DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, and 414

[BPD–884–P]

RIN 0938–AH94

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998

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

ACTION: Proposed rule.

SUMMARY: This proposed rule discusses several policy changes affecting Medicare Part B payment. The changes relate to physician services, including resource-based practice expense relative value units and geographic practice cost index changes, clinical psychologist services, supervision of diagnostic tests, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, clinical consultations, and payments based on actual charges. Under the law, we are required to develop a resource-based system for determining practice expense relative value units effective January 1, 1998. In addition, since we established the physician fee schedule on January 1, 1992, our experience indicates that some of our Part B payment policies need to be reconsidered. This proposed rule is intended to correct inequities in physician payment and solicits public comments on specific proposed policy changes.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 18, 1997.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–884–P, P.O. Box 26688, Baltimore, MD 21207–0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–884–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

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

FOR FURTHER INFORMATION CONTACT:

Jim Menas, (410) 786–4507 (for issues related to practice expense relative value units).

Elisa Tunanidas, (410) 786–450 (for issues related to the clinical psychologist fee schedule).

William Morse, (410) 786–4520 (for issues related to the supervision of diagnostic tests).

Ward Pleines, (410) 786–4528 (for issues related to the reasonable compensation equivalent limit update factor).

Anita Heygster, (410) 786–4486 (for issues related to participating and nonparticipating suppliers and to actual charges).

Stanley Weintraub, (410) 786–4498 (for all other issues).

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

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

AMA—American Medical Association
CF—Conversion factor
CFR—Code of Federal Regulations
CMSAs—Consolidated Metropolitan Statistical Areas
CPEPs—Clinical Practice Expert Panels
CPI—Consumer Price Index
CPI–U—Consumer Price Index for All Urban Consumers
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]
ES–202 Data—Bureau of Labor Statistics from State unemployment insurance agencies
FDA—Food and Drug Administration
FMR—Fair market rental
HUD—[Department of] Housing and Urban Development
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCFA—Health Care Financing Administration
HCPCS—HCFA Common Procedure Coding System
HHS—[Department of] Health and Human Services
MEI—Medicare Economic Index
MSA—Metropolitan Statistical Area
OBRA—Omnibus Budget Reconciliation Act
PC—Professional component
PMSA—Primary Metropolitan Statistical Area
PPS—Prospective payment system
RUC—[AMA's Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
TC—Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a Medicare volume performance standard for the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

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

B. Published Changes to the Fee Schedule

We published a final rule on November 25, 1991 (56 FR 59502) to implement section 1848 of the Act by establishing a fee schedule for physician services furnished on or after January 1, 1992. In the November 1991 final rule (56 FR 59511), we stated our intention to update RVUs for new and revised codes in the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) through an ''interim RVU'' process every year. The updates to the RVUs and fee schedule policies follow:

- November 25, 1992, as a final notice with comment period on new and revised RVUs only (57 FR 55914).
- December 2, 1993, as a final rule with comment period (58 FR 63626) to revise the refinement process used to establish physician work RVUs and to revise payment policies for specific physician services and supplies. (We solicited comments on new and revised RVUs only.)
- December 8, 1994, as a final rule with comment period (59 FR 63410) to revise the geographic adjustment factor (GAF) values, fee schedule payment areas, and payment policies for specific physician services. The final rule also discussed the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Act.
- December 8, 1995, as a final rule with comment period (60 FR 63124) to revise various policies affecting payment for physician services

including Medicare payment for physician services in teaching settings, the RVUs for certain existing procedure codes, and to establish interim RVUs for new and revised procedure codes. The rule also included the final revised 1996 geographic practice cost indices (GPCIs).

- November 22, 1996, as a final rule with comment period (61 FR 59490) to revise the policy for payment for diagnostic services, transportation in connection with furnishing diagnostic tests, changes in geographic payment areas (localities), and changes in the procedure status codes for a variety of services.

This proposed rule would affect the regulations set forth at 42 CFR part 400, which consists of an introduction and definitions; part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations pertaining to supplementary medical insurance benefits (Part B); and part 414, which consists of regulations on the payment for Part B medical and other health services.

II. Specific Proposals for Calendar Year 1998

A. Resource-Based Practice Expense Relative Value Units

1. Current Practice Expense Relative Value Unit System

The Act details the types of services that are paid under the physician fee schedule. These include physician services, services and supplies incident to a physician's service, certain services of optometrists, podiatrists, and chiropractors, diagnostic x-ray tests, diagnostic laboratory tests (excluding clinical laboratory tests), and x-ray, radium, and radioactive isotope therapy. While some of these services do not have work RVUs, all of the services have practice expense and malpractice expense RVUs. (Physician anesthesia services are paid under the physician fee schedule but under a different payment methodology. Physician anesthesia services do not have practice expense and malpractice expense RVUs.) Payments for practice expense RVUs account for approximately 41 percent of total physician fee schedule payments.

In most cases, the current practice expense RVUs are calculated based on a statutory formula. They are derived from the product of ''base allowed charges'' and service-specific practice expense percentages. The base allowed charge is the national allowed charge for the service furnished during 1991. The service-specific practice expense percentage is a weighted average of the practice expense shares of the specialties performing the service.

For services furnished beginning calendar year 1994 and whose practice expense RVUs exceed 1994 work RVUs and are performed in the office setting less than 75 percent of the time, the 1994, 1995, and 1996 practice expense RVUs were reduced by 25 percent of the amount they exceed the 1994 work RVUs. (Practice expense RVUs are not reduced to less than 128 percent of 1994 work RVUs.)

2. Criticism of Current Practice Expense Relative Value Unit System

A common criticism of the current practice expense RVU system is that for many services the RVUs, which are based on charges under the reasonable charge system, are not based directly on the resources involved with furnishing the service.

The charge-based nature of the current fee schedule practice expense formula essentially allows specialties to retain the levels of practice expense payments that existed before the implementation of the physician fee schedule on January 1, 1992. Current practice expense payments favor procedures and tests performed in hospitals rather than evaluation and management services and other office-based services.

For example, a primary care physician would have to bill CPT code 99213 (level 3 office visit, established patient) approximately 100 times to collect the same amount of practice expense payments as a cardiac surgeon would for forming one coronary artery bypass graft with three coronary venous grafts (CPT code 33512), although the practice expenses the surgeon typically incurs for the cardiac surgery is primarily related to the pre- and postoperative services furnished in the office, administrative costs and overhead. The costs for clinical staff, medical supplies, and medical equipment furnished to hospital patients are included in the DRG payment made to the hospital as required by section 1862(a)(14).

In their 1993 annual report to the Congress, the Physician Payment Review Commission recommended that the Congress revise the practice expense component of the physician fee schedule so that it is resource-based. They further recommended that we collect data regarding the direct cost incurred in delivering each service and that a formula-based approach be used to allocate indirect costs. This recommendation was instrumental in the Congress' legislating the resource-based practice expense component.

3. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, requires us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician service. In developing the methodology, we must consider the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation requires the new payment methodology to be effective for services furnished in 1998.

The legislation specifically requires that, in implementing the new system of practice expense relative value units, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

4. Development of Resource-Based Practice Expense Relative Value Units

To design a resource-based practice expense system, we established a framework in which physician practice costs can be divided into direct or indirect costs. Direct costs are directly attributed to the provision of a service, such as the cost of a nurse's time (salary), medical supplies, medical equipment, administrative costs of billing, record maintenance, and the scheduling of office patients. Direct costs also include the physician's costs of office staff time for scheduling the appointment and billing and collection activities associated with a procedure furnished in a hospital. Indirect costs include the cost of rent, utilities, office equipment and supplies, and accounting and legal fees. The allocation of indirect costs to specific products or services is a classic accounting problem. The indirect costs are difficult to relate directly to the provision of a specific service since they are incurred by the practice as a whole.

Establishing a practice expense RVU based on the resources involved with furnishing a service does not mean we recognize the actual cost to the physician to produce a service. Rather, it recognizes the components of the typical resource inputs for a specific service. The actual cost and RVU are not equivalent under the physician fee schedule. The proposed values will represent ''relative values'' that can be translated into a dollar payment amount using the appropriate CF.

When we implemented the physician fee schedule in January 1, 1992, we were not required to collect cost data in the aggregate or by service for

individual practices. Our claims data do not include cost data by procedure code.

5. Data Collection Contract

To aid us in collecting the data to implement our methodology for a resource-based system for determining practice expense RVUs for each physician service, we awarded a contract to Abt Associates in March 1995. Under the contract, Abt originally intended to use two processes, the Clinical Practice Expert Panels (CPEPs) and the ''Survey of Practice Costs,'' to collect data that could be used to generate practice expense RVUs for each service. Through the use of CPEPs, Abt provided us with the direct inputs of physician services. Direct inputs are the quantity and type of nonphysician labor, medical supplies, and medical equipment associated with a service, such as the minutes of a registered nurse's time, a pair of sterile gloves, and a surgical mask. The CPEPs also reported additional items as direct inputs, such as administrative services, including the amount of time medical secretaries and billing and insurance personnel spend in activities related to specific services. Abt priced the direct inputs and determined the direct costs for each service.

The direct inputs do not include the physician's time. Physician time and effort are components of work RVUs and are paid under the work component of the physician fee schedule.

Under the original contract, Abt would have obtained additional information from the survey of practice costs, which may have been used to furnish additional options for allocating indirect costs. As explained later, this survey was subsequently canceled.

6. Clinical Practice Expert Panels

The general approach for establishing a resource-based practice expense system was to use CPEPs to identify as many direct inputs as possible for a physician service furnished to a typical patient (across all age groups) in various settings.

The CPEPs consisted of panels of physicians, practice administrators, and nonphysicians (such as registered nurses, psychologists, and physical therapists). Physician specialty societies and other groups nominated individuals for these positions. Final selections were made by Abt with our assistance.

In all, there were 15 CPEPs. The panels consisted of over 180 members from more than 61 specialties and subspecialties; approximately 50 percent of the panelists were physicians. Each CPEP consisted of 12 to 15 members.

The CPEPs identified the direct inputs involved in each physician service in an office setting and an out-of-office setting (such as a hospital and an ambulatory surgical center). Generally, if a service was furnished both in an office setting and an out-of-office setting but less than 10 percent of the time in either of these settings, it was not profiled in that setting.

We assisted Abt in identifying approximately 6,300 procedure codes for which resource-based practice expense RVUs were to be developed. Approximately 850 of these procedure codes have both technical components (TCs) and professional components (PCs), and we developed practice expense RVUs for both the TC and PC for each of the 850 procedures.

Abt grouped procedure codes included under the physician fee schedule into families of codes clinically related and with relatively comparable direct costs. The classification system for families of procedure codes is a hybrid of the Ambulatory Patient Groups System developed by 3M and the Berenson-Eggers-Holahan (Urban Institute) system. Abt assigned each family of codes to a CPEP based on the physician specialty that predominantly provided the services. For example, the panels were categorized as integumentary, male genital and urinary, orthopedics, obstetrics and gynecology, ophthalmology, radiology, evaluation and management, general surgery, otolaryngology, miscellaneous internal medicine, gastroenterology, cardiothoracic and vascular, cardiology, anesthesia and pathology, and neurosurgery CPEPs.

Our medical staff, Abt's clinical consultants, and other advisors reviewed this system. Some families of codes were assigned to more than one CPEP to validate resource inputs across CPEPs. For example, the evaluation and management family of codes was assigned to every CPEP except the radiology CPEP and the anesthesia and pathology CPEP.

Abt selected a reference service for each family of codes. (Abt compiled the initial list of reference services based on recommendations from numerous specialty societies.) The following four criteria were established to guide the selection process for the reference service:

- It had to be commonly performed.
- It had to have a mid-range level of resource use relative to other codes in the family.
- It had to be a code whose definition or coding application has not markedly changed in the last several years.
- It had to be performed with minimal variation by all physicians.

In August 1995, physician specialty groups were given an opportunity to review and comment on a draft document containing the procedure code family classification system, the reference code (to serve as a benchmark for creating resource profiles for the remainder of services within each family of procedure codes), and the CPEP to which the family was assigned. The comments were considered by Abt and HCFA in designing the final classification system including the number of CPEPs.

The final classification system contained 229 unique families of codes assigned to 15 CPEP panels. Twelve to 29 families of procedure codes were assigned to each CPEP with most CPEPs reviewing 19 to 23 families of procedure codes. The list of families of procedure codes assigned to each CPEP is included in Addendum A.

The CPEPs met twice. During the first CPEP session in February 1996, the CPEPs identified the direct inputs for designated reference services. The CPEPs met again in June 1996 to identify the inputs for the remaining procedure codes covered under the physician fee schedule.

a. Collection of Information From the Clinical Practice Expert Panels.

Abt designed the following four uniform worksheets that were used to collect the inputs identified by the CPEPs:

- Worksheet Package G: Services with a global period.
- Worksheet Package P: Services without a global period.
- Worksheet Package M: Evaluation and Management services.
- Worksheet Package Pa: Pathology services.

For labor inputs, either clinical or administrative, the worksheets identified the function or activity with the occupational category of the individual furnishing the service. For clinical functions, examples of occupational categories included a registered nurse, licensed practical nurse, and certified medical assistant. For administrative functions, examples of occupational categories included medical secretaries, insurance or billing clerks, transcriptionists, and scheduling secretaries. The clinical labor worksheets accumulated labor inputs by preservice, service, and postservice periods for surgical procedures with a global period. For surgical procedures without a global period, evaluation and management services, and pathology

services, the worksheets accumulated labor inputs by the service period. The administrative labor worksheets collected labor inputs by preservice and postservice periods.

During the first round of the CPEPs, Abt collected detailed data by each of the functions listed within the preservice, service, and postsurgical visit periods of each service. These were activities performed by nonphysician clinical and administrative personnel, not physicians. For example, the evaluation and management services worksheet listed the following clinical activities in the preservice period:

- Obtain medical history/review patient charts.
- Greet patient/provide gowning.
- Perform room preparation/prepare medical equipment.
- Prepare patient.
- Obtain vital signs.
- Other.

Similarly, the following administrative activities were listed in the preservice period:

- Obtain referral from referring M.D.
- Schedule patient/remind patient of appointment.
- Obtain medical records, manage/recall patient database, assemble/develop patient chart.
- Precertify patient/conduct preservice billing.
- Verify insurance/review coverage/register patient.

For the intraservice period, the following clinical activities were listed:

- Obtain medical history.
- Record notes.
- Other.

The following clinical activities were listed in the postservice period:

- Clean room/equipment/shut down equipment.
- Provide postservice education.
- Complete diagnostic medical forms, x-ray requisitions, prescriptions.
- Review results.
- Checkout/provide discharge instructions/complete nursing forms.
- Conduct follow-up phone calls to patient/respond to patient calls/call-in prescription refills.
- Other.

Similarly the following administrative activities were listed in the postservice period:

- Transcribe results/file and manage patient records.
- Schedule postoperative return evaluation and management services/arrange for hospital readmission.
- Notify and complete reports to referring MDs.
- Conduct billing activities (coordinate bill collection/rebilling, collect coinsurance payments or deductibles, postcertify patient).

During the second round of the CPEPs, Abt collected the inputs by the broader category of service. For example, for additional evaluation and management services codes in the same family as the reference code, Abt collected totals on clinical times for the preservice period, the intraservice period, and the postservice period. Similarly, the same process was followed for administrative inputs. This less detailed, more aggregated, process was used because of the large volume of procedure codes the CPEPs had to review during the second round and because the CPEPs believed this level of detail was sufficient.

For more detail about the worksheets, the specific methodologies for pricing labor, medical supplies, and medical equipment, the reader should refer to the Abt report entitled, ''Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation. Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Cost; Data and Text Appendices I through VI; and CPEP Recorders' Notes Files.'' The public can gain access to this specific report and additional CPEP data through the HCFA Home Page at http:\\www.hcfa.gov. The following products can be purchased in a complete set, either on diskette or in paper copy, from the National Technical Information Service. You can also order parts of these sets in paper at the prices indicated. Call NTIS at (703) 487–4650 to place an order. Most major credit cards are accepted. For e-mail orders use the following address: orders@ntis.fedworld.gov. You may fax orders to: (703) 321–8547. For rush service at an additional fee, call 1–800–553–NTIS.

Complete Set on Diskette

Accession Number: PB97–502470AHP (24 Diskettes).
Cost: $322.00.
Title: Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Costs; Data and Text Appendices I–VI; and CPEP Recorders' Notes Files.
(The files are compressed. The text reports are in WordPerfect. The data files are in either SAS or ASCII format).

Complete Set in Paper

Accession Number: PB97–165211AHP (Set of 27 manuals).
Cost: $1,113.00.
Title: Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Costs; Data and Text Appendices I–VI; and CPEP Recorders' Notes Files.

Parts of the Set in Paper

Accession Number: PB97–165427AHP (1 manual).
Cost: $57.00.
Title: Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165419AHP (1 manual).
Cost: $66.00.
Title: CPEP Direct Practice Costs Database Documentation—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165435AHP (1 manual).
Cost: $73.50.
Title: Report on the Survey of Practice Costs—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165401AHP (Set of 7 manuals).
Cost: $264.50.
Title: Text Appendices I, II, III, IV.A–IV.F, V and VI, and CPEP Recorders' Notes Files—Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates.
Accession Number: PB97–165229AHP (Set of 17 manuals).
Cost: $717.50.
Title: Data Appendices IV.G1 through IV.G17—Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates.

