequence for the beneficiary.

(iv) Is auditable.

(v) Includes, at a minimum, wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Provider-preventable condition means a condition that meets the definition of a "health care-acquired condition" or an "other provider-preventable condition" as defined in this section.

(c) *General rules.*

(1) A State plan must provide that no medical assistance will be paid for "provider-preventable conditions" as defined in this section; and as applicable for individuals dually eligible for both the Medicare and Medicaid programs.

(2) No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.

(3) Reductions in provider payment may be limited to the extent that the following apply:

(i) The identified provider-preventable conditions would otherwise result in an increase in payment.

(ii) The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider-preventable conditions.

(4) FFP will not be available for any State expenditure for provider-preventable conditions.

(5) A State plan must ensure that non-payment for provider-preventable conditions does not prevent access to services for Medicaid beneficiaries.

(d) *Reporting.* State plans must require that providers identify provider-preventable conditions that are associated with claims for Medicaid payment or with courses of treatment furnished to Medicaid patients for which Medicaid payment would otherwise be available.

Authority: (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: May 25, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

Approved: May 27, 2011.

Kathleen Sebelius,

Secretary, Department of Health and Human Services.

[FR Doc. 2011–13819 Filed 6–1–11; 11:15 am]

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FEDERAL REGISTER

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Part IV

Department of Defense

Defense Acquisition Regulations System

48 CFR Parts 203, 204, 225, *et al.*
Defense Federal Acquisition Regulation Supplements; Final Rules and Proposed Rules

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Parts 203 and 252

RIN 0750–AG97

Defense Federal Acquisition Regulation Supplement; Agency Office of the Inspector General (DFARS Case 2011–D006)

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD is issuing a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to make some administrative corrections relating to DFARS clause 252.203–7003, Agency Office of the Inspector General.

DATES: *Effective Date:* June 6, 2011.

FOR FURTHER INFORMATION CONTACT: Meredith Murphy, Defense Acquisition Regulations System, OUSD (AT&L) DPAP (DARS), 3060 Defense Pentagon, Room 3B855, Washington, DC 20301–3060. Telephone 703–602–1302; facsimile 703–602–0350. Please cite DFARS Case 2011–D006.

SUPPLEMENTARY INFORMATION:

I. Background

On September 27, 2010, DoD published a final rule under DFARS Case 2010–D015, DoD Office of the Inspector General (75 FR 59101). That final rule provided the address for the DoD Office of the Inspector General, as required by FAR clause 52.203–13, Contractor Code of Business Ethics and Conduct.

This final rule corrects two omissions in that rule published in September 2010. At 203.1004(a), the clause prescription did not include the title of the clause at 252.203–7003. This rule adds the clause title to the prescription.

The clause prescription at 203.1004 states that the clause at DFARS 252.203–7003 is used in solicitations and contracts that include the FAR clause at 52.203–13. FAR clause 52.203–13 is applicable to commercial items and is listed in FAR clause 52.212–5. If the contractor must make disclosures to the agency office of the Inspector General, as required by paragraph (b)(3)(i) of FAR 52.203–13, the contractor would need to know the address of the agency office of the Inspector General. However, DFARS case 2010–D015 did not add the DFARS clause at 252.203–7003, which provides the address of the DoD Office of the Inspector General, to the list of contract terms and conditions required to implement statutes or Executive orders applicable to Defense acquisitions of commercial items (DFARS 252.212–7001). This final rule remedies that omission. The rule also updates the list of clauses at 252.212–7001.

II. Executive Orders 12866 and 13563

Executive Orders (E.O.s) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action and, therefore, was not subject to review under section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

III. Regulatory Flexibility Act

The Regulatory Flexibility Act does not apply to this rule because an initial regulatory flexibility analysis is only required for proposed or interim rules that require publication for public comment (5 U.S.C. 603) and a final regulatory flexibility analysis is only required for final rules that were previously published for public comment, and for which an initial regulatory flexibility analysis was prepared (5 U.S.C. 604).

This final rule does not constitute a significant DFARS revision as defined at FAR 1.501–1 because this rule will not have a significant cost or administrative impact on contractors or offerors, or a significant effect beyond the internal operating procedures of the Government. Therefore, publication for public comment under 41 U.S.C. 1707 is not required.

IV. Paperwork Reduction Act

The rule does not impose any new information collection requirements that require the approval of the Office of Management and Budget under the Paperwork Reduction Act (44 U.S.C. chapter 35).

List of Subjects in 48 CFR Parts 203 and 252

Government procurement.

Ynette R. Shelkin,

Editor, Defense Acquisition Regulations System.

Therefore, 48 CFR parts 203 and 252 are amended as follows:

■ 1. The authority citation for 48 CFR parts 203 and 252 continues to read as follows:

Authority: 41 U.S.C. 1303 and 48 CFR chapter 1.

PART 203—IMPROPER BUSINESS PRACTICES AND PERSONAL CONFLICTS OF INTEREST

■ 2. Amend section 203.1004 by revising paragraph (a) to read as follows:

203.1004 Contract clauses.

(a) Use the clause at 252.203–7003, Agency Office of the Inspector General, in solicitations and contracts that include the FAR clause 52.203–13, Contractor Code of Business Ethics and Conduct.

* * * * *

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

■ 3. Amend section 252.212–7001 by revising the clause date and revising paragraph (b) to read as follows:

252.212–7001 Contract Terms and Conditions Required to Implement Statutes or Executive Orders Applicable to Defense Acquisitions of Commercial Items.

* * * * *

CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT STATUTES OR EXECUTIVE ORDERS APPLICABLE TO DEFENSE ACQUISITIONS OF COMMERCIAL ITEMS (JUN 2011)

* * * * *

(b) The Contractor agrees to comply with any clause that is checked on the following list of Defense FAR Supplement clauses which, if checked, is included in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items or components.

(1) ____ 252.203–7000, Requirements Relating to Compensation of Former DoD Officials (JAN 2009) (Section 847 of Pub. L. 110–181).

(2) ____252.203–7003, Agency Office of the Inspector General (SEP 2010) (Section 6101 of Pub. L. 110–252, 41 U.S.C. 3509 note).

(3) ____ 252.205–7000, Provision of Information to Cooperative Agreement Holders (DEC 1991) (10 U.S.C. 2416).

(4) ____ 252.219–7003, Small Business Subcontracting Plan (DoD Contracts) (OCT 2010) (15 U.S.C. 637).

(5) ____ 252.219–7004, Small Business Subcontracting Plan (Test Program) (JAN 2011) (15 U.S.C. 637 note).

(6)(i) ____ 252.225–7001, Buy American Act and Balance of Payments Program (JAN 2009) (41 U.S.C. chapter 83, E.O. 10582).

(ii) ____ Alternate I (DEC 2010) of 252.225–7001.

(7) ____ 252.225–7008, Restriction on Acquisition of Specialty Metals (JUL 2009) (10 U.S.C. 2533b).

(8) ____ 252.225–7009, Restriction on Acquisition of Certain Articles Containing Specialty Metals (JAN 2011) (10 U.S.C. 2533b).

(9) ____ 252.225–7012, Preference for Certain Domestic Commodities (JUN 2010) (10 U.S.C. 2533a).