Data Appendices As Individual Manuals

Accession Number: PB97–165237AHP (1 manual).
Cost: $61.50.
Title: CPEP 1: Integumentary and Physical Medicine, Appendix IV.G1.
Accession Number: PB97–165245AHP (1 manual).
Cost: $57.00.
Title: CPEP 2: Male Genital and Urinary, Appendix IV.G2.
Accession Number: PB97–165252AHP (1 manual).
Cost: $138.00.
Title: CPEP 3: Orthopaedic Surgery, Appendix IV.G3.
Accession Number: PB97–165260AHP (1 manual).
Cost: $46.50.

Title: CPEP 4: OB/GYN, Appendix IV.G4.

Accession Number: PB97–165278AHP (1 manual).

Cost: $52.50.

Title: CPEP 5: Ophthalmology, Appendix IV.G5.

Accession Number: PB97–165286AHP (1 manual).

Cost: $70.50.

Title: CPEP 6: Radiology, Appendix IV.G6.

Accession Number: PB97–165294AHP (1 manual).

Cost: $32.25

Title: CPEP 7: Evaluation & Management, Appendix IV.G7.

Accession Number: PB97–165302AHP (1 manual).

Cost: $73.50.

Title: CPEP 8: General Surgery, Appendix IV.G8.

Accession Number: PB97–165310AHP (1 manual).

Cost: $85.50.

Title: CPEP 9: Otolaryngology, Appendix IV.G9.

Accession Number: PB97–165328AHP (1 manual).

Cost: $37.50.

Title: CPEP 10: Miscellaneous Internal Medicine, Appendix IV.G10.

Accession Number: PB97–165336AHP (1 manual).

Cost: $32.25.

Title: CPEP 11: Gastroenterology, Appendix IV.G11.

Accession Number: PB97–165344AHP (1 manual).

Cost: $73.50.

Title: CPEP 12: Cardiothoracic & Vascular Surgery, Appendix IV.G12.

Accession Number: PB97–165351AHP (1 manual).

Cost: $37.50.

Title: CPEP 13: Cardiology, Appendix IV.G13.

Accession Number: PB97–165369AHP (1 manual).

Cost: $42.00.

Title: CPEP 14: Anesthesiology/Pathology, Appendix IV.G14.

Accession Number: PB97–165377AHP (1 manual).

Cost: $57.00.

Title: CPEP 15: Neurosurgery, Appendix IV.G15.

Accession Number: PB97–165385AHP (1 manual).

Cost: $29.45.

Title: Global Pricing Files, Appendix IV.G16.

Accession Number: PB97–165393AHP (1 manual).

Cost: $150.00.

Title: Auxiliary Files, Appendix IV.G17.

b. Pricing of Clinical Practice Expert Panels' Direct Inputs.

Having identified the type and quantity of direct inputs from the CPEP process, our methodology required the assignment of a national price for each resource input. Abt priced each of the CPEP direct inputs (nonphysician labor, medical supplies, and medical equipment) using a specific methodology. The methodology for each of these items is discussed below.

(1) Nonphysician Labor.

Abt calculated the total compensation per minute for approximately 100 occupational categories that include clinical and administrative staff. The data sources for these staff identified hourly wages, including fringe benefits, per person for 1993 or 1994. These wages were updated to 1995 using the Employment Cost Index for Wages and Salaries in Private Health Industries (published by the Bureau of Labor Statistics). They were converted to total compensation by adjusting the wage rate by a fringe benefits multiplier. The fringe benefits multiplier is 36.6 percent for all occupational categories. This is estimated from the Bureau of Labor Statistics Employer Costs for Employee Compensation for March 1995. Abt calculated the fringe benefit multiplied from the Bureau of Labor Statistics data using the ratio of the total cost of all benefits to the wage rate for all workers in private health services industries.

Three specific data sources were used. They were: (1) The Bureau of Labor Statistics' ''White Collar Pay Survey of Service-Producing Industries'' dated 1989 and the ''Occupational Compensation Survey'' dated 1994; (2) ''The Survey of Hospital and Medical School Salaries'' dated 1994 performed by the University of Texas Medical Branch; and (3) the Current Population Survey dated 1993. Although all three data sources were used, in cases of similar categories across data sets, the Bureau of Labor Statistics data were considered to be the primary data set. The University of Texas Medical Branch and Current Population Survey data were treated as supplements to be used when the Bureau of Labor Statistics' data could not provide sufficient detail.

Abt categorized all personnel into five broad categories: clinical staff, administrative staff, clinical composite staff, administrative composite staff, and clinical/administrative composite staff. The administrative composite staff refers, for example, to a function described by a CPEP that could be performed by different personnel. A composite labor rate was calculated for this function for this CPEP.

We use the occupational category of the medical secretary to illustrate the mapping of the price for an administrative staff position. Every CPEP reported that a medical secretary performed certain functions as part of the procedure codes reviewed by that CPEP. From the Bureau of Labor Statistics' data, the updated 1995 total compensation, including fringe benefits, for a level II medical secretary is $16.43 per hour. (The Bureau of Labor Statistics furnishes skilled level variations in wages and duties for registered nurses, licensed practical nurses, secretaries, office clerks, and nursing assistants. In general, as we advised, Abt used the Bureau of Labor Statistics' wage for level II staff.) This converts to a total compensation per minute of $0.274 for a medical secretary, and this labor rate was made uniform across all CPEPs. If, for example, a CPEP specified that a medical secretary was needed for 10 minutes to provide administrative services for a specific CPT code, that labor input would be costed at $2.74.

Similarly, we use the occupational category of a registered nurse to illustrate the mapping of the price for a clinical staff position. Every CPEP, except the gastroenterology CPEP, reported that a registered nurse performed certain functions with respect to the procedure codes reviewed by that CPEP. The hourly wage for a level II registered nurse was $18.52 under the Bureau of Labor Statistics' survey. The total compensation, including fringe benefits, for a registered nurse is $25.30 per hour. This converts to a total compensation per minute of $0.422. Thus, for each CPEP, the minutes of a registered nurse's time are costed at $0.422. If, for example, a CPEP specified that a registered nurse was needed for 10 minutes to provide clinical services for a specific CPT code for a patient, that direct input would be costed at $4.22.

(2) Medical Supplies.

Overall, the CPEPs identified 665 supply items for which Abt obtained prices from three types of sources:

- Published catalogs—These were used for the most common supplies and CPEP panelists often provided recommendations of catalogs or other sources.
- Contacts with suppliers—This source was used primarily for specialized supplies.
- CPEP members—This source was used if prices were unavailable from catalogs or suppliers.

Examples of medical supplies include disposable gowns, examination table paper, disposable pillow cases, nonsterile or sterile gloves, disposable

suture removal kit, Vicryl suture, 4–0 and 5–0, and sterile gauze. Abt used the same prices for these supplies across all CPEPs. For example, for all CPEPs, the price of the disposable gown is $0.57 per item and is based on a representative price from Baxter Healthcare Corporation, a major medical supplier. Similarly, the price of the disposable suture removal kit for all CPEPs is $5.45 per kit and is based on a representative price from Darby Drug Company.

(3) Medical Equipment.

Medical equipment was divided into two categories—procedure-specific equipment and overhead equipment. Procedure-specific medical equipment is used for a specific subset of services within a specialty, such as a stress-test treadmill as part of a cardiology procedure. Overhead medical equipment is either used for all services furnished or is rarely used (for example, a crash cart containing emergency supplies) but is routinely purchased and maintained in a practice and is difficult to attribute to a specific service. Only equipment with costs equal to or exceeding $500 was costed under the medical equipment methodology. The cost per use for equipment costing less than $500 was considered to be trivial.

Information about the type of equipment used to furnish each service was obtained from the CPEPs. Abt applied price data to the resource profiles generated by the CPEPs. In most cases, Abt collected list prices from equipment suppliers. For example, the list price for a flexible laryngoscope is $5,080 (this information is from Welch-Allyn, a medical equipment supplier). Prices were obtained for almost 400 equipment items.

Despite our repeated requests to the medical community, there is no source of data on utilization levels of equipment across all procedures and payers. Without these data, assumptions had to be made about the levels of utilization of equipment to compute a cost per minute.

To cost procedure-specific and overhead equipment, Abt assumed 70-percent and 100-percent utilization rates, respectively. Based on comments from the physician specialty groups, we have changed the utilization level for procedure-specific equipment from 70 percent to 50 percent. We invite comments on the appropriate utilization level for procedure-specific equipment in general.

Procedure-specific equipment was costed based on the number of minutes the equipment was used for the procedure. The proxy for this is usually technician time. Overhead equipment was costed based on the estimated time for the staff with the most involvement in the procedure. For example, if a procedure involving a piece of equipment was performed in the office and involved 15 minutes of registered nurse time and 30 minutes of physician assistant time, the time of the procedure would be 30 minutes since this is the longest of the nonphysician clinical staff times.

The objective in pricing medical equipment was to establish an equipment cost per minute. The equipment pricing model uses the following variables:

- The purchase price of the equipment with primary sources of information from national manufacturers.
- The useful life of the equipment with primary sources of information from ''Useful Life Guidelines'' from the American Hospital Association.
- The annual maintenance cost with primary sources of information from the Medical Group Management Association.
- The cost of capital.
- The time per procedure with primary sources of information from CPEP labor estimates.
- The hours of practice (that is, 50 hours per week and 50 weeks per year) with primary sources of information from the Medical Group Management Association and the AMA.
- The machine capacity, based on a practice's hours, with the assumption that the equipment operates at a fixed percentage (in this case 50 percent) of capacity.

Ideally, a cost of capital would be established from a nationally representative sample of data containing loan rates and length of loan for physician practices. Such data do not exist. As a result, Abt developed proxy data based on prevailing loan rates for small businesses. In this model, interest rates varied by the loan period (one rate for periods less than or equal to 7 years and another for periods greater than 7 years) and based on the purchase price of the equipment (one rate for equipment costing less than or equal to $25,000 and another for equipment costing more than $25,000).

INTEREST RATE

Amount	Loan period ≤ 7 years (percent)	Loan period > 7 years (percent)
>$25,000	9.5	10
≤$25,000	10.5	11

For example, the cost of capital for an item of medical equipment costing more than $25,000 and with a useful life less than 7 years was assigned an interest rate of 9.5 percent.

The following example illustrates the application of the pricing model for equipment that is used to perform only one type of procedure code, assuming the following:

- The equipment is operated at 50 percent of capacity.
- The practice operates 50 hours per week or 105,000 minutes per year (60 minutes/hour×50 hours/week×50 weeks/year×.50=75,000 minutes).
- The cost of capital (that is, the interest cost of a loan or opportunity cost of invested funds) is 9.5 percent.
- The purchase price of the equipment is $30,000.
- The useful life of the equipment is 5 years.
- The annual maintenance costs are 5 percent of the annual purchase price (.05×$30,000) or $1,500.
- The procedure performed on the equipment takes 10 minutes.

Cost per procedure=10×[$30,000/(75,000×3.8397)+1,500/75,000]

Cost per procedure=$1.24

Note: 3.38397 represents $\Sigma 1/(1+r)^t$ where t=0 to 5. The cost of capital is discounted by the number of years of useful life. The annualized capitalized cost for the equipment is $9,313, which is the annual maintenance cost of $1,500, plus the annualized purchase price ($7,813), taking into account the opportunity cost of capital or $30,000 divided by 3.8397.

7. Practice Cost Survey

Abt designed a practice cost survey (the ''Survey of Practice Costs'') to collect information on the total costs of a physician's practice and service mix, that is, the type and frequency of individual services furnished by a physician's practice by site of service. The survey elements incorporated recommendations from a large panel of practice cost research experts. Data were collected on the entire physician practice, not just services furnished to Medicare beneficiaries.

One of the objectives of the survey was to link the total practice expense and the services furnished in various settings—office and nonoffice. While it was our expectation that the survey would have yielded data to assist in the development of methodologies to allocate indirect costs to specific services, the survey itself would not have determined the indirect costs for specific procedures. By definition, it is not possible to directly survey indirect costs associated with specific procedures. The survey sought to collect

data on aggregate indirect costs of practices, and, if successful, such aggregate indirect costs could have been allocated or assigned to specific services or families of codes using economic cost estimates.

Sampling frames for the survey were developed with input from the medical community. Approximately 5,000 solo and group physician practices were selected at random for participation in the sampling frame from the AMA's databases. In addition, more than 800 nonphysician practices from 50 States, the District of Columbia, and Puerto Rico were chosen for the initial mailings. Included, in addition to the practices of medical doctors, were practices of optometrists, podiatrists, clinical psychologists, and physical therapists identified from membership lists furnished by specialty societies.

Initially, the survey was to be performed in two rounds. The first phase of the study began in April 1996 when Abt sent letters to approximately 1,700 group and solo physician practices nationwide. Soon after each physician practice received this letter, Abt called to assess whether each physician practice met the sampling criteria to qualify for participation in the survey. To be included in the survey, the physician practice had to be operating at least 1 year and have at least one practitioner who practiced at least 20 hours a week. If a practice was eligible, it was sent a copy of the survey.

The response rate from the first round of the survey was so poor (approximately 27 percent responded) that the survey would not have provided an adequate basis for reliable estimates of practice expense by procedure. Thus, in September 1996, we told Abt to discontinue the survey. We decided to use alternative approaches that allocate the current pool of indirect RVUs to individual codes.

8. Methodology for Developing Practice Expense Relative Value Units

Abt furnished the data files that included information on the direct inputs reported by the CPEPs for clinical and administrative labor, medical supplies, medical equipment, and the methods to price these direct inputs.

We are proposing to adjust the CPEP data based on the following data editing rules and on a statistical linking methodology.

a. Proposed Rules for Editing Clinical Practice Expert Panels' Data.

We are proposing to apply the following Medicare payment policy rules to ensure that the reported data are consistent with our national hospital and physician payment policies and to ensure that the data are inherently consistent.

• The direct inputs recorded for medical equipment and medical supplies to hospital patients were generally removed. These items are covered as hospital inpatient or outpatient services; therefore, payment is made only to the hospital. If a physician incurs costs for these items, the physician should seek payment from the hospital.

From the CPEPs, we identified the following four distinct functions that the physician's staff occasionally perform for hospital patients:

+ Serve as an assistant at surgery.

+ Act as a scrub nurse or perform other nursing functions.

+ Make medical rounds on patients to assess condition, educate, and coordinate care.

+ Communicate with hospital staff, laboratories, families, pharmacies, and others to arrange discharge and posthospital care.

We considered each type of activity and made the following decisions:

+ The services of assistants at surgery are paid separately under the physician fee schedule if the assistant is a physician or a physician assistant. Medicare recognizes no other benefit for others to serve as an assistant surgeon.

+ Nursing functions are supplied by the hospital. The claim by some physicians that nursing care provided by the hospital is not adequate is a serious issue. However, this is a matter properly addressed by licensure, accrediting bodies, and governing bodies, not as a physician practice expense.

+ Assessment of patients, preoperative and postoperative care, medical record documentation, and patient education have been valued as physician work. As part of the five year review of physician work, we increased the work RVUs for surgical global fees in response to surveys showing that they represent physician work. To pay practice expense for staff to perform the same functions is double payment.

+ Physician clinical staff perform a coordination and communication role for hospital patients. Although not all the physician panels identified this activity, we believe it is a common activity. We specifically included 15 minutes of a registered nurse's time in all global surgical practice expense values.

• The Abt worksheets accumulated direct inputs for diagnostic tests performed in the office and out of the hospital. Under the physician fee schedule, these tests are reported with three separate values: A TC, a PC, and a complete service value, which is the sum of the TC and PC RVUs. The typical service provided in the office is the complete service. The typical service provided in the hospital is the PC service. However, Abt did not collect information for the TC of the service. We limited the practice expense RVUs to the sum of the TC and PC practice expense RVUs. To do this, we used the following methodology: The administrative cost for the complete service was equally divided between the PC and the TC services; and the clinical staff cost for the complete service was assigned entirely to the TC service.

• Certain procedures, under the physician fee schedule, use an indicator of ''ZZZ'' for the global period. This indicator describes services that are always billed in conjunction with another service. CPT code 11101, biopsy of additional skin lesion, is an example of a procedure code that has a ''ZZZ'' indicator. We eliminated the administrative staff cost from the ''ZZZ'' procedure code. All the administrative cost is associated with the primary service for which the ''ZZZ'' series is associated.

• Many physicians report and are paid for the allergy testing and immunotherapy procedure codes on a per-test, per-dose, or per-vial basis, although these services are usually performed several times during one encounter. We considered two methods for establishing the resources for these procedure codes. Under one approach, we would include the fixed costs with the first procedure code; subsequent billings would reflect variable costs. Although this seems economically sound, it might create a financial incentive for an allergist to perform the fewest number of tests possible per session thereby requiring the patient to return for additional testing.

Another possible approach would be to identify the amount of time, both clinical and administrative, associated with the typical patient who ordinarily receives multiple tests during a single encounter and divide these resources by the typical number of tests. The advantage of this approach is that there would be no financial incentive to perform as few tests as possible per session requiring the patient to return for additional testing. This averaging method underpays the allergist who furnishes more than the typical number of tests and overpays the physician who performs fewer than the typical number of tests. However, in the aggregate, the averaging process would compensate the physician appropriately.

Accordingly, we used this method to cost the CPEP data.

b. Proposed Linking Methodology

To validate the estimates from the CPEP process, we asked Abt to assign a large number of procedure codes to multiple CPEPs. For example, a mid-level office visit (CPT code 99213) was evaluated by most of the CPEPs. We used this evaluation of procedure codes to ''normalize'' the results of the various CPEPs. We could have averaged the labor cost for the replicated procedure codes across the CPEPs that evaluated these procedures. However, we are not proposing to use this approach because it would disturb the relative rankings of procedure codes within the CPEPs.

Based on our observations of the CPEP process, we believe that the relative relationships within CPEPs are generally correct but the absolute time estimates need normalization. The CPEPs had specific ways of going about the process of evaluating procedure codes. Abt collected data on tasks that are done simultaneously, such as bringing the patient to the waiting room and asking the patient questions. Although the data were collected in discrete increments as discrete tasks, often they are simultaneously performed. Thus, the absolute numbers may reflect some degree of duplicate counting. In addition, different CPEPs may not have viewed these simultaneities in the same way. Finally, different amounts of labor inputs reported by CPEPs may reflect nothing more than practice preference differences across specialties and CPEPs.

''Linking'' is what we call the normalization process. Specifically, linking shifts an entire CPEP's data relative to other CPEP's data based on the relationships across CPEPs for the replicated codes. We separately linked clinical and administrative labor costs.

Statistically, the linking was done using regression methods as indicated in Addendum B. The linking adjustment factors also are listed in Addendum B.

c. Data Reasonableness.

Once the data had been edited and linked, the total direct practice expense RVUs assigned to each CPT code were examined by physicians and other clinical staff at the Health Care Financing Administration. Analysis of these direct practice expense RVUs revealed unexplainable variation in the CPEPs' assigned practice expenses for procedures considered by our clinical staff to have comparable practice expenses.

As a result, the components of the direct practice expense RVUs, that is, the direct practice expense RVUs attributable to the clinical and administrative labor, supplies, and equipment, were analyzed statistically. The reference procedures for the CPEP families and procedures with any of the component values identified as outliers (defined as values either one-third or three times the mean) were manually reviewed by HCFA physicians. The reviewers used the information furnished by the CPEP panels regarding the specific types of labor, supplies, and equipment used as well as the pricing of labor categories, supplies, and equipment. The review was performed in consultation with selected government physicians and Medicare carrier medical directors and included review of publicly available information on the pricing of selected high cost supplies. Conformance with our payment policies was also considered in this review. During the review, related procedures that were not identified by the outlier analysis were also modified to preserve the relative relationship established by the CPEPs for those closely related procedures. Since the data are expressed in direct practice expense RVUs rather than in dollars, the emphasis was on adjusting the relative rather than the absolute values of the practice expenses.

From the review, two major problems were identified. First, the administrative times assigned by the CPEPs to many of the diagnostic tests and minor procedures appeared to be excessive when compared to the administrative time assigned to the mid-level office visit (CPT code 99213). Second, the clinical times assigned by the CPEPs to many minor procedures appeared to be excessive when compared to the total physician time required to perform the procedures. To correct these problems, which we believe led to significant distortions in the relativity of the entire scale of RVUs, two general rules were established.

First, a decision was made to cap the administrative time of the following categories of service at the administrative time assigned to CPT code 99213: (a) Services and procedures without a global period, and (b) procedures subject to global periods with zero follow-up days. Second, we decided to cap the clinical time at 1.5 times the minutes used by the physician or practitioner in performing the procedure. (The professional time has been developed by the initial relative value scale study performed at Harvard and modified by the American Medical Association's RUC.) Certain types of procedures were exempted from this restriction on clinical labor time. The limit was not applied to diagnostic tests that can be split into a professional and a technical component such as pathology codes in which the amount of technician time preparing a specimen or performing a test are expected to involve more than 1.5 times the physician time to interpret the result. The limit was not applied to procedure codes such as colonoscopies that typically involve anesthesia with post-procedure monitoring. Finally, evaluation and management codes were exempted from this rule because only a few procedure codes would be affected by the cap. Imposition of a cap on selected procedure codes would distort the relative relationship of the evaluation and management codes established by the CPEP that focused on evaluation and management codes.

In addition, our review of the reference codes and outliers identified specific problems with both individual procedure codes and families of codes. Examples of the types of problems we identified and our rationale for correcting them are described below.

1. Excessive Supply Costs and/or Qualities of Supplies

A. The list of supplies provided by the ophthalmology CPEP for many of the ophthalmological services listed in the Medicine section of the CPT, for example, the eye examination codes 92002 through 92014, included one ounce of disinfectant solution with a supply cost of $1,120 for a 50 ounce bottle. Because this price seemed excessive, we contacted the Food and Drug Administration for information on the use of disinfectant solution. We learned that established guidelines for the disinfection of ophthalmic devices include the use of dilute bleach solution, hydrogen peroxide, or isopropyl alcohol. The cost of any one of these disinfectant solutions is clearly less than $1,120. Also, we were unable to identify any other disinfectant on the market at a price of $1,120. Therefore, we reduced the price to $11.20, resulting in a decrease in the direct RVUs of all codes that included disinfectant solution as a supply.

B. The list of supplies furnished by the orthopedic CPEP for many of the codes involving fracture or dislocation care included fiberglass casting material priced at $18.50 per roll. We reviewed the supply prices in readily available catalogues and determined that $18.50 per roll was excessive. Also, we concluded that the quantities of fiberglass rolls for many of the procedure codes were excessive. Thus, we reduced both the cost and the quantities of these supplies for those

procedure codes where they appeared. Finally, we believe that the inclusion of casting material in the fracture or dislocation codes may have been inappropriate, given that the initial casting costs are borne by the hospital and subsequent casting during the post-operative period may be separately reported and paid. This issue will be reviewed during refinement.

2. Clinical Times

A. The clinical time estimate furnished by the evaluation and management CPEP for the reference code for psychotherapy (CPT code 90844) is 35 minutes. We do not believe this represents the typical amount of clinical support time associated with 45 to 50 minutes of psychotherapy. We reduced it to 20 minutes. We accepted the relative relationship of clinical times for the psychiatric services that was established by the CPEP. To maintain that relationship, we made corresponding reductions in the clinical times assigned by the CPEP to the other psychiatric service codes.

B. The clinical time estimate furnished by the orthopedic and integumentary CPEPs for the reference code for physical therapy services (CPT code 97110, Therapeutic exercises) is 23 minutes of a physical therapy aide. We believe this time estimate is excessive. The code definition requires 15 minutes of hands-on time by the physician or therapist. If an additional 15 minutes of physician or therapist time is furnished, CPT code 97110 is billed with two units of service. Because the CPEP data indicate that CPT code 97110 involves 32 minutes of physician or therapist time, it appears the CPEP may have been providing an estimate of the total time a physical therapy aide would spend in support of a 32 minute session and failed to take into account that a second unit of service could be billed if the physician or therapist time extended to 30 minutes. Therefore, we made the following adjustments to the physical therapy codes: (a) For unattended modalities (CPT codes 97010 through 97028), we assigned 10 minutes of a physical therapy aide; (b) for supervised modalities, (CPT codes 97032 through 97039), we assigned 15 minutes of a physical therapy aide; and, (c) for most therapeutic procedures (CPT codes 97110 through 97542), we assigned 12 minutes of a physical therapy aide.

C. The clinical times furnished by the miscellaneous medical services CPEP for the reference code for chemotherapy services (CPT code 96410, Chemotherapy infusion, one hour) is 109 minutes. We believe this estimate is excessive when compared to other infusion procedure codes. For example, the clinical time for CPT code 90780 (Infusion, one hour) was 60 minutes. Also, our current policy regarding services such as chemotherapy that are ''incident to'' a physician's services allows the separate reporting of a level 1 evaluation and management service (CPT code 99211) on a day a patient receives chemotherapy. In fact, about 13 percent of the claims in 1995 for CPT code 99211 were billed by the physicians identified by the specialty code for hematology and oncology. Thus, there appears to be a duplication of time in the chemotherapy codes and CPT code 99211. To correct these problems, we decreased the clinical time for CPT code 96410 to 60 minutes and made corresponding reductions to the other chemotherapy codes to maintain the relative relationship established by the CPEP for the codes in the chemotherapy family.

3. Administrative Times

The administrative time estimate furnished by the anesthesia and pathology CPEP for the nerve block services, for example, CPT code 64405 was more than 3 hours. We do not believe this represents the typical amount of administrative support time associated with these minor procedures. We note that this estimate is nearly twice the estimate of administrative times furnished by the neurosurgery CPEP for a major neurosurgical procedure with a 90 day global period. We have corrected this distortion of the relative relationships by reducing the administrative RVUs for all the nerve block codes by 33 percent.

4. Equipment

In reviewing outliers for radiology services, we noted a significant decrease in the practice expense RVUs for vascular interventional radiology procedures such as arteriograms and angioplasties. For example, the current practice expense RVUs for the technical component of an aortogram (CPT code 75625) are 12.0 RVUs. Based on the information furnished by the CPEP, the new RVU would be 6.06 and many of the other vascular radiology RVUs would be reduced to less than one RVU. These reductions are clearly inappropriate. To correct the problem, we reviewed the CPEP data and found that equipment costs were missing for all the procedures except CPT code 75625. For that procedure code, an estimate of $1.5 million for an angiography room for 114 minutes was furnished. We accepted that estimate. Next, in reviewing the supply cost estimate furnished for the same procedure code, we noted that it did not include the supplies that would be needed for furnishing conscious sedation. Further review of that CPEP data identified the appropriate supply costs for conscious sedation in CPT code 36200 (Introduction of catheter, aorta). We believe those supply costs should have been assigned to the technical component of the radiology CPT code 75625.

To establish RVUs for the vascular radiology family, we added the supply costs from CPT code 36200 to the clinical, administrative, and equipment costs of CPT code 75625. This resulted in a new direct practice expense RVU of 8.15. This new value is 68 percent of the current RVU of 12.0. We applied this percentage to the existing RVUs for the vascular radiology codes. This was done to maintain the relativity across the family of codes.

Because we had received no data on the practice expenses for the technical components of cardiac catheterization services, we applied the same 68 percent factor to the existing RVUs for those services. We believe the practice expense costs of vascular radiology and cardiac catheterization are sufficiently comparable to allow this extrapolation of the data, particularly since no other data are available.

5. Families of Codes

A. In some situations, the review of reference codes and outliers identified a problem with a single code that led to the need to make adjustments across an entire family of codes. For example, the review of supply costs for procedures with a global period of ''000'' identified diagnostic colonoscopy as a low outlier. We then noted that the practice expense RVUs for proctosigmoidoscopies and flexible sigmoidoscopies were significantly higher than the RVUs for colonoscopy codes. We believe that this rank order problem was caused by a failure of the CPEP to include supply costs for conscious sedation in the colonoscopy codes, and the inappropriate inclusion of an expensive supply item called a lumen tube in sigmoidoscopy codes. We do not believe a lumen tube is a typical supply for sigmoidoscopy codes.

To correct these problems, we copied the conscious sedation supply costs that were listed for the upper gastrointestinal endoscopy codes to the colonoscopy codes and removed the lumen tube costs from the sigmoidoscopy codes. These changes have established what we believe to be a proper relative relationship across the entire family of gastrointestinal endoscopy codes.

B. The pancreas transplant procedure (CPT code 48554) was identified as a low outlier for total direct practice expense RVUs of procedures with a 90 day global period. Based on CPEP data, 0.16 RVUs were assigned to the procedure code. The direct practice expense RVUs assigned to the liver transplant procedure (CPT code 47135, 8.67 RVUs) had the highest direct practice expense RVUs of any transplant surgery. This is clearly an anomalous value. This led to a review of all the major transplant codes. The heart, heart-lung, and lung transplants all were valued at 2.35 RVUs, which is lower than the RVUs assigned to kidney transplants (CPT code 50360, 4.22 RVUs. To correct the relationship of the transplant codes, we adjusted the transplant RVUs as follows: a) The pancreas transplant value was increased to the level of the liver transplant, and b) the heart, heart-lung, and lung transplant values were increased to the level of the kidney transplant codes. We believe this is an appropriate relationship across the family of transplant codes than was established by the CPEP data.

The examples listed above are illustrative of the types of problems inherent in a data collection effort involving more than 7,000 procedure codes. The effort is further complicated by the need to establish RVUs for both in-office and out-of-office settings based on clinical staff times, administrative staff times, supplies, procedure specific equipment, and overhead equipment. We have completed a preliminary review of the reference codes and the outliers only. Thus, the possibility of similar types of problems for other procedure codes as described above are quite high. As described in the section on Refinement Process (section 10), we invite comments that will identify problems and propose solutions. In addition to the specific data problems described above, we have identified but not yet addressed several other potential problems.

First, we are concerned that the clinical times reported by the CPEPs are the same as those spent by physicians in the physician work RVUs. For example, as part of the 5-year review of the work RVUs, we increased the work RVUs of the evaluation and management codes in recognition of the increased time spent by physicians to:

- Document care and respond to questions regarding medical necessity and adherence to quality standards.
- Obtain or provide authorizations for tests and referrals.
- Coordinate care with other health professionals and family members, particularly for elderly patients.
- Provide education regarding issues such as fall prevention and adverse drug reactions and respond to questions from an increasingly well-informed patient population.

These are the same type of activities the CPEPs indicated were performed by the physicians' clinical staff. This potential duplication in the evaluation and management and other services will be examined during our refinement process.

Second, we are concerned that the CPEPs' estimates of clinical and administrative times were developed on a code-by-code basis and failed to take into account the fact that clinical and administrative staff often furnish services to more that one patient at a time. For example, the estimates of clinical time assigned to the chemotherapy codes (more than 100 minutes for a 1-hour infusion) assumed that only this service was being furnished. We believe that during a one hour infusion, a chemotherapy nurse will provide services to other patients.

Another example relates to administrative times. Several CPEPs assigned considerable amounts of time to obtaining authorizations for service, including time spent on the telephone on hold. We believe that while administrative staff are on hold, they often are furnishing services to other patients. Also, the apparent failure of the CPEPs to take into account these efficiencies of practice will need to be examined during our refinement process.

d. Indirect Expense Relative Value Units.

The design of the resource-based practice expense RVU system involves the calculation of a direct expense RVU (from CPEP direct expense data) and an indirect expense RVU per procedure code. We considered different options under which the pool of indirect RVUs (calculated from the pool of total practice expense RVUs allowed under the physician fee schedule) could be allocated to individual procedure codes on the basis of some algorithm.

There is not a single, universally accepted approach for allocating indirect practice costs to individual procedure codes. Rather, allocation involves judgment in identifying the base or bases that are the best measures of a practice's indirect costs. Simply stated, indirect practice expenses can be allocated using a basis such as physician time, nonphysician time, total direct practice expenses, or some combination of these variables.

We convened a meeting with physician specialty groups on January 22, 1997 to present the following two preliminary options in which indirect costs might be allocated to individual codes: to allocate costs based on physician time or allocate costs based on nonphysician staff time. These are relatively simple methods for us to administer and for physicians to understand. Daniel L. Dunn and Eric Latimer at Harvard University conducted research for HCFA using physician time as a basis for allocating indirect costs to individual procedure codes. Since nonphysician labor accounts for over 70 percent of direct expenses and direct expenses contribute to indirect costs, we examined this method.

One of the major concerns with the physician time model is that aggregate indirect costs would be constant across all specialties since all physicians work similar time. Following the January 22, 1997 meeting, the AMA furnished us with data on specialty-specific indirect cost per hour that we could use in conjunction with physician time for procedure codes to allocate to indirect costs based on physician time. This would allow us to allocate indirect costs based on actual cost patterns of physician specialists.

We did not select a physician time or a nonphysician time model because these models are not complete. Each contains only one variable, yet there are other variables that can contribute to indirect costs. The physician time model ignores nonphysician staff time and other direct expenses. It would undervalue procedures such as diagnostic tests with lengthy technician time. The nonphysician time model ignores physician time and other direct practice expenses. It would undervalue surgical procedures in the hospital.

As we conducted additional analyses, we narrowed our consideration to two models. We examined a ''pass through'' model in which the current indirect practice expense of each RVU would be retained. Under this model, the indirect cost per procedure is calculated based on the current practice expense RVUs and an indirect weighted specialty share per procedure code. For example, if current practice expense RVUs for a procedure are 20 units and it was performed by only one specialty with an indirect practice expense share of total practice expenses (from AMA data) of 40 percent, the indirect RVUs for this procedure code would be 8 units.

This option causes the least amount of redistribution. This resulted in the narrowest range between physicians experiencing increases in payments and

physicians experiencing decreases in payments. We did not select this option because it partially relies on current charge-based practice expense RVUs, which are not resource-based.

The option we selected allocates indirect costs based on the direct costs (that is, the cost of nonphysician administrative and clinical labor, medical equipment, and medical supplies), malpractice expenses, and physician work per code. Except for the inclusion of malpractice expenses, this is similar to the original Physician Payment Review Commission model presented in its 1993 Annual Report and which contributed to the resource-based practice expense RVUs legislation. From a cost accounting standpoint, this method is appealing because it allocates indirect costs based on the variables that are expected to drive indirect costs.

e. Steps in the Methodology.