(10) ____ 252.225–7015, Restriction on Acquisition of Hand or Measuring Tools (JUN 2005) (10 U.S.C. 2533a).

(11) ____ 252.225–7016, Restriction on Acquisition of Ball and Roller Bearings (DEC 2010) (Section 8065 of Pub. L. 107–117 and the same restriction in subsequent DoD appropriations acts).

(12)(i) ____ 252.225–7021, Trade Agreements (NOV 2009) (19 U.S.C. 2501–2518 and 19 U.S.C. 3301 note).

(ii) ____ Alternate I (SEP 2008) of 252.225–7021.

(iii) ____ Alternate II (DEC 2010) of 252.225–7021.

(13) ____ 252.225–7027, Restriction on Contingent Fees for Foreign Military Sales (APR 2003) (22 U.S.C. 2779).

(14) ____ 252.225–7028, Exclusionary Policies and Practices of Foreign Governments (APR 2003) (22 U.S.C. 2755).

(15)(i) ____ 252.225–7036, Buy American Act—Free Trade Agreements—Balance of Payments Program (DEC 2010) (41 U.S.C. chapter 83, and 19 U.S.C. 3301 note).

(ii) ____ Alternate I (JUL 2009) of 252.225–7036.

(iii) ____ Alternate II (DEC 2010) of 252.225–7036.

(iv) ____ Alternate III (DEC 2010) of 252.225–7036.

(16) ____ 252.225–7038, Restriction on Acquisition of Air Circuit Breakers (JUN 2005) (10 U.S.C. 2534(a)(3)).

(17) ____ 252.226–7001, Utilization of Indian Organizations, Indian-Owned Economic Enterprises, and Native Hawaiian Small Business Concerns (SEP 2004) (Section 8021 of Pub. L. 107–248 and similar sections in subsequent DoD appropriations acts).

(18) ____ 252.227–7015, Technical Data—Commercial Items (MAR 2011) (10 U.S.C. 2320).

(19) ____ 252.227–7037, Validation of Restrictive Markings on Technical Data (SEP 1999) (10 U.S.C. 2321).

(20) ____ 252.232–7003, Electronic Submission of Payment Requests and Receiving Reports (MAR 2008) (10 U.S.C. 2227).

(21) ____ 252.237–7010, Prohibition on Interrogation of Detainees by Contractor Personnel (NOV 2010) (Section 1038 of Pub. L. 111–84).

(22) ____ 252.237–7019, Training for Contractor Personnel Interacting with Detainees (SEP 2006) (Section 1092 of Pub. L. 108–375).

(23) ____ 252.243–7002, Requests for Equitable Adjustment (MAR 1998) (10 U.S.C. 2410).

(24) ____ 252.246–7004, Safety of Facilities, Infrastructure, and Equipment For Military Operations (OCT 2010) (Section 807 of Pub. L. 111–84).

(25)____ 252.247–7003, Pass-Through of Motor Carrier Fuel Surcharge Adjustment to the Cost Bearer (SEP 2010) (Section 884 of Pub. L. 110–417).

(26)(i) ____ 252.247–7023, Transportation of Supplies by Sea (MAY 2002) (10 U.S.C. 2631).

(ii) ____ Alternate I (MAR 2000) of 252.247–7023.

(iii) ____ Alternate II (MAR 2000) of 252.247–7023.

(iv) ____ Alternate III (MAY 2002) of 252.247–7023.

(27) ____ 252.247–7024, Notification of Transportation of Supplies by Sea (MAR (2000) (10 U.S.C. 2631).

[FR Doc. 2011–13648 Filed 6–3–11; 8:45 am]

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DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Parts 225 and 252

RIN 0750–AH16

Defense Federal Acquisition Regulation Supplement; Foreign Acquisition Amendments (DFARS Case 2011–D017)

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: DoD is amending the Defense Federal Acquisition Regulation Supplement (DFARS) to correct several anomalies resulting from recent changes relating to source of ball and roller bearing components, eligibility of Peruvian end products under trade agreements, and participation of foreign contractors in acquisitions in support of operations in Afghanistan.

DATES: *Effective Date:* June 6, 2011.

FOR FURTHER INFORMATION CONTACT: Ms. Amy G. Williams, Defense Acquisition Regulations System, OUSD (AT&L) DPAP/DARS, Room 3B855, 3060 Defense Pentagon, Washington, DC 20301–3060. Telephone 703–602–0328; facsimile 703–602–0350.

SUPPLEMENTARY INFORMATION:

I. Background

DoD is amending the DFARS to correct several anomalies resulting from recent changes relating to source of ball and roller bearing components, participation of foreign contractors in acquisitions in support of operations in Afghanistan, and eligibility of Peruvian end products under trade agreements.

A. Restriction on Ball and Roller Bearings

DoD published a proposed rule, Restrictions on Ball and Roller Bearings (DFARS Case 2006–D029), in the **Federal Register** (75 FR 25167) on May 7, 2010 with request for comments. DoD received comments from three respondents and addressed the comments in the publication of the final rule (75 FR 76297) on December 8, 2010. DFARS Case 2006–D029 retained the existing definition of "bearing component". As used in DFARS part 225 and the DFARS clause 252.225–7016, "bearing component" means the bearing element, retainer, inner race, or outer race (see 252.225–7016(a)). However, that rule added a new requirement at 225.7009–2(a)(2) and 252.225–7016(b)(2) that for each ball or roller bearing, the cost of the bearing components "mined, produced, or manufactured" in the United States or Canada must exceed 50 percent of the total cost of the bearing components of that ball or roller bearing.

The phrase "mined, produced, or manufactured" was adopted from the Buy American Act, which applies broadly to many types of items. This rule applies only to bearing components, which are manufactured items and not mined or produced. As used in the DFARS, the term "bearing component" does not refer to the materials that are utilized in the manufacture of the bearing components. There is no restriction with regard to where the iron ore is mined or where the resultant steel in a bearing component is produced. The requirement at 225.7009–2(a)(2) and 252.225–7016(b)(2) that for each ball or roller bearing, the cost of the bearing components "mined, produced, or manufactured" in the United States or Canada must exceed 50 percent of the total cost of the bearing components of that ball or roller bearing, has the same meaning as a requirement that for each ball or roller bearing, the cost of the bearing components "manufactured" in the United States or Canada must exceed 50 percent of the total cost of the bearing components of that ball or roller bearing. The words "mined" and "produced" are extraneous because they are inapplicable, since a ball or roller bearing is manufactured and not mined or produced. Therefore, this final rule under DFARS Case 2011–D017 removes the words "mined, produced, or" and

retains only the term "manufactured", to clarify the definition and alleviate any confusion these extraneous words may cause industry or Government personnel.

This final rule also makes a conforming change to the clause date for 252.225–7016, Restriction on the Acquisition of Ball and Roller Bearings, in the clause at 252.212–7001, Contract Terms and Conditions Required to Implement Statutes or Executive Orders Applicable to Defense Acquisitions of Commercial Items.

B. Foreign Participation in Acquisitions in Support of Operations in Afghanistan

DoD published a proposed rule, "Foreign Participation in Acquisitions in Support of Operations in Afghanistan" on January 6, 2010 (DFARS Case 2009–D012)(75 FR 832), with request for public comments. DoD did not receive any public comments on the proposed rule. DoD published the final rule in the **Federal Register** (75 FR 81915) on December 29, 2010.

Although no public comments were received, DoD realized that the requirement for a contractor to inform its government of its participation in the acquisition should only apply if the contractor is from a South Caucasus/Central and South Asian (SC/CASA) state. The United States Trade Representative, when providing authority to the Secretary of Defense to waive the procurement prohibition in section 302(a) of the Trade Agreements Act of 1979 (USTR letter of June 2, 2009), included the provision that contractors from the SC/CASA states, which would not have been eligible to participate in the acquisition absent the waiver, advise their governments that they will generally not have such opportunities in the future unless their governments provide reciprocal procurement opportunities to U.S. products and services.

This requirement has meaning only when applied to a contractor from an SC/CASA state, to which the waiver applies. The required statement that the contractor would not have been eligible to participate in the acquisition absent the waiver would not be true for a contractor from other than an SC/CASA state. It would also be meaningless to ask a U.S. contractor to notify its government (the U.S. Government) that it should provide reciprocal procurement opportunities to U.S. products and services. However, the proposed rule did not explicitly limit the application of this requirement to contractors from an SC/CASA state.

The final rule under DFARS Case 2009–D012 revised paragraph (d) of Alternate II of DFARS clause 252.225–7021, Trade Agreements, to limit applicability to contractors from an SC/CASA state. The final rule inadvertently omitted similar amendment of the same requirement in paragraphs (d) of Alternates II and III of DFARS clause 252.225–7045, Balance of Payments Program—Construction Material Under Trade Agreements.

This final rule under DFARS Case 2011–D017 remedies that oversight, adding "If the Contractor is from an SC/CASA state" to paragraph (d) in Alternates II and III of DFARS clause 252.225–7045, Buy American Act—Free Trade Agreements—Balance of Payments Program Certificate, to conform to the same revision made under DFARS Case 2009–D012 to paragraph (d) of Alternate I of DFARS clause 252.225–7021.

C. Trade Agreements—Peru

The Peruvian Free Trade Agreement was initially implemented by DFARS Case 2008–D046, Trade Agreement—Costa Rica and Peru, that was published as an interim rule with a request for public comment (74 FR 37650). No public comments were received and the interim rule was converted to a final rule without change on July 29, 2009 (75 FR 179). This final rule added Peru to the definition of "Free Trade Agreement country" in DFARS clauses 252.225–7021, 252.225–7036, and 252.225–7045.

In order to make some further implementation of the Peru Free Trade Agreement in the trade agreements clauses, DoD utilized the final rule issued under DFARS Case 2009–D012, although the issue of the Peru Free Trade Agreement was peripheral to the main purpose of that case. DoD added a definition of Peruvian end products and added Peruvian end products to the Free Trade Agreement country end products that are not eligible products in the provision and clause at DFARS 252.225–7035 and 252.225–7036. This is consistent with the Peru Free Trade Agreement and the FAR, and ensures that Peruvian end products are not erroneously treated as eligible products in acquisitions that do not exceed the World Trade Organization Government Procurement Agreement threshold.

This change, however, created an inconsistency between Alternate I and the basic clause 252.225–7035. The basic clause now includes in paragraph (b)(2) the phrase "Free Trade Agreement country end products other than Bahrainian end products or Moroccan end products, or Peruvian end products." The Alternate I, which limits the applicable Free Trade Agreements to just Canada, misquotes the phrase that is to be removed and replaced with the phrase "Canadian end products." Alternate I still quotes the old unrevised phrase as "Free Trade Agreement country end products other than Bahrainian end products or Moroccan end products" and leaves off "or Peruvian end products" that was added by 2009–D012 final rule. Even though this phrase is being removed by Alternate I, the misquote creates an inconsistency, which might cause some confusion, although all of the corresponding regulations make it clear that the Peruvian Trade Agreement does not apply below the threshold of $70,079, when Alternate I is used (see threshold at FAR 25.402(b), clause prescription at DFARS 225.1101(10)(i), and comparable FAR clause 52.225–3 Alternate I).

These DFARS changes are characterized as clarifications and corrections to DFARS language that do not constitute significant revisions, as defined in FAR 1.501–1, because they do not alter the substantive meaning of the coverage.

II. Executive Orders 12866 and 13563

Executive Orders (E.O.s) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action and, therefore, was not subject to review under Section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

III. Regulatory Flexibility Act

The Regulatory Flexibility Act does not apply to this rule because an initial regulatory flexibility analysis is only required for proposed or interim rules that require publication for public comment (5 U.S.C. 603) and a final regulatory flexibility analysis is only required for final rules that were previously published for public comment, and for which an initial regulatory flexibility analysis was prepared (5 U.S.C. 604).

This final rule does not constitute a significant DFARS revision as defined at FAR 1.501–1 because this rule will not have a significant cost or administrative impact on contractors or offerors, or a

significant effect beyond the internal operating procedures of the Government. Therefore, publication for public comment under 41 U.S.C. 1707 is not required.

IV. Paperwork Reduction Act

The final rule does not contain any information collection requirements that require the approval of the Office of Management and Budget under the Paperwork Reduction Act (44 U.S.C. chapter 35).

List of Subjects in 48 CFR Parts 225 and 252

Government procurement.

Ynette R. Shelkin,

Editor, Defense Acquisition Regulations System.

Therefore, 48 CFR parts 225 and 252 are amended as follows:

■ 1. The authority citation for 48 CFR parts 225 and 252 continues to read as follows:

Authority: 41 U.S.C. 1303 and 48 CFR chapter 1.

PART 225—FOREIGN ACQUISITION

225.7009–2 [Amended]

■ 2. Amend section 225.7009–2 by removing from paragraph (a)(2) the words "mined, produced, or".

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

252.212–7001 [Amended]

■ 3. Amend section 252.212–7001 by revising the clause date in paragraph (b)(11) by removing "(DEC 2010)" and adding in its place "(JUN 2011)".

252.225–7016 [Amended]

■ 4. Amend section 252.225–7016 as follows:

■ a. Revise the clause date by removing "(DEC 2010)" and adding in its place "(JUN 2011)".

■ b. Amend paragraph (b)(2) by removing the words "mined, produced, or".

■ 5. Amend section 252.225–7035 by revising Alternate I to read as follows:

252.225–7035 Buy American Act—Free Trade Agreements—Balance of Payments Program Certificate

ALTERNATE I (JUN 2011)

As prescribed in 225.1101(10)(ii), substitute the phrase "Canadian end product" for the phrases "Bahrainian end product," "Free Trade Agreement country," "Free Trade Agreement country end product," "Moroccan end product," and "Peruvian end product" in paragraph (a) of the basic provision; substitute the phrase "Canadian end products" for the phrase "Free Trade Agreement country end products other than Bahrainian end products, Moroccan end products, or Peruvian end products" in paragraphs (b)(2) and (c)(2)(ii) of the basic provision; and delete the phrase "Australian or" from paragraph (c)(2)(i) of the basic provision.

252.225–7045 [Amended]

■ 6. Amend section 252.225–7045 as follows:

■ a. Revise the clause date of Alternate II by removing "(DEC 2010)" and adding in its place "(JUN 2011)".