We describe below the individual steps in the methodology that were used to compute the resource-based direct and indirect practice expense RVUs. The data sources we used were the 1996 AMA's Socioeconomic Monitoring Survey (containing 1995 data) and the 1995 Medicare National Claims History Files. The steps are as follows:

Step 1—Calculate the total pool of practice expense RVUs for physician fee schedule services furnished in 1995.

- Multiply the frequency of the fee schedule service by the current number of practice expense RVUs. Adjustments were made for services subject to the site-of-service payment differential and services subject to different payment rules such as multiple surgery, bilateral surgery, and assistant at surgery for which the number of practice expense RVUs differs from the usual number of practice expense RVUs per procedure code.

Step 2—Determine the percentage of total practice expense RVUs that are attributable to direct expenses and that are attributable to indirect practice expenses.

- Use the 1996 AMA Socioeconomic Monitoring System that represents 1995 survey expense data and categorizes expenses by nonphysician payroll, materials and supplies, medical equipment, and office expenses.
- Based on the AMA's data, calculate specific percentages for direct and indirect expenses for each physician specialty. For each physician fee schedule procedure code, calculate a weighted direct expense share by multiplying the physician specialty's percentage of allowed charges by its corresponding direct expense weight. The allowed practice expense RVUs per procedure code were multiplied by the direct expense share per code and summed over all procedure codes to compute the total direct expense RVUs.
- The indirect expense RVUs were calculated by subtracting the total direct expense RVUs from the total practice expense RVUs.
- The national distribution of direct and indirect expense RVUs in Medicare data are 55 percent direct and 45 percent indirect.

Step 3—Calculate a direct expense RVU per procedure code.

- After data editing, the direct inputs from the CPEP process were multiplied by their corresponding prices. We adjusted the labor data further by applying linking coefficients. For example, clinical and administrative labor costs were each adjusted by the linking coefficients for that CPEP. (The linking adjustment factors are included in Addendum B.) Because medical supplies were not affected by linking, no further adjustment was made. Since clinical labor times are used to calculate the cost of medical equipment per use, the linked adjusted clinical labor times were substituted for the CPEP reported medical equipment clinical labor times. For reference codes for which we had estimates from several CPEPs, we generally chose the procedure code from the CPEP with the specialty that furnished the procedure most frequently.
- In the aggregate, the percentage shares from the CPEP process for labor (both clinical and administrative labor), medical supplies, and medical equipment were equated to the 1996 AMA's Socioeconomic Monitoring Survey percentage shares for the same categories. In the aggregate, for all CPEPs, labor comprised 60 percent; medical supplies comprised 17 percent; and medical equipment comprised 23 percent of the total direct expenses. Under the 1996 AMA's Socioeconomic Monitoring Survey, the labor, medical supplies and medical equipment comprise 73 percent, 18 percent, and 9 percent, respectively, of total direct expenses. Thus, the CPEP expenses for labor, medical supplies, and medical equipment were adjusted by scaling factors of 1.21, 1.06, and .39, respectively, for labor, medical supplies, and medical equipment.
- After adjusting for data editing, linking, and scaling, the components of the direct expenses were summed for each procedure code. We then applied the data reasonableness rules discussed earlier.
- The direct expense amount per procedure code was converted to a direct expense RVU per code. We multiplied the direct expense per procedure code by the ratio of direct expense RVUs to direct expense dollars and divided the resultant direct expense RVU by a single weighted average CF.

Step 4—Calculate an indirect expense RVU per procedure code.

- Calculate the total pool of indirect expense RVUs by subtracting the pool of indirect expense RVUs from the total pool of RVUs.
- Allocate the pool of indirect expense RVUs to individual procedure codes. Of total physician fee schedule RVUs, 41 percent are practice expense RVUs, 54 percent are work RVUs, and 5 percent are malpractice expense RVUs. Of the 41 percent practice expense RVUs, 55 percent are direct expense RVUs and 45 percent are indirect expense RVUs. Therefore, of the total RVUs, 18 percent ($.45 \times .41$) are indirect expense RVUs.
- These RVUs are allocated to individual procedure codes by multiplying the code-specific sum of the physician work, direct practice expense RVUs, and malpractice expense RVUs by a factor of .219, which scales this total to the available indirect pool.

Step 5—Combine the direct and the indirect expense RVUs per procedure code.

To assist commenters, we have included the resource-based practice expense RVUs per procedure code for the in-office and out-of-office setting, if appropriate, and the direct expense RVUs for each procedure code in Addendum C. The indirect practice expense RVU per procedure code is simply the total resource-based practice expense RVU minus the direct practice expense RVU.

f. Gap-Filling Measures.

We performed two levels of gap-filling measures to compute RVUs for certain procedure codes. Because the CPEP data are based on 1995 HCPCS codes, we established RVUs for the approximately 400 new procedure codes added in 1996 and 1997. We gap-filled RVUs for these procedure codes as follows:

- We mapped the new procedure code to an existing source code (that is, a 1995 procedure code) and used the practice expense data supplied by the CPEPs for the source code. In most cases, the new procedure code mapped directly to a source code.
- We requested assistance from specialty societies for codes that were difficult to map.

There were a large number of procedure codes for which there were no values for a procedure furnished in an office. For example, there were some procedures that, although costed only in the out-of-office setting, could have been performed in the office but were

not given values by Abt. This occurred because the CPEPs were instructed not to enumerate the inputs for a procedure furnished less than 10 percent of the time in a given setting. In addition, this could have occurred because the CPEPs chose not to enumerate the inputs or they enumerated the inputs, but Abt was not able to determine the price for one or more of the inputs.

We calculated the mean value for each component (that is, the clinical labor, administrative labor, equipment, and supplies) of the direct practice expense RVUs by the family of codes or the CPEP mean. In general, the direct practice expense RVU gap-filing method used these mean values. For example, if a code was not valued for a site-of-service (out-of-office or in-office), the mean RVU for the family of codes for that site-of-service was used. If there were no values for that site-of-service for the family of codes in question, the mean value for the CPEP for that site-of-service was used. A separate calculation was performed for each of the four components which were summed to derive a direct practice expense RVU for each procedure code by site-of-service that required gap-filling. The results of this process were then subjected to clinical review and revised as appropriate.

The indirect practice expense RVU gap-filling method closely followed the process used to calculate the indirect practice expense RVUs in general. Since every procedure code was given a direct practice expense RVU, the allocation variables existed to derive indirect practice expense RVUs as a function of the work of the procedure code, the direct cost for the procedure code (for the relevant site-of-service), and the malpractice expense RVUs for the procedure code.

These RVUs were then placed on the resource-based practice expense RVU scale.

9. Other Practice Expense Policies

a. Site-of-Service Payment Differential

Under the physician fee schedule, if a physician's services of the type routinely furnished in physician offices are furnished in facility settings, our current policy is that the fee schedule amount for the service is determined by reducing the practice expense RVUs for the service by 50 percent. Certain services are excluded from the regulation including rural health clinic services, surgical services not on the ambulatory surgical center covered list that are furnished in an ambulatory surgical center, anesthesia services, and diagnostic and therapeutic radiology services (see § 414.32 (Determining payments for certain physician services furnished in facility settings)).

The site-of-service payment differential is a long established policy to avoid duplicate payments for practice costs while, at the same time, recognizing that some office practice cost is incurred when physicians perform procedures outside the office setting. The site-of-service policy applies to both inpatient and outpatient hospital settings.

Since the implementation of the physician fee schedule, we have compiled a list of services furnished outside physicians' offices that are subject to the site-of-service payment differential. The current list includes approximately 700 services.

As part of the resource-based practice expense initiative, we are proposing to replace the current policy that systematically reduces the practice expense RVUs by 50 percent for certain procedures with a policy that would generally identify two different levels (office or nonoffice) of practice expense RVUs for each procedure code depending on the site-of-service. In general, we would furnish two levels of practice expense RVUs per code; one when the procedure is performed in the office or other site if no additional facility fee is paid and another when the procedure is performed out of the office (in a hospital or an ambulatory surgical center in which the costs of resources, such as labor, medical supplies, and medical equipment are paid outside the physician fee schedule and only to the hospital or ambulatory surgical center).

Some services by the nature of their codes are performed only in certain settings and will have only one level of practice expense RVU per code. Many of these are evaluation and management codes with code descriptions specific as to the site-of-service. Examples of these codes are the following:

Inpatient hospital care for new or established patients (CPT codes 99221 through 99223).

Subsequent hospital care (CPT codes 99231 through 99233).

Initial hospital and follow-up inpatient consultations (CPT codes 99251 through 99275).

Emergency department services for new or established patients (CPT codes 99281 through 99285).

Critical care services (CPT codes 99291 through 99297).

Nursing facility services (CPT codes 99301 through 99303).

Subsequent nursing facility care (CPT codes 99311 through 99313).

Domiciliary, rest home (CPT codes 99321 through 99333).

Home services (CPT codes 99341 through 99353).

We note that office or other outpatient evaluation and management services (CPT codes 99201 through 99215) are used to report services furnished in the physician's office or in a hospital outpatient department; therefore, these procedure codes will have different levels of practice expense RVUs.

Other services, such as most major surgical services with a 90-day global period, are performed entirely or almost entirely in the hospital, and we are generally providing a practice expense RVU only for the out-of-office setting. Similarly, other services will be furnished almost exclusively in the office setting, and we are generally providing separate practice expense RVUs only for the in-office setting.

In the majority of cases, however, we would provide both in-office and out-of-office practice expense RVUs. The higher in-office practice expense RVUs are generally used to calculate payments for services performed in a physician's office and for services furnished to a patient in the patient's home, a nursing facility, skilled nursing facility, or facility or institution other than a hospital or ambulatory surgical center. For these services, the facility is not paid a separate fee for the cost of resources such as labor, medical supplies, and medical equipment associated with the physician service.

The lower out-of-office practice expense RVUs are generally used to calculate payments for services furnished to hospital and ambulatory surgical center patients. Payment for nonphysician services and other items, including medical equipment and supplies, is made only to the hospital by the intermediary on either a prospective-payment or a reasonable-cost basis or to the ambulatory surgical center as part of the facility fee payment.

b. Additional Relative Value Units for Additional Office-Based Expenses for Certain Procedure Codes.

Usually, office medical supplies associated with performing medical or surgical services in the physician's office are included in the practice expense portion of the payment for the medical or surgical service to which they are incidental. The November 1991 final rule (56 FR 59522) included a policy that allowed a practice expense RVU of 1.0 to pay for supplies that are used incident to a physician's service but generally are not the type of routine supplies included in the practice expense RVUs for specific services. For example, if the physician performed a cystourethroscopy with a biopsy (CPT

code 52204) in the office and billed for a surgical tray (HCFA Common Procedure Coding System (HCPCS) code A4550) in addition to the procedure, the physician would receive approximately $33 (an RVU of .95) for the surgical tray in addition to the payment for the cystourethroscopy with biopsy. The November 1991 final rule (56 FR 59811) listed 44 procedure codes that qualified for additional RVUs if furnished in the physician's office. This list was expanded in the December 1993 final rule (58 FR 63854) to include several cystoscopy codes. Included in this list of procedures for which an additional amount for supplies may be paid if performed in a physician's office are closing a tear duct opening (CPT code 68761) and billing for a permanent lacrimal duct implant (HCPCS code A4263) and inserting an access port (CPT code 36533) and billing for an implantable vascular access portal/catheter (A4300). These supplies were given the same RVU as HCPCS code 4550.

We are proposing to revise this policy under the resource-based practice expense system. We believe that the supply costs that this policy is designed to cover were included in the supply inputs identified by the CPEPs. Thus, they were included in the practice expense RVUs for each related procedure code. Therefore, we are proposing to discontinue separate payment for supply codes A4263, A4300, and A4550.

c. Anesthesia Services.

Although physician anesthesia services are paid under the physician fee schedule, these services do not have practice expense RVUs. Rather, payment for physician anesthesia services is determined based on the sum of allowable base and time units multiplied by a locality-specific anesthesia CF.

Since the beginning of the physician fee schedule, overall budget neutrality and work adjustments have been made to the anesthesia CF and not to the base and time units. We propose to follow the same process and make an adjustment to the anesthesia CF to move anesthesia services under the resource-based practice expense system.

We would calculate the difference between the total practice expense that would have been previously recognized and the total practice expense RVUs that would be recognized under the resource-based practice expense RVU system if physician anesthesia services were paid in this manner. The practice expense RVUs that would be recognized under the resource-based system are calculated from the Abt CPEP data for anesthesia services using the same editing, scaling, and other rules used for all other physician services for practice expense RVUs. The practice expense RVUs recognized under the previous system are determined by multiplying the total allowed charges for anesthesia services by the practice expense share for anesthesia services based on the 1996 AMA's Socioeconomic Monitoring Survey data.

10. Refinements

Shortly after the close of the comment period for this proposed rule, we will conduct refinement panels using carrier medical directors to help us address the comments on the proposed practice expense RVUs for specific procedures. As preparation for the meeting, the carrier medical directors will consult local physicians and other practitioners for additional information as they did for physician work RVU refinement panels in 1996.

Eventually, we would like comments in a specified format. However, we believe this refinement process and format can be standardized only after additional experience. Therefore, while we are not proposing a specific format, we would ask that commenters draft their comments according to the following guidelines.

- Identify the problem in relative terms. That is, explain how the RVUs for the procedure code might be incorrect related to its associated family of procedure codes. This is similar to the rank order anomalies for the work RVUs or other services.
- After suggesting an appropriate RVU, furnish specific documentation for a procedure code explaining the expected labor, medical supplies, and medical equipment resources related to the procedure code. For example, the commenter might state, and include evidence, that certain supplies or labor inputs were omitted or the wrong type of clinical labor category was used. Therefore, comments should deal not only with the specific family of procedure codes but with the RVUs of procedures performed by other specialties and primary care physicians.

We are proposing that all practice expense RVUs published in the final rule be considered interim RVUs and subject to comment following publication of the final rule.

Eventually, we envision an annual refinement process of practice expense RVUs for new and revised codes similar to the annual refinement process used for physician work RVUs. We are considering a process for practice expense updates similar to our work value refinement.

11. Reductions in Practice Expense Relative Value Units for Multiple Procedures

Under the current policy, if more than one surgical service is furnished for the same patient, by the same surgeon, on the same day, the physician fee schedule amount for the second through the fifth procedure is the lesser of the actual charge or 50 percent of the fee schedule amount for the procedure. Surgical procedures beyond the fifth procedure are priced ''by report'' based on the documentation for the service furnished. These reductions are made in the allowance for the service and, thus, affect the work, practice expense, and malpractice expense components equally. Thus, we recognize there are efficiencies in practice expenses when multiple surgeries are performed. This occurs largely because the presurgical and postsurgical services performed in the office setting are for the multiple surgeries instead of only one surgery. Currently, the practice expenses for each surgery are established independently as if each surgery was the only procedure furnished, although the clinical and administrative staff time and the medical supplies increase incrementally with additional surgical procedures. The multiple surgery rule will continue to apply to the resource-based practice expenses.

Currently, there is no corresponding reduction in practice expenses for multiple nonsurgical services performed at the same time. At a particular encounter, an office patient could receive an evaluation and management service, diagnostic tests, and other medical procedures such as physical therapy services. However, we make no reductions in the practice expense RVUs for the additional services furnished during the same encounter. We propose to reduce the practice expense RVUs for additional procedures performed during the same encounter as an evaluation and management service. We are considering two pricing options:

- Apply an across-the-board payment policy similar to the multiple surgery policy that reduces, by some specified formula, additional office-based services furnished with the evaluation and management service (that is, the reduction would apply only to the additional procedures, not to the medical visit).
- Apply a procedure code-specific reduction that would apply when that procedure is performed in the office.

We propose adopting one of these approaches. For the short term (effective January 1, 1998), we propose the first option (with the same 50 percent

reduction for the second through fifth procedures, but not applying the reduction to the medical visit). Later, we would like to move from the first option to the second option. The first option is a broad-based policy whereas the second option is more procedure code specific. We invite comments on our proposed approach and any other recommendations for specific pricing rules for multiple procedures furnished in addition to an office medical visit.

12. Transition

The practice expense legislation requires the Secretary to develop and implement a resource-based system for practice expenses under the physician fee schedule, effective January 1, 1998. The law requires that the system be budget neutral. Neither section 1848 of the Act nor its accompanying legislative history provides for a transition period.

We are issuing this proposed rule to fulfill the statutory requirement. However, we believe the magnitude of the redistributions are of such consequence that legislation should be enacted to provide for a transition period. This phased-in implementation schedule will allow us to refine the application of our methodology to ensure that the inequities this legislation was intended to address are eased. We will work with the Congress to change the law so that resource-based practice expense payments would be phased in gradually.

13. Proposed Regulations Revisions

We are proposing to revise § 414.22 (Relative value units (RVUs)), paragraph (b), (Practice expense RVUs), to state that for services furnished beginning January 1, 1998, the practice expense RVUs would be based on the relative practice expense resources involved in furnishing the service. There would be only one level of practice expense RVUs per code for the following categories of services: those that have only TC practice expense RVUs; only PC practice expense RVUs; certain evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services. For other services, there would be two different levels of practice expense RVUs per code. The lower practice expense RVUs would apply to services furnished to hospital or ambulatory surgical center patients. The higher practice expense RVUs would apply to services furnished in a physician's office, or services other than visits but performed in a patient's home and services furnished to patients in a nursing facility, skilled nursing facility, or an institution other than a hospital or ambulatory surgical center.

We are proposing to revise § 414.32 (Determining payments for certain physician services furnished in facility settings), paragraph (b) (General rule) to state that if physician services of the type routinely furnished in physicians' offices are furnished in facility settings before January 1, 1998, the fee schedule amount for those services would be determined by reducing the practice expense RVUs for the service by 50 percent. Beginning January 1, 1998, we would generally have two different practice expense RVUs per code.

We are proposing to revise § 414.34, (Payment for services and supplies incident to a physician's service), paragraph (a) (Medical supplies), to state that if physician services of the type routinely furnished in provider settings are furnished in a physician's office, separate payment may be made for certain supplies furnished incident to that physician service if they are furnished before January 1, 1998. Beginning January 1, 1998, the cost of all medical supplies and services would be included in the service-specific practice expense RVUs.

B. Geographic Practice Cost Index Changes

1. Background

The Act requires that payments vary among fee schedule areas according to the extent that resource costs vary as measured by the Geographic Practice Cost Indices (GPCIs). In general, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule from calendar years 1992 to 1996. We implemented a comprehensive revision in fee schedule payment areas (localities) in 1997, reducing the number of localities from 210 to 89. A detailed discussion of fee schedule areas can be found in the July 2, 1996 proposed rule (61 FR 34615) and the November 22, 1996 final rule (61 FR 59494). We are required by section 1848(e)(1)(A) of the Act to develop separate indices to measure resource cost differences among fee schedule areas compared to the national average for each of the three fee schedule components. While requiring that the practice expense and malpractice indices reflect the full relative cost differences, the Act requires that the work indices reflect only one-quarter of the relative cost differences compared to the national average.

Section 1848(e)(1)(C) requires us to review and, if necessary, adjust the GPCIs at least every 3 years. This section of the Act also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment if more than 1 year has elapsed since the last GPCI revision. The GPCIs were first implemented in 1992, and the first review and revision was implemented in 1995.

2. Development of the Geographic Practice Cost Indices

The GPCIs were developed by a joint effort of the Urban Institute and the Center for Health Economics Research under contract to HCFA. Indices were developed that measured the relative cost differences among areas compared to the national average in a ''market basket'' of goods. In this case, the market basket consists of the resources involved with operating a private medical practice. The resource inputs are physician work or net income; employee wages; office rents; medical equipment, supplies, and other miscellaneous expenses; and malpractice insurance. Employee wages, rents, and miscellaneous expenses are combined to comprise the practice expense component of the GPCI. The weights of these components in the original GPCIs (from 1992 through 1994) and the revised GPCIs (1995 through 1997) are as follows:

Input component	Percentage of practice costs	
	1992–1994 GPCIs	1995–1997 GPCIs
Physician Work	54.2	54.2
Practice Expense	40.2	41.0
Employee Wages	15.7	16.3
Rent	11.1	10.3
Miscellaneous Expenses	13.4	14.4
Malpractice	5.6	4.8
	100.0	100.0

The resource inputs and their weights were obtained from the AMA's Socioeconomic Characteristics of Medical Practice Survey. The weights for the 1992 through 1994 GPCIs were from the AMA's 1987 survey, while the weights for the 1995 through 1997 GPCIs were from the 1989 survey. The 1987 weights were the latest available when the original GPCIs were being developed. The 1989 weights are those used in the revised Medicare Economic Index (MEI) discussed in the November 25, 1992 final rule (Medicare Program; Revision of the Medicare Economic Index) (57 FR 55899). The MEI is a measure of annual increases in the cost of operating a private medical practice

and is used in the annual update of the physician fee schedule CFs. Because the GPCIs and the MEI use the same resource inputs to measure the costs of a private medical practice (the GPCIs measure relative costs among areas while the MEI measures the national annual rate of increase in costs), we believe the same weights should be used.

Once the components and their weights were determined, data sources had to be found that were widely and consistently available in all physician fee schedule areas to measure costs. After examining many sources, the following proxies were selected as the best available sources for measuring each component of the original 1992 through 1994 GPCIs:

• Physician work—The median hourly earnings, based on a 20 percent sample of 1980 census data, of workers in six professional specialty occupation categories (engineers, surveyors, and architects; natural scientists and mathematicians; teachers, counselors, and librarians; social scientists, social workers, and lawyers; registered nurses and pharmacists; writers, artists, and editors) with 5 or more years of college. Adjustments were made to produce a standard occupational mix in each area. The actual reported earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. We believe that the earnings of physicians will vary among areas to the same degree that the earnings of other professionals vary.

• Employee wages—Median hourly wages of clerical workers, registered nurses, licensed practical nurses, and health technicians were also based on a 20-percent sample of 1980 census data.

• Office rents—Residential apartment rental data produced annually by the Department of Housing and Urban Development (HUD) were used because there were insufficient data on commercial rents across all physician fee schedule data.

• Miscellaneous expenses—The Urban Institute and the Center for Health Economics research assumed that this component is represented by a national market and that costs do not vary appreciably among areas. This component's index is 1.000 for all areas to indicate no variation from the national average.

• Malpractice—Premiums in 1985 and 1986 for a mature ''claims made'' policy (a policy that covers malpractice claims made during the covered period) providing $100,000 to $300,000 of coverage were used. Adjustments were made to incorporate the costs of $1 million to $3 million coverage and mandatory patient compensation fund requirements. Premium data were collected for physicians in three risk classes: low-risk (general practitioners who do not perform surgery), moderate risk (general surgeons), and high-risk (orthopedic surgeons).

The areas selected for measurement purposes were the Metropolitan Statistical Areas (MSAs). Non-MSA areas within a State were aggregated into one residual area. Using MSAs for measurement satisfied the criteria of (1) Homogeneity in resource input prices within the area, and (2) a large enough size so that market areas are self-contained to minimize border crossing; that is, physicians would not move their offices a few miles to secure higher payments and patients would tend to receive services within their area.

The Act requires, however, that the GPCIs reflect cost differences among fee schedule areas. Thus, it was necessary to map Medicare localities to the MSA and non-MSA aggregation of GPCI data. Where localities crossed MSA boundaries, MSA indices were converted to Medicare locality indices by population weights.

Detailed discussions of the methodology and data sources of the 1992 through 1994 GPCIs can be obtained by requesting the following studies from the National Technical Information Service by calling 1–800–553-NTIS, or, for residents of Springfield, Virginia, (703) 487–4650.

• The Urban Institute report ''The Geographic Medicare Index: Alternative Approaches,'' NTIS PB89–216592.

• The supplement to ''The Geographic Medicare Index: Alternative Approaches,'' NTIS PB91–113506. This was published in the September 4, 1990 **Federal Register** notice for the model fee schedule (55 FR 36238).

• The Urban Institute report, ''Refining the Malpractice Geographic Practice Cost Index,'' February 1991, NTIS PB91–155218. The related diskette is NTIS PB91–507491. This is the final version of the 1992 through 1994 GPCIs as published in the **Federal Register** in the November 25, 1991 final rule (56 FR 59785).

3. Revised 1995 Through 1997 Geographic Practice Cost Indices

The main criticism of the original GPCIs was that they were outdated because they were based on old data; for example, 1980 census data and 1985 and 1986 malpractice premiums, the most recent data available when the GPCIs were established. The revised 1995 through 1997 GPCIs were based on the most current data available when they were developed in 1993 and 1994. We also made some minor changes from the original GPCI methodology in calculating some of the revised 1995 through 1997 indices.

One methodological change was made that applied across all indices. As mentioned earlier, under the original GPCIs, where Medicare localities crossed MSA boundaries, MSA indices were converted to locality indices by population weights. Medicare expenditure weights were not used because the expenditures under the reasonable charge system contained large differences unrelated to resource cost differences among areas. In calculating the proposed revised GPCIs, where localities crossed MSA boundaries, locality indices were calculated by weights based on full fee schedule RVUs, which reflect resource cost differences among areas. Full fee schedule RVUS were used rather than actual 1993 payments because 1993 fee schedule payments still reflected some reasonable charge payment levels. The advantages of RVU weighting are (1) The GPCIs will more closely reflect physician practice costs in the area where the services are provided rather than where the population lives, and (2) budget neutrality is preserved when combining multiple localities into larger areas, such as statewide localities.

a. Work Geographic Practice Cost Indices.

Data from the 20-percent sample of census data of median hourly earnings for the same six categories of professional specialty occupations as used in the 1992 through 1994 work GPCIs were used in calculating the 1995 through 1997 work GPCIs. The 1992 through 1994 work GPCIs were calculated using 1980 census data of earnings for professionals with 5 or more years of college. That sample was no longer available with the 1990 census. The 1990 census educational classifications are by highest degree earned, rather than the 1980 census classification by years of schooling. Thus, it was not possible to obtain earnings data exactly comparable to the 1980 data.

For 1990, data were available for all-education and advanced-degree samples, but not for 5 or more years of college. We elected to use the all-education sample because its larger sample sizes make it more stable and accurate in the less populous areas. Although it could be argued that physicians' earnings might more closely approximate the earnings of professionals with advanced degrees, the differences between the all-education and advanced-degree indices

were negligible in all but a few of the smallest localities. We believe that the small sample sizes of advanced-degree occupations in these small localities may produce inaccurate results.

The 1992 through 1994 work GPCIs utilized metropolitan-wide median wages for each county within an MSA. That is, all counties within an MSA are assigned the MSA-wide median wage even if there are wage variations within the MSA. We believe that this is appropriate for all but Consolidated Metropolitan Statistical Areas (CMSAs), the largest of the MSAs, such as New York. In these CMSAs, we replaced metropolitan-wide earnings with county-specific earnings. We believe this change is appropriate because costs are, in fact, higher in central city areas (for example, Manhattan and San Francisco) than in the rest of the CMSA. County earnings better account for cost variation within these large metropolitan areas.

b. Practice Expense Geographic Practice Cost Indices.

(1) Employee Wage Indices.

Data from the 20-percent sample of census data of median hourly earnings for the same categories of medical and clerical occupations used in the 1992 through 1994 practice expense GPCIs were used in the 1995 through 1997 practice expense GPCIs. The 1995 through 1997 practice expense GPCIs used 1990 rather than 1980 census data. As with the work GPCIs, county level data were used for CMSAs to better reflect the cost variations within these large metropolitan areas.

(2) Rent Indices.

As with the original rent indices, the HUD fair market rental (FMR) data for residential rents were again used as the proxy for physician office rents. The 1995 through 1997 practice expense GPCIs reflect 1994 HUD FMRs. Like the work GPCI and the employee wage index of the practice expense GPCIs, county level data were used in CMSAs to recognize the variations within the CMSA.

The major criticism of the rent indices is that residential rather than commercial rent data were used. As mentioned earlier, for constructing the GPCIs we needed data that were widely and consistently available across all physician fee schedule areas. As with the original GPCIs, we again searched for private sources of commercial rent data that were widely and consistently available.

The private sources we found were not adequate. None of the sources collected data for nonmetropolitan areas, nor did any collect data for all metropolitan areas. The sources did not reflect the average commercial space in the area, but rather the particular type of space most relevant to the needs of a particular source's clients. In addition, the sample sizes were small. A comparison of the average rental for any particular city showed significant variation depending upon the source. Also, the private commercial rent data tended to be for very high priced real estate of the type likely to be used by large institutions such as banks, insurance companies, or financial firms and not for the type of office space used by physicians.

Among the sources of commercial rent data available, the most promising were data from the Building Owners and Managers Association, the General Services Administration, and the U. S. Postal Service. These data were analyzed in depth. We did not use data from the Building Owners and Managers Association and the General Services Administration because of poor geographic coverage, especially outside of large metropolitan areas. That is, data were not widely and consistently available for all physician fee schedule areas. The U. S. Postal Service data had much better geographic coverage, but sample sizes in many areas were unacceptably small and could lead to erroneous results.

No acceptable national commercial rent data are readily available for physician office rents. Thus, some proxy must be used for this portion of the index. In addition, commercial rent data are not available for all areas from published statistical sources. We believe that the HUD FMR data remain the best available data for constructing the office rental index. They are available for all areas, are updated on an annual basis, and are consistent among areas and from year to year. Moreover, physicians frequently locate in areas and office space that are residential rather than commercial, for example, in apartment complexes and small strip commercial centers adjacent to residential areas. Residential rents may, in fact, be a better measure of the differences among areas in the physician office market than a general commercial rental index.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses.

As mentioned earlier, the GPCI assumes that this component has a national market and that input prices do not vary among geographic areas. We were unable to find any data sources that demonstrated price differences by geographic area. Anecdotal and interview data with suppliers and manufacturers were inconclusive. While some price differences may exist, they are more likely to be based on volume discounts rather than on geographic areas. Generally, it appears that manufacturers' prices do not vary among areas except for shipping costs. Since manufacturers and suppliers are located all over the country, shipping costs on the mainland do not vary significantly.

We did consider an add-on for shipping costs to Alaska, Hawaii, and Puerto Rico to recognize the added shipping distance. We decided against the add-on because there were no data to indicate how much the costs of shipping medical equipment and supplies to these areas increased their costs. We were able to ascertain that commercial shippers like United Parcel Service and Federal Express generally charge about 10 percent more to ship to Puerto Rico, and about 20 percent more to ship to Alaska and Hawaii from the mainland. Medical equipment and supplies represent about 7 percent of physician practice costs. Even assuming that shipping costs represent 5 percent of total equipment and supply costs, which we believe to be a high estimate, recognizing a 20 percent increase in shipping costs would only increase payment levels by 0.07 percent or 0.0007 ($.20 \times .05 \times .07 = .0007$). The medical equipment, supplies, and miscellaneous expense index for all areas continues to be 1.000 in the revised 1995 through 1997 GPCIs.

c. Malpractice Geographic Practice Cost Indices.

Again, malpractice premium data for a $1 million to $3 million mature ''claims made'' policy were collected, with mandatory patient compensation funds considered. However, more recent and more comprehensive malpractice insurance data were used in calculating the 1995 through 1997 malpractice GPCIs. The 1995 through 1997 malpractice GPCIs were based on 1990 through 1992 premium data. Malpractice premiums are very volatile and may change significantly from year to year. We decided to use the most recent 3-year average available rather than just the most recent single year to smooth out this volatility and present a more accurate indication of malpractice premium trends over time.

We collected data on more specialties and from more insurers. We collected data on 20 specialties, rather than on only 3 as in the 1992 through 1994 malpractice GPCIs. The 1992 through 1994 malpractice GPCI data were largely drawn from a single nationwide insurer (St. Paul Fire and Marine) and were supplemented by several State-specific carriers in States in which St. Paul did not offer coverage. Subsequent analyses suggest that these data may not be

representative of insurers operating in many States. For the revised malpractice GPCI, data were collected from insurers that, on average, represented 82 percent of the market in each State, with the lowest State market share being 60 percent. We believe that the more recent and much more comprehensive data greatly improved the accuracy of the malpractice GPCIs for 1995 through 1997.

Detailed discussions of the methodology and data sources of the 1995 through 1997 GPCIs can be obtained by requesting the following studies from NTIS by calling 1–800–553-NTIS, or (703) 487–4650 in Springfield, Virginia:

- ''Updating the Geographic Practice Cost Index: Revised Cost Shares.'' Debra A. Dayhoff, John E. Schneider, and Gregory C. Pope. NTIS PB94–161072.
- ''Updating the Geographic Practice Cost Index: The Physician Work GPCI.'' Gregory C. Pope and Deborah A. Dayhoff. NTIS PB94–161080.
- ''Updating the Geographic Practice Cost Index: The Practice Expense GPCI.'' Gregory C. Pope, Deborah A. Dayhoff, Angella R. Merrill, and Killard W. Adamache. NTIS PB94–161098.
- ''Updating the Geographic Practice Cost Index: The Malpractice GPCI.'' Stephen Zuckerman and Stephen Norton. NTIS PB94–161106.

4. Proposed Revised 1998 Through 2000 Geographic Practice Cost Indices

The same data sources and methodology used for the 1995 through 1997 GPCIs were used for the proposed 1998 through 2000 GPCIs (hereafter referred to as proposed GPCIs) with a few very minor modifications. No acceptable additional data sources were found. The cost shares are the same as in the 1995 through 1997 GPCIs because no changes were made in the MEI weights. Indices for fee schedule areas are based on the indices for the individual counties within the fee schedule area. Fee schedule RVUs are again used to weight the county indices (to reflect volumes of services within counties) when mapping to fee schedule areas and in constructing the national average indices. However, we used more recent data, 1994 rather than 1992 RVUs, in the county, locality, and national mapping in the proposed GPCIs. The payment effect of this is negligible in most cases and generally results in changes at the third decimal point if at all.

a. Work Geographic Practice Cost Indices.