■ b. Amend paragraph (d) of Alternate II by removing "The" and adding in its place "If the Contractor is from an SC/CASA state, the".

■ c. Revise the clause date of Alternate III by removing "(DEC 2010)" and adding in its place "(JUN 2011)".

■ d. Amend paragraph (d) of Alternate III by removing "The" and adding in its place "If the Contractor is from an SC/CASA state, the".

[FR Doc. 2011–13797 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–08–P

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Part 225

RIN 0750–AH22

Defense Federal Acquisition Regulation Supplement; Fire-Resistant Fiber for Production of Military Uniforms (DFARS Case 2011–D021)

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Interim rule with request for comments.

SUMMARY: DoD is issuing an interim rule to implement section 821 of the National Defense Authorization Act for Fiscal Year 2011. Section 821 prohibits specification of the use of fire-resistant rayon fiber in solicitations issued before January 1, 2015.

DATES: *Effective date:* June 6, 2011.

Comment date: Comments on the interim rule should be submitted in writing to the address shown below on or before August 5, 2011.

ADDRESSES: Submit comments identified by DFARS Case 2011–D021, using any of the following methods:

○ *Regulations.gov: http://www.regulations.gov.*

Submit comments via the Federal eRulemaking portal by inputting "DFARS Case 2011–D021" under the heading "Enter keyword or ID" and selecting "Search." Select the link "Submit a Comment" that corresponds with "DFARS Case 2011–D021." Follow the instructions provided at the "Submit a Comment" screen. Please include your name, company name (if any), and "DFARS Case 2011–D021" on your attached document.

○ *E-mail: dfars@osd.mil.* Include DFARS Case 2011–D021 in the subject line of the message.

○ *Fax:* 703–602–0350.

○ *Mail:* Defense Acquisition Regulations System, Attn: Amy G. Williams, OUSD (AT&L) DPAP/DARS, Room 3B855, 3060 Defense Pentagon, Washington, DC 20301–3060.

Comments received generally will be posted without change to *http://www.regulations.gov*, including any personal information provided. To confirm receipt of your comment(s), please check *http://www.regulations.gov* approximately two to three days after submission to verify posting (except allow 30 days for posting of comments submitted by mail).

SUPPLEMENTARY INFORMATION:

I. Background

This interim rule amends DFARS subpart 225.70 to implement section 821 of the National Defense Authorization Act for Fiscal Year 2011 (Pub. L. 111–383). Section 821 prohibits specification of the use of fire-resistant rayon fiber in solicitations issued before January 1, 2015.

II. Executive Orders 12866 and 13563

Executive Orders (E.O.s) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action and, therefore, was not subject to review under Section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

III. Regulatory Flexibility Act

DoD does not expect this interim rule to have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.*

However, an initial regulatory flexibility analysis has been prepared and is summarized as follows:

The objectives of this interim rule are to prohibit specification of the use of fire-resistant rayon fiber in solicitations issued before January 1, 2015, as required by the statute. This will provide opportunity for offerors to propose alternative solutions to meet DoD requirements.

The legal basis for this interim rule is section 821 of the National Defense Authorization Act for Fiscal Year 2011 (Pub. L. 111–383).

The two major sources of fire-resistant fiber used in DoD products either come from DuPont (product called Nomex) or The Lenzing Group, Austria (product called Fire-Resistant Rayon). In order to manufacture a fire-resistant uniform currently being sourced by the services, three products are blended together to meet desired cost, availability, and performance criteria:

- Nylon;
- Para-aramid (Kevlar by DuPont or Twaron by Teijin (the Netherlands)); and
- Either Nomex (DuPont) or Fire-Resistant Rayon (Lenzing).

DuPont is a domestic large business and the other players are foreign. Therefore, this rule will have minimal impact on U.S. small businesses.

This rule does not impose any reporting or recordkeeping requirements.

The rule does not duplicate, overlap, or conflict with any other Federal rules.

There are no significant alternatives to accomplish the stated objectives of this rule. The rule specifically implements the statutory requirement.

DoD invites comments from small business concerns and other interested parties on the expected impact of this rule on small entities.

DoD will also consider comments from small entities concerning the existing regulations in subparts affected by this rule in accordance with 5 U.S.C. 610. Interested parties must submit such comments separately and should cite 5 U.S.C. 610 (DFARS Case 2011–D021) in correspondence.

V. Paperwork Reduction Act

The rule does not contain any information collection requirements that require the approval of the Office of Management and Budget under the Paperwork Reduction Act (44 U.S.C. chapter 35).

VI. Determination To Issue an Interim Rule

A determination has been made under the authority of the Secretary of Defense, that urgent and compelling reasons exist to publish an interim rule prior to affording the public an opportunity to comment. This interim rule implements section 821 of the National Defense Authorization Act for Fiscal Year 2011. This requirement became effective upon enactment on January 7, 2011. This action is necessary in order to enable contracting officers to comply with this new requirement. Comments received in response to this interim rule will be considered in the formation of the final rule.

List of Subjects in 48 CFR Part 225

Government procurement.

Ynette R. Shelkin,

Editor, Defense Acquisition Regulations System.

Therefore, 48 CFR part 225 is amended as follows:

PART 225—FOREIGN ACQUISITION

■ 1. The authority citation for 48 CFR part 225 continues to read as follows:

Authority: 41 U.S.C. 1303 and 48 CFR chapter 1.

■ 2. In subpart 225.70, add section 225.7016 to read as follows:

225.7016 Prohibition.

In accordance with section 821 of the National Defense Authorization Act for Fiscal Year 2011, do not include in any solicitation issued before January 1, 2015, a requirement that proposals submitted pursuant to such solicitation shall include the use of fire-resistant rayon fiber.

[FR Doc. 2011–13368 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–08–P

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Part 252

RIN 0750–AH21

Defense Federal Acquisition Regulation Supplement; Definition of "Qualifying Country End Product" (DFARS Case 2011–D028)

AGENCY: Defense Acquisition Regulations System, Department of Defense (DoD).

ACTION: Proposed rule.

SUMMARY: DoD is issuing a proposed rule to amend the definition of "qualifying country end product" by eliminating the component test for qualifying country end products that are commercially available off-the-shelf items.

DATES: Comments on the proposed rule should be submitted in writing to the address shown below on or before August 5, 2011, to be considered in the formation of the final rule.

ADDRESSES: Submit comments identified by DFARS Case 2011–D028, using any of the following methods:

○ *Regulations.gov: http://www.regulations.gov.*

Submit comments via the Federal eRulemaking portal by inputting "DFARS Case 2011–D028" under the heading "Enter keyword or ID" and selecting "Search." Select the link "Submit a Comment" that corresponds with "DFARS Case 2011–D028." Follow the instructions provided at the "Submit a Comment" screen. Please include your name, company name (if any), and "DFARS Case 2011–D028" on your attached document.

○ *E-mail: dfars@osd.mil.* Include DFARS Case 2011–D028 in the subject line of the message.

○ *Fax:* 703–602–0350.

○ *Mail:* Defense Acquisition Regulations System, Attn: Amy G. Williams, OUSD (AT&L) DPAP/DARS, Room 3B855, 3060 Defense Pentagon, Washington, DC 20301–3060.

Comments received generally will be posted without change to *http://www.regulations.gov,* including any personal information provided. To confirm receipt of your comment(s), please check *http://www.regulations.gov* approximately two to three days after submission to verify posting (except allow 30 days for posting of comments submitted by mail).

SUPPLEMENTARY INFORMATION:

I. Background

This rule proposes to amend the definition of "qualifying country end product" to remove the component test for qualifying country end products that are commercially available off-the-shelf items.

Under the Buy American Act, there is a two-part test to define a domestic end product. The product must be manufactured in the United States and there is a formula based on the cost of foreign components compared to the cost of all components. Under FAR Case 2000–305, the component test was waived for the acquisition of commercially available off-the-shelf (COTS) items (see FAR 25.001(c)(1)). Likewise, the component test for the DFARS definition of "domestic end product" was waived by the interim rule of DFARS Case 2008–D009 (74 FR 2422, January 15, 2009) and final rule published December 24, 2009 (74 FR 68384). These changes were based on a determination signed by the Administrator for Federal Procurement Policy on February 14, 2008, regarding laws applicable to the acquisition of COTS items. According to the determination, the component test of the Buy American Act (41 U.S.C. chapter 83) does not apply to COTS items.

The definition of "qualifying country end product" is not statutory, but it was modeled after the definition of "domestic end product" as a matter of policy. Therefore, it is within the authority of DoD to change this definition as a matter of policy, to waive the component test for qualifying country end products that are COTS items, so that it will not be necessary to try to track the origin of components of COTS items that are manufactured in a qualifying country, in order to determine that an end product is a qualifying country end product.

II. Executive Orders 12866 and 13563

Executive Orders (E.O.s) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is a significant regulatory action and, therefore, was subject to review under section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

III. Regulatory Flexibility Act

DoD does not expect this rule to have a significant impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.,* because the rule only affects manufacturers of COTS items in qualifying countries, removing an administrative burden for the qualifying country manufacturer and the Government personnel acquiring the items. The Regulatory Flexibility Act is intended to protect small entities in the United States, not foreign entities, regardless of size. For the definition of "small business", the Regulatory Flexibility Act refers to the Small Business Act, which in turn allows the SBA Administrator to specify detailed definitions or standards. 5 U.S.C. 601(3) and 15 U.S.C. 632(a). The SBA regulations at 13 CFR 121.105 discuss who is a small business: " (a)(1) Except for small agricultural cooperatives, a business concern eligible for assistance from SBA as a small business is a business entity organized for profit, with a place of business located in the United States, and which operates primarily within the United States or which makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor." The comparable change has already been enacted for the benefit of U.S. manufacturers of COTS items in the DFARS which aligns with the FAR. Therefore, an initial regulatory flexibility analysis has not been performed. DoD invites comments from small business concerns and other interested parties on the expected impact of this rule on small entities.

DoD will also consider comments from small entities concerning the existing regulations in subparts affected by this rule in accordance with 5 U.S.C. 610. Interested parties must submit such comments separately and should cite 5 U.S.C. 610 (DFARS Case 2011–D029) in correspondence.

V. Paperwork Reduction Act

The rule does not contain any information collection requirements that require the approval of the Office of Management and Budget under the Paperwork Reduction Act (44 U.S.C. chapter 35).

List of Subjects in 48 CFR Part 252

Government procurement.

Ynette R. Shelkin,

Editor, Defense Acquisition Regulations System.

Therefore, 48 CFR part 252 is proposed to be amended as follows:

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

1. The authority citation for 48 CFR part 252 continues to read as follows:

Authority: 41 U.S.C. 1303 and 48 CFR chapter 1.

2. Amend section 252.212–7001 by revising the clause date, and paragraphs (b)(5)(i), (b)(11)(i), (b)(14)(i), (b)(20), and (b)(21) to read as as follows:

252.212–7001 Contract terms and conditions required to implement statutes or executive orders applicable to defense acquisitions of commercial items.

* * * * *

CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT STATUTES OR EXECUTIVE ORDERS APPLICABLE TO DEFENSE ACQUISITIONS OF COMMERCIAL ITEMS (DATE)

* * * * *

(b) * * *

(5)(i)____252.225–7001, Buy American Act and Balance of Payments Program (DATE) (41 U.S.C. chapter 83, E.O. 10582).

* * * * *

(11)(i)____252.225–7021, Trade Agreements (DATE) (19 U.S.C. 2501–2518 and 19 U.S.C. 3301 note)

* * * * *

(14)(i)____ 252.225–7036, Buy American Act—Free Trade Agreements—Balance of Payments Program (DATE) (41 U.S.C. chapter 83 and 19 U.S.C. 3301 note)

* * * * *

(20)____252.237–7010, Prohibition on Interrogation of Detainees by Contractor Personnel (NOV 2010) (Section 1038 of Pub. L. 111–84).

(21)____252.237–7019, Training for Contractor Personnel Interacting with Detainees (SEP 2006) (Section 1092 of Public Law 108–375).

* * * * *

3. Amend section 252.225–7001 by revising the clause date, paragraph (a)(8), and paragraph (b) to read as follows:

252.225–7001 Buy American Act and Balance of Payments Program.

* * * * *

BUY AMERICAN ACT AND BALANCE OF PAYMENTS PROGRAM (DATE)

(a) * * *

(8) *Qualifying country end product* means—

(i) An unmanufactured end product mined or produced in a qualifying country; or

(ii) An end product manufactured in a qualifying country if—

(A) The cost of the following types of components exceeds 50 percent of the cost of all its components:

(*1*) Components mined, produced, or manufactured in a qualifying country.

(*2*) Components mined, produced, or manufactured in the United States.

(*3*) Components of foreign origin of a class or kind for which the Government has determined that sufficient and reasonably available commercial quantities of a satisfactory quality are not mined, produced, or manufactured in the United States; or

(B) The end product is a COTS item.

* * * * *

(b) This clause implements the Buy American Act (41 U.S.C. chapter 83). In accordance with 41 U.S.C. 1907, the component test of the Buy American Act is waived for an end product that is a COTS item (see section 12.505(a)(1) of the Federal Acquisition Regulation). Unless otherwise specified, this clause applies to all line items in the contract.

* * * * *

4. Amend section 252.225–7021 by revising the clause date and paragraph (a)(10) to read as follows:

252.225–7021 Trade agreements.

* * * * *

TRADE AGREEMENTS (DATE)

(a) * * *

(10) *Qualifying country end product* means—

(i) An unmanufactured end product mined or produced in a qualifying country; or

(ii) An end product manufactured in a qualifying country if—

(A) The cost of the following types of components exceeds 50 percent of the cost of all its components:

(*1*) Components mined, produced, or manufactured in a qualifying country.

(*2*) Components mined, produced, or manufactured in the United States.

(*3*) Components of foreign origin of a class or kind for which the Government has determined that sufficient and reasonably available commercial quantities of a satisfactory quality are not mined, produced, or manufactured in the United States; or

(B) The end product is a COTS item.

* * * * *

5. Amend section 252.225–7036 by revising the clause date and paragraph (a)(13) to read as follows:

252.225–7036 Buy American Act—Free Trade Agreements—Balance of Payments Program.