The work GPCIs are based on the decennial census. The 1992 through 1994 work GPCIs were based on 1980 census data, because 1990 census data were not yet available. The work GPCIs were revised in 1995 with new data from the 1990 census. New census data will not be available again until after the 2000 census. We searched for other data that would enable us to update the work GPCIs between the decennial census. No acceptable data sources were found. The most promising sources of data were the hospital wage data collected by HCFA to calculate the Prospective Payment System (PPS) hospital wage index, and the payroll per worker data collected by the U. S. Bureau of Labor Statistics from State unemployment insurance agencies (''the ES–202 data'').

The PPS hospital wage data were examined when we constructed the original GPCIs. They were rejected in favor of census data because of their lack of an occupation mix adjustment and their unrepresentative occupational composition (hospital employees rather than professionals or physician office employees). ES–202 data consist of total payroll divided by counts of wage and salary workers. Their major disadvantages are that they do not measure hourly earnings, only payroll per employee, and no occupational detail is available. Also, they do not adjust for part-time or full-time and hours worked, and the numbers of workers are small for certain States leading to unstable estimates of payroll per worker. We compared the changes by State from 1989 to 1993 in the PPS wage data and the ES–202 data to see if there was any correlation between the two series. The correlation between the two was only moderate, 0.55. The changes indicated by both series were generally small, for example, a few percentage points. The difference between the two series by State was in many cases as large as or greater than the change indicated by either series. The average difference between the two series (2.1 percent) is as large as the change indicated by either series. In addition, changes for particular States were substantially different between the two series. For example, Indiana relative wages rose by 1.9 percent according to the PPS data, but fell 5.7 percent according to the ES–202 data.

Since we were unable to find an acceptable data source for updating the work GPCIs, we examined the consequences of not updating the work GPCIs between the decennial census. We compared the changes between the 1992 through 1994 work GPCIs, based on the 1980 census, and the 1995 through 1997 GPCIs, based on the 1990 census. On average, the full variation State work GPCIs changed by about 5 percent. This translates to about a 1.2 percent change in the quarter work GPCI required by law. Since work makes up about one-half of the GPCI cost shares, this translates into an average payment change per State of about 0.6 percent from updating the work GPCI based on the 10-year change in relative wages indicated by the census data. Even the maximum change in the full variation State work GPCIs from the 1992 through 1994 to the 1995 through 1997 GPCIs of 14 percent translates into only about a 1.8 percent change in payments. The largest full work GPCI changes for individual payment areas were from 16 to 20 percent, or about a 4 to 5 percent change in the quarter work GPCI, or about a 2.4 percent change in payments. However, 80 percent of payment areas experienced payment changes of less than 1 percent, and 50 percent of payment localities experienced payment changes of less than 0.5 percent as a result of changes in the census data from 1980 to 1990.

We are, therefore, proposing no changes in the work GPCIs, other than the generally negligible changes resulting from using 1994, rather than 1992, RVUs for this GPCI update because we were unable to find acceptable data for use between the decennial census. We believe no changes are preferable to inaccurate changes based on unacceptable data. We believe that this is a reasonable position given the generally small magnitude of the changes in payments resulting from the changes in the work GPCIs from the 1980 to the 1990 census data.

b. Practice Expense Geographic Practice Cost Indices.

(1) Employee Wage Indices.

As with the work GPCIs, the employee wage portion of the practice expense GPCIs is based on decennial census data. For the same reasons discussed above pertaining to the work GPCIs, we are proposing no changes in the employee wage indices during this GPCI update. The average change from the 1992 through 1994 to 1995 through 1997 employee wage indices across States was about 6 percent. Since the employee wage index has a weight of about 16 percent in the GPCI cost shares, this translates into a 1 percent average change in payments. The maximum payment change in any payment area resulting from changes from the 1992 through 1994 to 1995 through 1997 employee wage indices was about 3.2 percent. Payment changes in over two-thirds of the payment areas were less than 1 percent.

(2) Rent Indices.

The office rental indices are again based on HUD residential rent data. The proposed rental indices are based on

1996 HUD data as opposed to 1994 HUD data in the 1995 through 1997 GPCIs. HUD made two small methodological changes in developing the data. First, HUD is using the 40th percentile of area rents rather than the 45th percentile. This does not materially affect the GPCIs, which measure relative rents among areas. Second, HUD has established a rental floor for rural counties at the statewide rural average. This has the effect of raising the office rental indices slightly in rural areas.

We made one methodological change in the rent indices. HUD publishes FMRs only for metropolitan areas as a whole. For the 1995 through 1997 GPCIs, HUD used a special tabulation of the 1990 census data to allocate rents by county within CMSAs. In some metropolitan areas, this had the effect of reducing the central city index below the suburban index, probably because of lower unmeasured housing quality in central cities than in suburbs. This is probably not an appropriate indicator of relative physician rents, since the GPCIs are intended to measure rental costs for offices of similar quality in different areas. The metropolitan-wide rent is most appropriate for measuring the cost of space of an average quality across the metropolitan area, which is why HUD publishes only metropolitan-wide FMRs. Also, the census county adjustments can be updated only once every 10 years. For this reason, we believe that the county-specific adjustment should not be made for all large metropolitan areas but should be retained only for the New York City Primary Metropolitan Statistical Area. Available evidence suggests that rents vary substantially among the boroughs of New York City and that, given the current locality configuration, the county-specific rental adjustment appropriately reflects these patterns in the New York City area, especially the higher rents in Manhattan.

The proposed rental indices are compared to the current rental indices in Addendum D. A reduction in an area's rent index does not necessarily mean that rents have gone down in that area since the last GPCI update. Since the GPCIs measure area costs compared to the national average, a decrease in an area's rent index means that that area's rental costs have decreased when compared to the change in national average rental costs. The indices are arranged in descending order of change. The rental index has a cost share of about 10 percent of the GPCI. This means that the actual effect on payments will be about 10 percent of the change in the rental indices. As Addendum D shows, the largest payment change will be about 2 percent in the Virgin Islands. The payment change in 86 of the 89 payment areas will be less than 1 percent.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses.

As with the 1992 through 1994 and 1995 through 1997 GPCIs, this component is given a national value of 1.000, indicating no measurable difference among areas in costs.

c. Malpractice Geographic Practice Cost Indices.

Again, malpractice premium data were collected for a mature ''claims made'' policy with $1 million to $3 million limits of coverage, with adjustments made for mandatory patient compensation funds. As with the 1995 through 1997 GPCIs, data were collected for the 20 largest Medicare-billing physician specialties. The premium data represent at least 50 percent of the market in each State. Again, we used an average of the 3 most recent premium years to smooth out the considerable year-to-year fluctuations that can occur in malpractice premiums. The proposed malpractice indices are based on 1992 through 1994 premium data, the latest years available when this study was being conducted in 1995 through 1996, compared to the 1990 through 1992 data used in the current 1995 through 1997 indices. Another change from the 1995 through 1997 indices is that the specialty shares of the 20 specialties is weighted by fee schedule RVUs rather than allowed charges.

Addendum E shows the changes from the 1995 through 1997 indices to the proposed malpractice GPCIs. A change in an area's malpractice GPCI does not mean that absolute malpractice premiums have changed by that amount. It rather reflects the area's new position compared to the national average. The overwhelming portion of the changes, over 98 percent in most cases, is attributable to the use of more recent data rather than the change from allowed charges to RVU weights. As with the 1995 through 1997 GPCI revision, the changes in the malpractice GPCIs are relatively large in some cases reflecting the significant changes in malpractice premiums that occur from year to year. As Addendum E shows, a few fee schedule areas show malpractice GPCI changes of about 30 percent. Two-thirds of the payment areas experience changes of less than 10 percent. It should be remembered, however, that the weight of the malpractice GPCI is only about 5 percent of the total GPCI. Therefore, a 10 percent change in the malpractice GPCI translates into only a 0.5 percent change in payments. Even the largest 30 percent change in the malpractice GPCI translates into only a 1.5 percent change in payments. The mean change in the malpractice GPCIs is 8.7 percent, or about a 0.4 percent change in payments.

Detailed discussions of the methodology and data sources of the proposed 1998 through 2000 GPCIs may be obtained by requesting the following study from NTIS by calling 1–800–533–NTIS, or, for residents of Springfield, Virginia, (703) 487–4650: ''Second Update of the Geographic Practice Cost Index.'' Gregory C. Pope and Killard W. Adamache. NTIS PB97–152581.

C. Fee Schedule For Clinical Psychologist Services

1. Background

Until 1997, the fee schedule for clinical psychologist services was a locality-based fee schedule developed by the individual Medicare carriers. The Medicare carriers established the locality-based fee schedule in 1988 after section 4077(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203), enacted on December 22, 1987, first provided for direct payment for clinical psychologist services furnished in a community mental health center. Section 4077(b)(3)(D) of OBRA 1987 amended section 1833(a)(1) of the Act by providing that payment for clinical psychologist services be based at 80 percent of the lower of the actual charge or a fee schedule.

The Act provides that the Secretary determine the fee schedule. As a result, we furnished guidance to all Medicare Part B carriers to establish the initial, that is, baseline, clinical psychologist fee schedule as follows:

- Set the fee schedule for therapeutic services at 80 percent of the adjusted prevailing charge for participating psychiatrists in a locality; and
- Set the fee schedule for diagnostic services at 90 percent of the adjusted prevailing charge for participating psychologists in a locality.

We also advised the Medicare Part B carriers to update the clinical psychologist fee schedule in subsequent years by the annual change in the Consumer Price Index for All Urban Consumers (CPI–U). We adopted the CPI–U to update the clinical psychologist fee schedule because it was the economic index used for updating most other nonphysician practitioner charges at that time.

Since that time, there have been two significant changes to the fee schedule for clinical psychologist services. First, effective January 1, 1992, we implemented the policy to base payment for psychological testing

services furnished by clinical psychologists at the amounts in the physician fee schedule. Second, effective January 1, 1997, we linked the fee schedule for clinical psychologist services to the physician fee schedule in the same manner as most other health care practitioner services. We describe these changes in more detail in the sections that follow.

2. Legislative Changes

Although section 4077(b) of OBRA 1987 provided for clinical psychologist services as separately payable under Medicare Part B under a fee schedule, direct payment was limited to services furnished in community mental health centers. Subsequent amendments to the law expanded the scope of the benefit. These amendments were discussed in a related **Federal Register** document described in section II.C.4. below.

3. Physician Payment Reform

As noted in section I.A., since January 1, 1992, Medicare Part B has paid for physician services based on a fee schedule. Until 1992, physician services had been paid on the basis of a reasonable charge system. This system led to significant payment variations among types of services, physician specialties, and localities. Section 6102 of OBRA 1989 added a new section 1848 to the Act, ''Payment for Physicians' Services,'' which replaced the reasonable charge system with a fee schedule that reflected the resources required to perform a given service. Although this legislation linked the payment methodology for most practitioner services to the physician fee schedule, it did not address payment for clinical psychologist services. Nevertheless, because amounts established under the physician fee schedule for psychological testing were heavily based on combined charge data for psychiatrists and psychologists, we wished to ensure that clinical psychologists would receive 100 percent of the physician fee schedule amount for those services. Therefore, effective January 1, 1992, fee schedule amounts for psychological testing services furnished by clinical psychologists are set at 100 percent of the physician fee schedule. However, before 1997, no change was made to the clinical psychologist fee schedule for therapeutic and other diagnostic services.

4. Related **Federal Register** Document

We discussed several aspects of payment for clinical psychologist services in a proposed rule published in the **Federal Register** on December 29, 1993 (Medicare Coverage and Payment for Clinical Psychologist, Other Psychologist, and Clinical Social Worker Services (BPD–706–P)) (58 FR 68829). That document addressed issues such as coinsurance, the outpatient mental health treatment limitation in section 1833(c) of the Act, and assignment of claims. We are currently considering public comments that we received in response to that proposed rule and, in the final rule, we will address those comments. In the December 1993 proposed rule, we indicated that we would address the calculation of the clinical psychologist fee schedule amounts set forth under section 1833(a)(1)(L) of the Act in a separate proposed rule (58 FR 68837). Below, we are proposing to establish the fee schedule for clinical psychologist services as referred to in the December 1993 proposed rule.

5. Policy Pertaining to Clinical Psychologist Services

There are two types of services billed directly to Medicare Part B by clinical psychologists: diagnostic services and therapeutic services. Medicare direct payment for services furnished by clinical psychologists became effective July 1, 1988. From 1988 through 1996, Medicare Part B payment to clinical psychologists for therapeutic services was subject to a locality-based fee schedule calculated by each Medicare carrier. In 1988, the Medicare carriers developed the clinical psychologist fee schedule on the basis of a HCFA analysis of charging practices of psychologists and psychiatrists. Because no Medicare charge data for therapeutic services furnished by clinical psychologists existed at that time, we compared psychologist and psychiatrist charges from other payor sources as a gap-filling measure for Medicare pricing purposes. The resulting clinical psychologist fee schedule amounts for therapeutic services, as shown in section II.C.1. above, were set at 80 percent of the adjusted prevailing charge for similar services of Medicare-participating psychiatrists in the locality. (The ''adjusted prevailing charge'' for physicians means the locality prevailing charge that is calculated by applying the MEI to the base year prevailing charge. In this way, Medicare reasonable charges for physician services are increased above the base year rates only to the extent determined to be justified by appropriate economic data.)

Initially, the fee schedule amounts for diagnostic services furnished by clinical psychologists were set at 90 percent of the Medicare prevailing charge for independently practicing psychologists in a locality. In contrast to therapeutic services, Medicare charge data had existed for diagnostic testing because psychological testing furnished by independent psychologists under a physician's order had been covered as ''other diagnostic tests'' under section 1861(s)(3) of the Act.

The amounts established under the physician fee schedule for diagnostic psychological testing were largely based on blended charge data for both psychologists and physicians. Furthermore, because psychologists are the predominant suppliers of psychological testing services, the physician fee schedule amounts for those services were based in large part on psychologist charge data. In the November 25, 1991 final rule that established the physician fee schedule, we stated (56 FR 59507) that diagnostic tests furnished by clinical psychologists would be paid under the physician fee schedule. Since January 1, 1992, amounts for diagnostic psychological testing services furnished by psychologists are equivalent to the amounts established under the physician fee schedule authorized by section 1848 of the Act. (Diagnostic psychological testing services are listed in the CPT '97 as CPT codes 96100 through 96117.)

A variety of health care practitioners under Medicare have payment levels that are tied, by law, to the physician fee schedule. These practitioners include nurse practitioners, nurse midwives, and physician assistants. We believe that it is also appropriate to establish a clinical psychologist fee schedule that is linked to the physician fee schedule. The implementation of 24 new billing codes for psychotherapy services effective January 1, 1997 required us to establish relative values under the physician fee schedule for each code. Since we were required to establish relative values for each new code, we established the clinical psychologist fee schedule value for all services at 100 percent of the physician fee schedule amount for the corresponding service. Consequently, this rule sets forth in regulation the fee schedule for covered clinical psychologist services at 100 percent of the physician fee schedule amount for the corresponding service. The rationale for this payment level appears in section II.C.6. below. Although this payment policy was implemented January 1, 1997, we are including it in this proposed rule in order to codify in regulations the methodology for the clinical psychologist fee schedule.

6. Rationale and Alternatives Considered

As noted in section II.C.1., we recommended in 1988 that Medicare carriers set clinical psychologist fee schedule amounts for therapeutic services at 80 percent of the MEI-adjusted prevailing charge for psychiatrists. That level had been primarily based on the fee differential found in a review of psychologist and psychiatrist fees from 1985 through 1988.

Effective January 1, 1992, physicians' services are paid under a resource-based fee schedule rather than a reasonable charge methodology. The physician fee schedule establishes payment amounts for all physician services as defined in section 1848(j)(3) of the Act. One effect of the physician fee schedule is that payment for physician services is now standardized. We believe that the clinical psychologist fee schedule amounts for therapeutic services should be tied to the physician fee schedule as are the services of most other health care practitioners.

As noted earlier, effective for services furnished on or after January 1, 1992, payment for diagnostic psychological tests furnished by clinical psychologists is based on the physician fee schedule. The clinical psychologist fee schedule for therapeutic services, which was in use until January 1, 1997, was derived from the initial linkage between psychologist and psychiatrist prevailing charges. However, with the implementation of the physician fee schedule, prevailing charges no longer apply for physician services. Furthermore, because the prevailing charge was based on actual charging patterns, it frequently resulted in unjustifiably large differences in charges from one area to another. With implementation of the physician fee schedule, the GAF used to adjust the RVUs for physician services has changed the geographic distribution of fees. The purpose of the GAF is to recognize only justifiable differences in the cost of operating a medical practice in different areas.