* * * * *

BUY AMERICAN ACT—FREE TRADE AGREEMENTS—BALANCE OF PAYMENTS PROGRAM (DATE)

(a) * * *

(13) *Qualifying country end product* means—

(i) An unmanufactured end product mined or produced in a qualifying country; or

(ii) An end product manufactured in a qualifying country if—

(A) The cost of the following types of components exceeds 50 percent of the cost of all its components:

(*1*) Components mined, produced, or manufactured in a qualifying country.

(*2*) Components mined, produced, or manufactured in the United States.

(*3*) Components of foreign origin of a class or kind for which the Government has determined that sufficient and reasonably available commercial quantities of a satisfactory quality are not mined, produced, or manufactured in the United States; or

(B) The end product is a COTS item.

* * * * *

[FR Doc. 2011–13367 Filed 6–3–11; 8:45 am]

BILLING CODE 5001–08–P

DEPARTMENT OF DEFENSE

Defense Acquisition Regulations System

48 CFR Parts 203, 204, and 252

RIN 0750–AG99

Defense Federal Acquisition Regulation Supplement; Representation Relating to Compensation of Former DoD Officials (DFARS Case 2010–D020)

AGENCY: Defense Acquisition Regulations System; Department of Defense (DoD).

ACTION: Proposed rule.

SUMMARY: DoD is proposing to amend the Defense Federal Acquisition Regulation Supplement (DFARS) to require that offerors represent whether former DoD officials employed by the offeror are in compliance with post-employment restrictions.

DATES: Comments on the proposed rule should be submitted in writing to the address shown below on or before August 5, 2011, to be considered in the formation of the final rule.

ADDRESSES: Submit comments identified by DFARS Case 2010–D020, using any of the following methods:

○ *Regulations.gov: http://www.regulations.gov.*

Submit comments via the Federal eRulemaking portal by inputting "DFARS Case 2010–D020" under the heading "Enter keyword or ID" and selecting "Search." Select the link "Submit a Comment" that corresponds with "DFARS Case 2010–D020." Follow the instructions provided at the "Submit a Comment" screen. Please include your name, company name (if any), and

"DFARS Case 2010–D020" on your attached document.

○ *E-mail: dfars@osd.mil.* Include DFARS Case 2010–D020 in the subject line of the message.

○ *Fax:* 703–602–0350.

○ *Mail:* Defense Acquisition Regulations System, Attn: Ms. Meredith Murphy, OUSD (AT&L) DPAP/DARS, Room 3B855, 3060 Defense Pentagon, Washington, DC 20301–3060.

Comments received generally will be posted without change to *http://www.regulations.gov,* including any personal information provided. To confirm receipt of your comment(s), please check *http://www.regulations.gov* approximately two to three days after submission to verify posting (except allow 30 days for posting of comments submitted by mail).

FOR FURTHER INFORMATION CONTACT: Ms. Meredith Murphy, Defense Acquisition Regulations System, OUSD (AT&L) DPAP/DARS, 3060 Defense Pentagon, Room 3B855, Washington, DC 20301–3060. Telephone 703–602–1302; facsimile 703–602–0350. Please cite DFARS Case 2010–D020.

SUPPLEMENTARY INFORMATION:

I. Background

A. Statutory Requirements

The principal statutory restrictions concerning post-government employment for DoD and other Federal employees after leaving Government employment are found in 18 U.S.C. 207 and 41 U.S.C. 2104 (formerly, 41 U.S.C. 423), and 5 CFR parts 2637 and 2641.

1. 18 U.S.C. 207

18 U.S.C. 207 prohibits an individual from representing a contractor to their former agency on particular matters involving specific parties that they handled while working for the Federal Government for defined cooling-off periods that vary according to the former official's involvement and position:

a. Former personnel are permanently barred from representing their new employer to their former agencies for matters on which they were personally and substantially involved.

b. Even if the former officials were not directly involved in the matter, former personnel may not represent their new employer to their former agency on matters that were pending under their official responsibility in their last year of service for two years after leaving Federal service.

c. Former senior-level officers and employees may not contact their former agency on particular government matters that are pending or are of substantial interest to the former agency for one year after leaving Federal service.

2. 41 U.S.C. 2104 (Formerly, 41 U.S.C. 423)

DoD and other Government acquisition officials may not accept compensation from a defense contractor during a one year cooling-off period if the official performed certain duties at DoD involving the contractor and a contract valued in excess of $10 million. However, the individual may accept employment from a division or affiliate that does not produce the same or similar items.

3. Section 847 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008

Section 847 requires that senior DoD officials who have been personally and substantially involved in contracts over $10 million request a written post-employment ethics opinion before receiving compensation from a contractor. It also applies to the employees who are affected by the one-year compensation ban of 41 U.S.C. 2104.

B. Current Acquisition Regulations

1. FAR 3.104 implements 41 U.S.C 2104 and 18 U.S.C. 207.

2. DFARS 203.104 implements procurement integrity for DoD.

3. DFARS 203.171–3 is an implementation of section 847 of the NDAA for FY 2008. Pursuant to DFARS 203.171–3, defense contractors may not knowingly provide compensation to "covered DoD officials" (as defined by a January 2009 DFARS Clause 252.203–7000, Requirements Relating to Compensation of Former DoD Officials) who left Government employment on or after January 28, 2008, unless the contractor first determines that the former employee has received, or has requested at least 30 days prior to receiving compensation from the contractor, the post-employment ethics opinion regarding post-employment restrictions. DFARS 252.203–7000 incorporates this prohibition of knowingly compensating former DoD "covered officials," into DoD contracts. The DFARS does not require additional action from the DoD contractor or covered employee in the event that the covered employee has not received an opinion on post-employment restrictions. In addition, the clause does not cover DoD employees who left the Government prior to January 28, 2008.

C. General Accountability Office (GAO) Study GAO–08–485

Congress included a provision in the National Defense Authorization Act for Fiscal Year 2007 (Pub. L. 109–364, section 851) requiring GAO to report on recent employment of former DoD Officials by major defense contractors. In May 2008, the GAO issued a report, "Defense Contracting: Post-Government Employment of Former DoD Officials Needs Greater Transparency" (GAO–08–485). GAO auditors focused on 52 major defense contractors.

The GAO found that contractors under-reported the employment of former DoD officials to the extent that they employed almost twice as many they reported.

GAO estimated that approximately 422 former DoD officials (post-Government employment) were working on defense contracts under the responsibility of their former agency. At least nine of those individuals could have been performing services under the same contract for which they had prior program responsibility. GAO concluded that the results of the study indicated that defense contractors may employ a substantial number of former DoD officials on assignments related to their former positions.

According to GAO, DoD does not have a mechanism for monitoring former senior officials and acquisition officials when they begin their new jobs with defense contractors. DoD's practice of providing written ethics opinions to senior and acquisition officials who request them provides only limited transparency, although DoD is in the process of implementing a single database for collecting and retaining this information.

The GAO report showed that major defense contractors are not currently ensuring that former DoD senior officials and acquisition executives working on contracts are in compliance with post-employment restrictions. GAO concluded that greater transparency is needed by DoD with respect to former senior and acquisition executives (i.e., DoD "covered officials") to ensure compliance with applicable post-employment restrictions.