Finally, once the clinical psychologist fee schedule is linked directly to the physician fee schedule, the annual economic index used to update fees for clinical psychologist services will be the same as the index used to update fees for physicians and other health care practitioners. The following table illustrates that, for the years between 1989 through 1991 (during which the prevailing charge system applied), the CPI–U update factor exceeded the congressionally imposed limits on the MEI that was used to adjust Medicare prevailing charges for nonprimary care physician services:

Annual Increase	1989 (percent)	1990 (percent)	1991 (percent)
CPI–U	4.0	5.2	4.7
MEI (for other than primary care)	1.0	2.0	0.0

Using a hypothetical prevailing charge of $100 for psychiatrists in 1988, we illustrate the relationship of the clinical psychologist fee schedule to psychiatrist prevailing charges in 1991 in the following table:

	1989	1990	1991
Psychiatrists (1988 prevailing charge = $100):			
MEI update factor	1.01	1.02	1.00
Updated prevailing charge	$101.01	$103.02	$103.02
Clinical Psychologists (1988 fee = $80):			
CPI–U update factor	1.04	1.052	1.047
Updated fee	$83.20	$87.53	$91.64
Psychologist/Psychiatrist (1988 = 80%)	82.4%	85.0%	89.0%

By 1991, the combined effect of using the CPI–U to update the clinical psychologist fee schedule and the MEI to update psychiatrist prevailing charges resulted in a clinical psychologist fee schedule that was equivalent to 89 percent of the psychiatrist prevailing charge. Additionally, implementation of the physician fee schedule resulted in slight payment decreases for psychiatrist services in 1992. In 1993 and 1994, moreover, the physician fee schedule amounts for nonsurgical services other than primary care services were increased by 0.8 percent and 5.3 percent, respectively. By comparison, during the first 3 years that the physician fee schedule was in effect, clinical psychologist fee schedule amounts increased by 4.7 percent, 3.1 percent, and 3.0 percent, respectively, for 1992, 1993, and 1994, because clinical psychologist fee schedule amounts were adjusted by a different economic index, the Consumer Price Index (CPI). Consequently, through 1994, clinical psychologist fee schedule increases outpaced those for physicians furnishing nonsurgical services other than primary care as well as those for other nonphysician practitioners whose payments are tied to the physician fee schedule.

The combined effect of all these factors is that the clinical psychologist fee schedule no longer reflected the original fee differentials between psychologists and psychiatrists that had been found in the health care marketplace and factored into the initial clinical psychologist fee schedule. As a result, the clinical psychologist fee schedule was marked by disparities with the physician fee schedule for similar services as well as by wide geographic variations that reflected historical charging patterns in different areas.

We had previously considered setting the clinical psychologist fee schedule at the level established under the physician fee schedule for similar services. However, at that time, the CPT descriptors for individual psychotherapy services (CPT codes 90841 through 90844) included the term ''* * *[with] continuing medical diagnostic evaluation, and drug management, when indicated.'' These are medical aspects of a psychotherapeutic service that are outside the scope of clinical psychologist licensure. Therefore, we were concerned that it would be inappropriate to set the clinical psychologist fee schedule amounts at the same level as the physician fee schedule when clinical psychologists

were unable to perform the full service described in the codes.

During 1996, as part of the statutorily mandated 5-year refinement of the RVUs for the physician fee schedule, the RUC recommended increases for a number of psychotherapy codes. (The RUC, which is comprised of representatives of various medical specialty societies, the AMA, the American Osteopathic Association, and the CPT Editorial Panel, makes recommendations to us concerning the assignment of RVUs to new and revised CPT codes.) As a prelude to accepting the RUC recommendations, we examined the coding of psychiatry services. We concluded that the CPT code descriptors for individual psychotherapy needed to be changed to define the service more clearly, recognize the variations in work associated with different types of psychotherapy as well as the settings in which the types of psychotherapy are furnished, and assign face-to-face time values for the service. As a result, effective January 1, 1997, CPT codes 90842, 90843, 90844, and 90855 for individual psychotherapy are no longer recognized for Medicare purposes. These codes have been replaced by 24 alphanumeric codes that include 12 codes for therapy furnished in the office and other outpatient settings and 12 codes for therapy furnished in inpatient hospital, partial hospital, or residential care settings. These two categories were further broken down into the types of psychotherapy services. A full listing and discussion of these codes was included in the final rule (Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997 (BPD–852–FC)), published November 22, 1996. (See 61 FR 59521 through 59523.)

One of the effects of the coding system changes for psychiatric services is that now there are codes for reporting psychotherapy both with and without medical evaluation and management services. Under Medicare, clinical psychologists may bill for individual psychotherapy without medical evaluation and management services. Consequently, when clinical psychologists bill for individual psychotherapy without medical evaluation and management, those services are equivalent to individual psychotherapy without medical evaluation and management services when furnished by a physician. As a result, we believe that it is both reasonable and equitable to pay clinical psychologists the same amount as physicians for equivalent services.

Alternatively, we considered retaining the previous clinical psychologist fee schedule for therapeutic services. We also considered setting the clinical psychologist fee schedule at a level other than 100 percent of the physician fee schedule. However, we rejected these options because the resulting fee schedule amounts would have essentially continued to be derived from physician prevailing charges, which are no longer relevant under the physician fee schedule and would only serve to perpetuate geographic variations in charges that are a residual effect of the reasonable charge payment system.

D. Diagnostic Tests

1. Ordering of Diagnostic Tests

In our November 22, 1996 final rule for the 1997 physician fee schedule (61 FR 59490), we revised § 410.32 (Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions) to state that, to be covered, diagnostic tests had to be ordered by the physician who treats the patient. Section 410.32 contained exceptions for x-rays used by chiropractors to demonstrate the subluxation of the spine and for certain nonphysician practitioners operating within the scope of their statutory benefit and State licenses. We are proposing to add an additional exception to § 410.32 to indicate that a physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34 (Mammography services: Conditions for and limitations on coverage), paragraph (a)(7), may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary. We believe this is appropriate because the Food and Drug Administration, rather than HCFA, is responsible for the conditions under which mammograms are covered. It would also facilitate additional, necessary testing to investigate suspicious findings at the time the beneficiary is present at the testing site rather than requiring the beneficiary to return at a later date for follow-up testing.

In addition, questions have been raised as to the statutory basis for denial of claims under the ordering rule adopted in the 1996 physician fee schedule final rule. We have determined that tests are not demonstrably reasonable and medically necessary unless they are ordered by the patient's physician who will employ the tests to manage the patient's care. Thus, we are proposing to clarify in § 410.32(a) that the denials are based on the exclusion in section 1862(a)(1)(A) of the Act, and contained in § 411.15(k)(1), that is, the services ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' Beneficiaries may be protected from liability for claims denied on this basis by the limitation on liability provision of section 1879 of the Act.

2. Supervision of Diagnostic Tests

We are proposing to clarify in § 410.32 the policy on physician supervision of diagnostic x-ray and other diagnostic tests that are payable under the physician fee schedule. (Diagnostic procedures may be split into professional components (PCS) and technical components (TCs) or be TC-only.) The clarification is applicable to the TCs of diagnostic procedures covered under section 1861(s)(3) of the Act (whether billed separately to the carrier or as part of a ''global'' charge with the PC) that are furnished in settings in which the Part B carrier pays for the TCs under the physician fee schedule. The coverage of diagnostic procedures furnished to hospital patients is addressed in other regulations and is not affected by this clarification. In addition, diagnostic laboratory tests as described in paragraph (d) of § 410.32 are not affected by this proposed clarification. This proposed rule represents our judgment that diagnostic procedures are safe and effective only when they are furnished with appropriate physician supervision. Therefore, denials of claims for failure to meet the required level of physician supervision would be based on the exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1), that is, they ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' This means that the beneficiary may be protected under the limitation on liability provisions in section 1879 of the Act.

We believe that the requirements of § 410.32 should be revised because except for the reference to ''other diagnostic tests'' in the heading of § 410.32, x-rays are the only diagnostic tests payable under the physician fee schedule that are discussed in the current § 410.32. We are proposing to clarify that some degree of physician supervision is required for every

diagnostic test payable under the physician fee schedule with a few exceptions.

Our specific proposals for revisions to the regulations are:

- The definition and discussion of the term ''general supervision'' currently appears only in § 410.32(a)(2) (concerning portable x-ray services). We are proposing to clarify that this level of supervision is the minimal level required for all diagnostic tests payable under the physician fee schedule unless specific exception is made by regulation.
- The definition and discussion of the term ''direct supervision'' is set forth in revised § 410.32(b)(3)(ii), concerning diagnostic x-ray and other diagnostic tests. We are proposing to clarify that this level of supervision is required for some types of diagnostic procedures that are not x-rays.
- We are proposing to incorporate into regulations at § 410.32(b)(3)(iii) the existing policy that there are some diagnostic procedures that require a physician's presence with the patient at the time of performance of the procedure for the procedure to be covered.

We are proposing a general rule that diagnostic tests payable under the physician fee schedule require at least general supervision (and in some cases either direct or personal supervision, as defined in this proposal) by a physician (as defined in section 1861(r) of the Act). Because of the restricted definitions in section 1861(r), we believe that nearly all tests will be supervised by doctors of medicine or osteopathy, or, in the case of procedures related to the eyes and consistent with State licensure, doctors of optometry. We do not perceive a significant impact on doctors of dentistry and chiropractic in this regard since Medicare covers limited services for these specialties and we believe diagnostic test supervision will not be an issue for these specialties.

We are proposing to exclude three types of diagnostic tests from the physician supervision requirements:

- Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.
- Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally performed by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). These services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act, rather than section 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

We are proposing that the minimal level of physician supervision, which is applicable to all diagnostic procedures payable under the physician fee schedule, with the exceptions cited above, is general supervision. ''General supervision'' means the procedure is furnished under the physician's overall direction and control, but physician presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. Examples of procedures requiring only general physician supervision include the following:

- Plain films (x-rays) involving the extremities, pelvis, vertebral column, or skull.
- Plain films of the chest and abdomen that do not involve the use of contrast media.
- Electrocardiograms except when the code description specifies physician supervision such as with a cardiovascular stress test.
- Ultrasound diagnostic procedures except when the code description specifies a physician's service such as the placement of a probe in the case of transesophageal echocardiography.
- Electroencephalograms, polysomnography, and sleep studies.

We are proposing that the existing definition of ''direct supervision'' in § 410.32 be applied to types of services other than diagnostic x-rays. ''Direct supervision'' in the office setting does not mean that the physician must be present in the room when the procedure is performed; however, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. We are specifically requesting comments on this proposal. Examples of diagnostic procedures requiring both general and direct supervision include the following:

- Magnetic resonance imaging, computerized axial tomography, and nuclear medicine procedures.
- Procedures in which contrast materials are used.
- X-rays other than skeletal, abdominal, and chest x-rays cited in the discussion of ''general supervision.''

We are proposing to define ''personal supervision'' as follows: ''Personal supervision'' means a physician must be in attendance in the room during the performance of the procedure. Examples of procedures requiring both general and personal supervision include the following:

- Cardiovascular stress tests including those furnished with nuclear medicine and echocardiography procedures.
- Cardiac catheterization.
- Radiological supervision and interpretation procedures.

Under the changes made to section 1861(s)(3) of the Act by section 145(b) of Public Law 103–432, the Congress has added diagnostic mammography as part of the portable x-ray benefit. Therefore, we are proposing to add diagnostic mammograms (but not screening mammograms) to the list of services a portable x-ray supplier may furnish in § 410.32(c). However, the supplier must meet the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

3. Independent Diagnostic Testing Facility

Section 2070.5 of the Medicare Carriers Manual (HCFA Pub. 14–3) is the current policy basis for the coverage of Independent Physiological Laboratory (IPL) services. The section does not define the term ''physiological'' and specifically mentions only electrocardiograms and electroencephalograms as types of services the entity that has come to be known as an IPL may furnish. The section says little about the nature of IPLs other than that they operate independently of a hospital, physician's office, or rural health clinic and meet applicable State and local licensure laws. Few States regulate diagnostic services, other than x-rays, and the requirement for State and local licensure has had little meaning in practice. The other requirements for the coverage of IPL services are that the services be ordered by a ''referring'' physician and that the services be determined by the carrier to be

reasonable and necessary. The requirement that the diagnostic services must be ordered by a referring physician has been addressed by the policy we adopted in the final rule for the 1997 physician fee schedule published in the **Federal Register** on November 22, 1996 (61 FR 59497 through 59498), under which the physician who orders a diagnostic service must be a physician who is treating the patient.

We are proposing to set aside the term ''IPL'' and define a new entity independent of a hospital or physician's office in which diagnostic tests are performed by licensed, certified nonphysician personnel under appropriate physician supervision. We are proposing to call this entity an Independent Diagnostic Testing Facility (IDTF). We are proposing that the new entity replace the IPL. The proposal would provide clarification in the regulations to resolve confusion surrounding both the structure of entities Medicare previously classified as IPLs, as well as the services they furnish, and to address the potential for abuse and quality and safety concerns created by the lack of Federal and State IPL licensure and certification requirements. This proposal would not apply to approved portable x-ray suppliers or to procedures furnished in physicians' offices including group practices or multispecialty clinics. An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner.

We are proposing that the following diagnostic tests, which are payable under the physician fee schedule, are not required to be furnished in accordance with the IDTF criteria when furnished by a nonhospital entity:

- Diagnostic mammograms the coverage of which is required by law to be regulated by the Food and Drug Administration rather than by HCFA.
- Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally furnished by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). The services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act rather than 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

We are proposing that IDTFs meet the following requirements:

- An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision equates to general supervision as proposed in this section II.D. and proposed § 410.32(b)(3)(i).
- The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF; however, there is no requirement that the IDTF's supervising physician actually furnish the interpretation. (For example, a physician might purchase tests from the IDTF that he or she will interpret.) Proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure which would require the direct or personal supervision of a physician pursuant to II.D. in this section and proposed § 410.32(b)(3)(ii) and (b)(3)(iii), respectively, the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at a remote location. The IDTF must maintain documentation to demonstrate sufficient physician attendance during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.
- Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have appropriate training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by the appropriate national credentialing body. The IDTF must maintain available for review documentation that these requirements are met.
- All procedures performed by the IDTF must be specifically ordered in writing by a physician who treats the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. This requirement would be met when a beneficiary's primary care physician orders testing the results of which may determine whether or not the physician refers the beneficiary to a specialist. In other words, that physician is managing the patient's care. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests performed by the IDTF, and the IDTF may not add any procedures based on internal protocols without written order from the treating physician.
- An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

E. Reasonable Compensation Equivalent Limit Update Factor

1. Background

Section 1887(a)(2)(B) of the Act provided for the reasonable compensation equivalent limits used to determine the reasonableness of costs incurred by providers for professional services furnished by physicians for the benefit of provider patients in a hospital or skilled nursing facility. Regulations set forth at § 415.70 (Limits on compensation for physician services in providers), paragraph (b), concerning the methodology for establishing limits, established a methodology for determining reasonable annual compensation equivalents, considering average physician incomes by specialty and type of location, to the extent possible using the best available data. The regulations also expanded the application of the reasonable compensation equivalent limits to include comprehensive outpatient rehabilitation facilities. The initial and still current methodology for establishing reasonable compensation equivalent limits is based on an internal working paper (''A Methodology for Determination of Reasonable FTE Compensation for Hospital-Based Physicians'' by James R. Cantwell and William J. Sobaski (Working Paper No. OR–32, revised December 1982)) developed by HCFA's Office of Research

and Demonstrations. Copies of this paper are available on request from: ORD Publications, Office of Research and Demonstrations, Health Care Financing Administration, Room C3–20–11, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786–6588. The inflation factor employed in the methodology used to develop the initial limits and, subsequently, to update those limits to reflect increases in net physician compensation was the CPI–U.

2. Proposed Change in the Methodology Used to Develop Reasonable Compensation Equivalent Limits

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI–U, which is used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are proposing a revision in the methodology used to update the reasonable compensation equivalent limits that would entail the adoption of the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits would be calculated using the MEI.

F. Payment to Participating and Nonparticipating Suppliers

In the November 1991 final rule (56 FR 59625) that implemented section 1848 of the Act, we included the specific regulations describing the calculation of payments for physician services. However, we inadvertently omitted references to the payment calculation for nonparticipating physicians. (Nonparticipating physicians and suppliers are those who have not agreed to accept Medicare assignment for all of the services they provide to Medicare beneficiaries.) The following technical proposals are being made to correct this oversight and to conform the regulations to the language in the Act and the program instructions.

We are proposing to revise § 414.2 (Definitions) to define a ''participating supplier'' as being a supplier under the general definition of ''supplier'' in § 400.202 (Definitions specific to Medicare), which includes physicians as suppliers, when they have an agreement with us to participate in Part B of Medicare in effect on the date of the service. Similarly, we are proposing to define ''nonparticipating supplier'' as a supplier that does not have an agreement with us to participate in Part B of Medicare in effect on the date of the service.

Section 1842(h) of the Act permits suppliers to sign an agreement with Medicare in which they agree to accept assignment on all claims for services they furnish to Medicare beneficiaries. In exchange for this agreement, they receive benefits not available to nonparticipating suppliers, including, but not limited to, assistance with electronic billing, inclusion in a directory of participating suppliers, and a higher fee schedule amount for their services (but only in the case of physicians' services). Suppliers may sign the agreements before the beginning of a calendar year and are bound by the agreement for the year or until they choose to revoke it, effective with the beginning of a calendar year. Suppliers that sign the agreement are called ''participating suppliers.'' Those that do not sign the agreement or who revoke their agreement are called ''nonparticipating suppliers.''