D. Proposed Rule

The proposed provision will remedy this deficiency by requiring offerors to submit representations at the time of contract award that all former DoD officials that are covered by the Procurement Integrity Act are in compliance with post-employment restrictions set forth in DFARS 203.171–3 and DFARS 252.203–7000. The

representation goes further in also requiring a representation that former DoD employees employed by the contractor are also in compliance with additional post-employment restrictions of 18 U.S.C. 207 and 5 CFR parts 2637 and 2631, including FAR 3.104–2.

This representation will be required in contracts for commercial items. This representation is an enforcement mechanism for DFARS clause 252.203–7000, which is required in contracts for commercial items (see 252.212–7001(b)(1)). Therefore, the representation has been added to 252.212–7000.

II. Executive Orders 12866 and 13563

Executive Orders (E.O.s) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action and, therefore, was not subject to review under Section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

III. Regulatory Flexibility Act

DoD does not expect this proposed rule to have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.* Nevertheless, an initial regulatory flexibility analysis has been prepared, and is summarized as follows:

This proposed rule is in response to a study by the General Accountability Office, "Defense Contracting: Post-Government Employment of Former DoD Officials Needs Greater Transparency" (GAO–08–485), issued in May 2008. The GAO found that contractors under-reported the employment of former DoD officials to the extent that they employed almost twice as many as they reported. The GAO report showed that major defense contractors are not currently ensuring that former DoD senior officials and acquisition executives working on contracts are in compliance with post-employment restrictions.

The objective of the proposed rule is to remedy this deficiency reported by the GAO by requiring offerors to submit representations at the time of contract award that all former DoD officials that are covered by the Procurement Integrity Act are in compliance with post-employment restrictions set forth in DFARS 203.171–3 and DFARS 252.203–7000, as required by section 847 of the National Defense Authorization Act for Fiscal Year 2008. The representation goes further in also requiring a representation that former DoD employees employed by the contractor are also in compliance with additional post-employment restrictions of 18 U.S.C. 207 and 5 CFR parts 2637 and 2631, including FAR 3.104–2.

The rule requires a representation from all offerors that respond to a DoD solicitation. However, the representation will only require preparatory effort if the offeror employs or otherwise provides compensation to former DoD officials covered by the Procurement Integrity Act. There is no impact on the offeror unless the former DoD officials covered by the Procurement Integrity Act are not in compliance with the post-employment restrictions. A covered DoD official is already defined in the clause at DFARS 252.203–7000, Requirements Relating to Compensation of Former DoD Employees. In the period of 2001–2006, 1.85 million former military and civilian personnel left DoD service. A "covered DoD official" only includes former DoD officials holding certain positions and who left within the past two years. The GAO found that the 1.85 million personnel who had left DoD service over a six-year period included only 35,192 who had served in the type of senior or acquisition official positions that made them subject to post-government employment restrictions, if they were subsequently hired by defense contractors. Dividing by 35,192 (to reduce the six-year period to a two-year period), we estimate that 11,730 of those officials would have left within the last two years. We estimate that 7,635 of these former officials may accept employment with a defense contractor (about 65 percent). The GAO study found 2,435 of these covered officials employed by 52 major defense contractors. Of the remaining 5,200 former officials covered by the Procurement Integrity Act, we estimate that 3,900 (75 percent) of them may work for small business concerns.

There is no information collection requirement associated with this proposed rule. Offerors make the representation by submission of an offer. They are not allowed to submit an offer if they can not make the representation. In order to submit an offer, small entities that hire a former DoD official covered by the Procurement Integrity Act will have to check the compliance of such employees with various applicable post-employment restrictions. DFARS 252.203–7000, Requirements Relating to Compensation of Former DoD Officials, already requires contractors to determine that a covered DoD official has sought and received, or has not received after 30 days of seeking, a written opinion from the appropriate DoD ethics counselor, regarding the applicability of post-employment restrictions to the activities that the official is expected to undertake on behalf of the contractor. Therefore, this representation of compliance does not impose an additional burden on the offeror.

The rule does not duplicate, overlap, or conflict with any other Federal rules.

There are no known significant alternatives to the rule that would achieve the objectives of the rule.

DoD invites comments from small business concerns and other interested parties on the expected impact of this rule on small entities.

DoD will also consider comments from small entities concerning the existing regulations in subparts affected by the rule in accordance with 5 U.S.C. 610. Interested parties must submit such comments separately and should cite 5 U.S.C. 610 (DFARS Case 2010–D020) in correspondence.

IV. Paperwork Reduction Act

The rule does not impose any new information collection requirements that require the approval of the Office of Management and Budget under the Paperwork Reduction Act (44 U.S.C. chapter 35).

List of Subjects in 48 CFR Parts 203 and 252

Government procurement.

Ynette R. Shelkin,

Editor, Defense Acquisition Regulations System.

Therefore, 48 CFR parts 203, 204, and 252 are proposed to be amended as follows:

1. The authority citation for 48 CFR parts 203, 204, and 252 continues to read as follows:

Authority: 41 U.S.C. 1303 and 48 CFR chapter 1.

PART 203—IMPROPER BUSINESS PRACTICES AND PERSONAL CONFLICTS OF INTEREST

2. Revise section 203.171–4 to read as follows:

203.171–4 Solicitation provisions and contract clause.

(a) Use the clause at 252.203–7000, Requirements Relating to Compensation of Former DoD Officials, in all solicitations and contracts.

(b) Use the provision at 252.203–70XX, Representation Relating to Compensation of Former DoD Officials, in all solicitations.

PART 204—ADMINISTRATIVE MATTERS

3. Amend section 204.1202 by redesignating paragraphs (2)(i) through (xii) as paragraphs (2)(ii) through (xiii) and adding new paragraph (2)(i) to read as follows,

204.1202 Solicitation provision and contract clause.

* * * * *

(2) * * *

(i) 252.203–70XX, Representation Relating to Compensation of Former DoD Officials.

* * * * *

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

4. Add section 252.203–70XX to read as follows:

252.203–70XX Representation Relating to Compensation of Former DoD Officials.

As prescribed in 203.171–4(b), insert the following provision:

REPRESENTATION RELATING TO COMPENSATION OF FORMER DOD OFFICIALS (DATE)

(a) *Definition. Covered DoD official* is defined in the clause at 252.203–7000, Requirements Relating to Compensation of Former DoD Officials.

(b) By submission of this offer, the offeror represents, to the best of its knowledge and belief, that all covered DoD officials employed by or otherwise receiving compensation from the offeror are presently in compliance with—

(1) Defense Federal Acquisition Regulation Supplement (DFARS) 203.171–3 and DFARS 252.203–7000; and

(2) Other post-employment restrictions covered by 18 U.S.C. 207 and 5 CFR parts 2637 and 2631, including Federal Acquisition Regulation 3.104–2.

(End of provision)

5. Amend section 252.212–7000 by revising the clause date, revising paragraph (a), and adding paragraph (d) to read as follows:

252.212–7000 Offeror Representations and Certifications—Commercial Items.

* * * * *

OFFEROR REPRESENTATIONS AND CERTIFICATIONS—COMMERCIAL ITEMS (JUN 2011)

(a) *Definitions.* As used in this clause—

Covered DoD official is defined in the clause at 252.203–7000, Requirements Relating to Compensation of Former DoD Officials. *Foreign person* means any person other than a United States person as defined in Section 16(2) of the Export Administration Act of 1979 (50 U.S.C. App. Sec. 2415).

United States means the 50 States, the District of Columbia, outlying areas, and the outer Continental Shelf as defined in 43 U.S.C. 1331.

United States person is defined in section 16(2) of the Export Administration Act of 1979 and means any United States resident or national (other than an individual resident outside the United States and employed by other than a United States person), any domestic concern (including any permanent domestic establishment of any foreign concern), and any foreign subsidiary or affiliate (including any permanent foreign establishment) of any domestic concern which is controlled in fact by such domestic concern, as determined under regulations of the President.

* * * * *

(d) *Representation Relating to Compensation of Former DoD Officials.* By submission of this offer, the offeror represents, to the best of its knowledge and belief, that all covered DoD officials employed by or otherwise receiving compensation from the offeror, are presently in compliance with—

(1) Defense Federal Acquisition Regulation Supplement (DFARS) 203.171–3 and DFARS 252.203–7000, Requirements Relating to Compensation of Former DoD Officials; and

(2) Other post-employment restrictions covered by 18 U.S.C. 207 and 5 CFR parts 2637 and 2631, including Federal Acquisition Regulation 3.104–2.

(End of provision)

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Monday, June 6, 2011

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FEDERAL REGISTER PAGES AND DATE, JUNE

31451–31784 1
31785–32064 2
32065–32312 3
32313–32850 6

CFR PARTS AFFECTED DURING JUNE

At the end of each month the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

2 CFR

Proposed Rules:
Ch. XI 32330
Ch. XVIII 31884
Ch. XXIV 31884

3 CFR

Proclamations:
8683 32065

5 CFR

532 31785
Proposed Rules:
Ch. I 31886
532 31885
Ch. VII 32088
Ch. XLV 32330
Ch. XXVI 32330
Ch. LIX 31884
Ch. LXV 31884
Ch. XXXV 31886

6 CFR

Proposed Rules:
Ch. I 32331

7 CFR

51 31787
201 31790
457 32067
Proposed Rules:
36 31887
205 31495
916 31888
917 31888
1205 32088

8 CFR

Proposed Rules:
Ch. I 32331

9 CFR

Proposed Rules:
92 31499
93 31499
94 31499
96 31499
98 31499

10 CFR

430 31750
431 31795
Proposed Rules:
40 31507
150 31507

12 CFR

202 31451
Proposed Rules:
Ch. XVII 31884
4 32332
5 32332
7 32332
8 32332
28 32332
34 32332

14 CFR

25 ..... 31451, 31453, 31454, 31456
39 ..... 31457, 31459, 31462, 31465, 31796, 31798, 31800, 31803
71 ..... 31821, 31822
91 31823
Proposed Rules:
39 ..... 31508, 32103
71 31510
139 32105
217 31511
241 31511
298 31511
382 32107
Ch. V 31884

16 CFR

259 31467
Proposed Rules:
309 31513

17 CFR

Proposed Rules:
22 31518
190 31518
230 31518
239 31518

19 CFR

122 31823
Proposed Rules:
Ch. I 32331

20 CFR

Proposed Rules:
Ch. III 31892

21 CFR

5 31468
10 31468
14 31468
19 31468
20 31468
21 31468
314 31468
350 31468
516 31468
814 31468
1310 31824
Proposed Rules:
Ch. I 32330
573 32332

24 CFR

Proposed Rules:
Ch. I 31884
Ch. II 31884
Ch. III 31884
Ch. IV 31884
Ch. V 31884
Ch. VI 31884
Ch. VIII 31884
Ch. IX 31884
Ch. X 31884
Ch. XII 31884

25 CFR

Proposed Rules:
Ch. V 32330

26 CFR

Proposed Rules:
1 31543
301 31543

29 CFR

Proposed Rules:
1602 31892
2550 31544

31 CFR

10 32286
545 31470

32 CFR

Proposed Rules:
Ch. I 32330
Ch. V 32330
Ch. VI 32330
Ch. VII 32330
Ch. XII 32330

33 CFR

1 31831
27 31831
96 31831
100 32313
101 31831
107 31831
115 31831
117 ....31831, 31838
135 31831
140 31831
148 31831
150 31831
151 31831
160 31831
161 31831
162 31831
164 31831
165 ....31839, 31843, 31846, 31848, 31851, 31853, 32069, 32071, 32313
166 31831
167 31831
169 31831

Proposed Rules:
165 31895
Ch. I 32331
Ch. II 32330

34 CFR

Ch. II 32073
222 31855

36 CFR

Proposed Rules:
Ch. III 32330

37 CFR

201 32316

40 CFR

52 ....31856, 31858, 32321
180 ....31471, 31479, 31485
300 32081

Proposed Rules:
Ch. VII 32330
52 ....31898, 31900, 32110, 32113, 32333
300 32115

41 CFR

Proposed Rules:
Ch. 101 32088
Ch. 102 32088
Ch. 105 32088
102–34 31545
301-11 32340
302-2 32340
302-3 32340
302-17 32340

42 CFR

412 32085
434 32816
438 32816
447 32816

Proposed Rules:
Ch. I 32330
Ch. V 32330
5 31546
414 ....31547, 32410

44 CFR

Proposed Rules:
Ch. I 32331

45 CFR

Proposed Rules:
Ch. II 32330
Ch. III 32330
Ch. IV 32330
Ch. VIII 31886
Ch. X 32330
Ch. XIII 32330

46 CFR

45 32323

Proposed Rules:
Ch. I 32331
Ch. III 32331

47 CFR

Proposed Rules:
73 32116
76 32116

48 CFR

203 32840
225 ....32841, 32843
252 ....32840, 32841

Proposed Rules:
Ch. 1 ....32133, 32330
2 32330
17 31886
21 31886
52 32330
54 32330
203 32846
204 32846
252 ....32845, 32846
Ch. 5 32088
Ch. 16 31886
Ch. 18 31884
Ch. 24 31884
Ch. 61 32088

49 CFR

383 32327
390 32327
572 31860

Proposed Rules:
Ch. XII 32331

50 CFR

17 31866
622 31874
635 32086
648 31491
679 31881

Proposed Rules:
17 ....31686, 31903, 31906, 31920
223 31556
224 31556
226 32026

LIST OF PUBLIC LAWS

This is a continuing list of public bills from the current session of Congress which have become Federal laws. It may be used in conjunction with ''P L U S'' (Public Laws Update Service) on 202–741–6043. This list is also available online at *http://www.archives.gov/federal-register/laws*.

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S. 990/P.L. 112–14

PATRIOT Sunsets Extension Act of 2011 (May 26, 2011; 125 Stat. 216)

H.R. 793/P.L. 112–15

To designate the facility of the United States Postal Service located at 12781 Sir Francis Drake Boulevard in Inverness, California, as the ''Specialist Jake Robert Velloza Post Office''. (May 31, 2011; 125 Stat. 217)

H.R. 1893/P.L. 112–16

Airport and Airway Extension Act of 2011, Part II (May 31, 2011; 125 Stat. 218)

S. 1082/P.L. 112–17

Small Business Additional Temporary Extension Act of 2011 (June 1, 2011; 125 Stat. 221)

Last List June 2, 2011

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