We are proposing to revise § 414.20 (Formula for computing payment amounts) to clarify that the formula computes the fee schedule amount, which may differ from the payment basis, as discussed below, and to clarify that the fee schedule amount for a nonparticipating supplier is 95 percent of the fee schedule amount for a participating supplier. We are also proposing to revise the heading of § 414.20 to read, ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

The fee schedule amount that applies to the service for which payment is claimed is determined by the participation status of the supplier who submits the claim. Section 1848(b)(1) of the Act states that the fee schedule amount is the product of the RVUs for the service, the GPCI, and the CF, and this formula, as it applies to a participating supplier, is reflected in proposed § 414.20(a). However, section 1848(a)(3) of the Act specifies that as an incentive to participate in Medicare, the fee schedule amount for nonparticipating suppliers is 95 percent of what the fee schedule amount would be were the supplier a participating supplier. Therefore, we are proposing in § 414.20(b) that the fee schedule amount for a nonparticipating supplier for a physician service is 95 percent of the fee schedule amount for a participating supplier.

We are proposing to revise § 414.48 (Limits on actual charges of nonparticipating suppliers) to clarify that the limiting charge is 115 percent of the fee schedule amount for nonparticipating physicians as calculated in § 414.20(b).

In new § 414.21 (Medicare payment basis), we are proposing to clarify that Medicare payment is based on the lesser of the physician's, supplier's, or other person's actual charge or the applicable Medicare fee schedule or reasonable charge amount. The Medicare-allowed amount will differ from the fee schedule amount when the supplier's actual charges for the service are less than the fee schedule amount applicable to the claim. Moreover, our payment amount is the applicable percentage of the allowed amount that we pay (for example, 80 percent in the case of most supplier services).

Specifically, sections 1848(a)(1) and 1834(a)(1)(B) of the Act require that we base payment on the lesser of the actual charge for the service or the fee schedule amount. Therefore, when the actual charge for the service is less than the applicable fee schedule amount, our payment basis is the actual charge (not the fee schedule amount). Similarly, when the actual charge is more than the fee schedule amount, our payment basis is the fee schedule amount.

G. Increase in Work Relative Value Units for Global Surgical Services to Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

1. Background

As part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work.

In addition to the procedure itself, a global surgical service includes the related pre- and postoperative evaluation and management visits a surgeon provides within a defined period of time. In response to the increases in work RVUs for evaluation and management services, many surgical specialty societies contended that the decision not to raise the work RVUs for global surgical services unfairly penalizes physicians whose clinical activities focus primarily on the performance of surgical procedures. These surgical specialty societies

expressed the view that evaluation and management services related to a procedure have been subjected to the same increasing complexity as nonprocedural evaluation and management services due to factors such as reduced inpatient lengths of stay, same day admissions for major surgery, and increased utilization of home health care programs requiring far more involved and extensive postservice planning and management. Furthermore, these societies believed that the amount of preoperative and postoperative work required in the provision of evaluation and management services is the same whether it is performed separately or as part of the global surgical package. Subsequently, many have encouraged further study of this issue.

As indicated in the discussion of this issue in the November 22, 1996 final rule for the 1997 physician fee schedule (61 FR 59533 through 59534), we stated that we had requested a recommendation from the RUC on adjusting work RVUs in relation to global surgical services to be consistent with the 1997 increases in work RVUs for the evaluation and management services and would subsequently consider an adjustment in the physician fee schedule.

2. Proposal

Since our request, we have received a recommendation from the RUC to adjust global surgical fees to be consistent with 1997 increases in the evaluation and management services. Upon further examination of this issue, we are proposing to increase global surgical services payments. We considered the following two options to facilitate this adjustment:

- Conduct a detailed analysis of each global surgical service. We rejected this option since it is not feasible to complete in a limited time frame.
- Create an across-the-board approach. This is consistent with the recommendation from the RUC based on an analysis performed by Daniel Dunn, Ph. D., of Integrated Healthcare Information Services, Inc., ''Incorporating the 1997 Changes in Work RVUs for E&M Services into the Work RVUs for Global Surgery: Report to the American Medical Association/ Specialty Society Relative Value Update Committee (RUC),'' February 28, 1997. (Copies of the report may be obtained from the American Medical Association, Department of Physician Payment Systems, 515 North State Street, Chicago, IL 60610.) Dr. Dunn's analysis includes data from both the Harvard and the RUC surveys. We believe an appropriate adjustment for global surgical services can be achieved by using data from several different sources. We have created a database that includes the number and level of postoperative hospital and office visits for a large number of global surgical services. The database includes the length of stay and postoperative visit count from the Harvard resource-based relative value scale study and the most recent estimates from the RUC data, updated, when available, by the CPEPs' length-of-stay postoperative visit counts. These CPEPs met in 1996 to assess practice expense components of physician services. We are increasing global evaluation and management services by the same percentage that we applied to evaluation and management services in 1996 with the exception that we would increase only the preservice and postservice of the global surgical service by 12 percent (we used 25 percent for evaluation and management services in 1996) recognizing that some economies of repetition occur in postoperative visits that take place over a relatively short time span. We received a recommendation from the RUC that the 12 percent increase was supported by all members of the RUC. We agree with the RUC recommendation. This methodology would effect a systematic increase in total work accomplished during the global surgical period. Malpractice expense RVUs are unchanged. All other increases would be the same as for evaluation and management services. Given our proposed increases, the RVUs for CPT code 19180 (Mastectomy, simple, complete) would increase from 8.09 RVUs to 8.80 RVUs, and the RVUs for CPT code 47610 (Cholecystectomy with exploration of common bile duct) would increase from 15.00 RVUs to 15.83 RVUs.

H. Caloric Vestibular Testing

We are proposing to change the work and malpractice RVUs for CPT code 92543, caloric vestibular testing. Our current work, practice expense, and malpractice expense RVUs for that code are established at a level to reflect the relative resources used to provide or interpret four irrigations—that is, two irrigations to each ear, one cool and one warm. According to the article ''Caloric Vestibular Testing,'' *CPT Assistant*, Vol. 6, No. 5, May 1996, page 5, physicians usually perform four irrigations. However, that same article states the AMA's interpretation that when one unit of CPT code 92543 is billed, that represents only one irrigation, and that, therefore, when four irrigations are performed, the physician should bill for four CPT code 92543 services. We have issued contrary instructions to physicians indicating that when they furnish from one to four irrigations, they are to bill only one unit of CPT code 92543. We have continued to receive complaints that our having an interpretation different from that of the AMA causes confusion for physicians. Therefore, we are proposing to adopt the AMA's interpretation and reduce the work and malpractice RVUs for CPT code 92543 global service and CPT code 92543–26, and the malpractice RVUs for CPT code 92543–TC to 25 percent of what they would otherwise be. Therefore, beginning in 1998, when a physician performs and interprets four irrigations, the physician would bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician would bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier would bill four units of CPT code 92543–TC.

As part of the overall proposal of resource-based practice expense RVUs for all codes, we would establish practice expense RVUs for CPT code 92543 global service, –26, and –TC based on the assumption that one unit of the service equals one irrigation or the interpretation of one irrigation.

I. Clinical Consultations

1. Background

There are two CPT codes for clinical consultations, CPT codes 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) and 80502 (Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records), which were added to the CPT in 1985. The pathologists reported a scenario in which the attending physician does not directly request a clinical consultation but the pathologist nevertheless provides a consultation. According to the pathologists, there are specific individual laboratory tests that are ordered by the attending physician, and the pathologist's consultation is necessary for the tests to have any meaning. Pathologists contend that physicians in their hospitals do not have the capability to interpret these test results and, therefore, should request a clinical consultation. They further argue that it is inefficient and medically inappropriate to send the test results back to the attending physician without a consultation and then have

the attending physician formally request a consultation.

The use of standing orders was designed to streamline the passage of information from the laboratory physician to the attending physician and allow the Medicare carrier to pay for the clinical consultation. Pathologists argue that it is burdensome for them to ask the attending physician to initiate a formal request for a consultation so that Medicare will allow payment for the service.

Pathologists state that, between 1984, the date the clinical consultation policy was initiated, and 1992, the beginning of the physician fee schedule, the Medicare carriers were not uniformly applying the clinical consultation policy. Moreover, the pathologists assert that there were a limited number of clinical laboratory tests for which a pathologist interpretation was routinely needed and that these services should be paid outside of the ''clinical consultation'' benefit.

Beginning in 1992, we defined a new service, called a ''clinical laboratory interpretation service'' and established the criteria for payment for it. We have identified approximately 20 laboratory codes for which Medicare carriers could recognize an interpretation by the pathologist.

It is our view that many of the services that were previously paid as clinical consultations could now be appropriately paid as clinical laboratory interpretation services. It is also our view that clinical consultations should represent those unusual situations in which the attending physician needs assistance with a combination of laboratory tests and the attending physician can, therefore, request a consultation from the laboratory physician.

The Florida carrier has informed us that approximately 10 percent of that State's hospital pathologists account for 70 percent of the allowed charges for clinical consultations. Further, it is the hospitals' and the pathologists' use of standing order policies that are contributing to the increased utilization of clinical consultations. Under these standing order policies, a clinical consultation is routinely generated for a specific clinical laboratory test, and a consultation report is forwarded to the patient's attending physician. The attending physician is often unaware that the patient is being billed for this service.

Until we finalize this more specific policy, we have instructed the Florida carrier that it may use the general authority with respect to reasonableness and medical necessity as a basis to deny payments for unnecessary clinical consultations.

We are, therefore, proposing to eliminate the policy that has been in effect since 1984 that allows a standing order to be used in place of an individual request by the attending physician.

2. Proposal

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b) (Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. Based on a stipulation made by our attorneys in settling a lawsuit with the College of American Pathologists in 1984, we have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician. We are proposing that effective January 1, 1998, we would not accept a standing order as a substitute for the individual request by the attending physician. We would instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

J. Actual Charges

In § 400.202 (Definitions specific to Medicare), we are proposing to define the ''actual charge'' to be the lesser of the amount the physician, supplier, or other person charges for the service to a particular beneficiary or the amount the physician, supplier, or other person has voluntarily agreed to accept as payment in full under a particular private plan contract that also covers the beneficiary when Medicare is primary and the private plan is secondary.

This definition of ''actual charge'' will apply to all services covered under Part B of Medicare for which the actual charge is a factor in the determination of the Medicare payment basis (for example, physician services, durable medical equipment, or ambulance services) that are billed by a supplier as defined in § 400.202 and paid by a Medicare carrier. The proposed definition of ''actual charges'' will not apply to payments made on behalf of beneficiaries who are enrolled in both Medicare and Medicaid when the Medicaid payment is less than the Medicare allowed amount.

We refer to ''physician, supplier, or other person'' throughout the preamble to conform to the statutory language that applies to individuals and entities that bill Medicare carriers for Part B covered services and to clarify that the policy applies to physicians as well as other entities and persons who are included in the definition of ''supplier'' set forth at § 400.202.

We are proposing the change because we have recently received numerous questions regarding the meaning of the term ''actual charge'' in cases in which beneficiaries are also enrollees of private plans that are secondary to Medicare and that pay physicians, suppliers, or other persons a discounted payment on a fee-for-service basis under a contract. We are proposing these changes to protect beneficiaries and to permit Medicare to share in the savings when physicians, suppliers, or other persons have agreed to accept less than the Medicare fee schedule or reasonable charge amounts as payment in full.

It is increasingly common for Medicare beneficiaries to be insured not only by Medicare but also by private plans in which physicians, suppliers, or other persons have signed agreements to accept the private plan's allowed payment amount as payment in full for the services to the plan's enrollees (for example, preferred provider plans). Increasingly, these private plans pay physicians, suppliers, or other persons less than Medicare pays for the same service for the same beneficiary, and the physician, supplier, or other person has voluntarily agreed to accept this lower amount because it is in his, her, or its interest to do so. For example, in exchange for accepting a payment lower than the Medicare payment amount, the physician, supplier, or other person may gain access to a patient population, may introduce a new physician or supplier to the community, or may expand referral opportunities.

When Medicare is the primary payer and the private plan is the secondary payer, an agreement by a physician, supplier, or other person to accept from the private plan as payment in full a payment amount that is less than the physician fee schedule amount may mean that the retiree will have greater out-of-pocket expenses for the same service after he or she enrolls in Medicare Part B than he or she had without Medicare. However, because many private plans cover items and services that are very expensive to beneficiaries (for example, prescription drugs, eyeglasses and hearing aids, and preventive medical care), beneficiaries may want to continue the private plan coverage. Also, many private plans and employers require that individuals enroll in Medicare Part B as a condition of continuing enrollment in the private plan.

In a hypothetical example, a 65-year-old Medicare beneficiary also has health insurance coverage under a private plan

that he has carried over into retirement. The private plan offers a wider range of coverage than Medicare (for example, self-administered prescription drugs that would otherwise cost the beneficiary $300 per month). Upon entitlement to Medicare, the beneficiary enrolled in Part B, and Medicare is the primary payer; the private plan is secondary. The beneficiary must enroll and remain enrolled in Medicare Part B, or he will be dropped from the private plan.

In this example, the beneficiary had a procedure performed by a physician who participates in the private plan, and the physician is paid on a fee-for-service basis and has agreed to accept the plan's payment amount as payment in full. Under the terms of the private plan's contract with the physician, the physician can charge the beneficiary a $5 copayment per encounter. In this case, the physician's charge to uninsured individuals is $1,500, the physician fee schedule amount is $1,000, and the private plan's negotiated payment amount (which the physician has agreed to accept as payment in full for the plan's enrollees) is $800. The physician is a Medicare-participating physician. The physician also participates in other private insurance plans in which he has agreed to accept as payment in full a negotiated amount less than the physician fee schedule amount; the least he has agreed to accept as payment in full under any agreement with an insurer is $700 for the procedure in the example.

In this example, the physician currently submits a bill to Medicare (the primary payer) of $1,500 for the procedure, and Medicare pays him or her $800 (80 percent) after comparing the current actual charge shown on the claim ($1,500) to the physician fee schedule amount ($1,000) and basing payment on the lesser amount as required by law. The physician then tries to collect the Medicare coinsurance of $200 from the private plan. The private plan refuses to pay the physician any part of the $200 coinsurance. The physician collects the $5 copayment from the beneficiary and also tries to bill the beneficiary for $195 since the private plan did not pay the Medicare coinsurance. Thus, the beneficiary could be exposed to large financial liabilities in these situations.

We are proposing to recognize as the ''actual charge'' for that service to that beneficiary the amount the physician agreed to accept as payment in full for the beneficiary ($800) because the beneficiary is an enrollee in the plan. Medicare would pay the physician $640 (80 percent of the $800 he agreed to accept as payment in full), the plan would pay $155 of the coinsurance (the difference between the 20 percent Medicare coinsurance and the beneficiary's $5 copayment), and the beneficiary would pay his $5 copayment. The beneficiary would be responsible only for the $5 copayment he owes under the private plan, as if he or she did not have Medicare. The physician would receive the full amount that he or she had already agreed with the plan to accept as payment in full for the beneficiary. The private plan would be responsible for paying the coinsurance based on the lower of the Medicare physician fee schedule amount or the payment the plan negotiated with the physician, except for the $5 copayment for which the beneficiary continues to be liable. Medicare would share in the savings negotiated by the private plan for the beneficiary who is enrolled in that plan.

There is no definition of ''actual charge'' in the Medicare statute, and some would argue that ''actual charge'' means whatever amount the physician, supplier, or other person who furnishes the service states it is, regardless of whether he, she, or it charges the beneficiary or the beneficiary's private plan that amount or makes any effort to collect it. In fact, because of the prevalence of participation in private plans, the physician, supplier, or other person might never charge or expect to collect this amount from anyone.

However, we believe that the law grants us broad authority to interpret the term in a manner that is reasonable and consistent with the Medicare law. Thus, we are proposing through rulemaking to define the term ''actual charge'' in the context of what the physician, supplier, or other person has voluntarily agreed to accept as payment in full for the service furnished to the beneficiary. We believe that the term ''actual charge'' can be interpreted as the amount that the physician, supplier, or other person actually expects to collect from a responsible party under a voluntary agreement to provide services for an agreed-upon price, regardless of what amount is shown on a claim for payment. We have already applied this concept for purposes of routine waivers of coinsurance (see section 5220 of the Medicare Carrier Manual). We have a longstanding policy that construes the routine waiver of coinsurance as lowering the ''actual charge'' from the amount shown on the bill. In this circumstance, the actual charge is what the physician, supplier, or other person actually expects to receive for the service: when he, she, or it waives the coinsurance, the ''actual charge'' for the service is the 80 percent of the Medicare payment amount that the physician expects to receive. Our proposed rule would extend this longstanding analysis to the negotiated rate situation.

Our proposal deems the negotiated rate specific to the private plan in which the beneficiary is an enrollee to be the ''actual charge'' since the physician, supplier, or other person has voluntarily agreed, before the provision of the service, to accept the lower negotiated rate as payment in full and to charge the beneficiary no more than the copayment specified in the contract. If we adopt this proposal, the physician, supplier, or other person would have to put the negotiated rate that applies to the private plan in which the beneficiary is an enrollee on the Medicare claim as his or her submitted charge. When the applicable negotiated rate is lower than the rate Medicare would pay for the service, and, as such, is deemed to be the ''actual charge,'' the lower negotiated rate would be shown on the claim for Medicare payment as the actual charge, and Medicare's payment would be based on the lower negotiated rate. Conversely, when the applicable negotiated rate for the item or service is higher than the Medicare payment for the service and is deemed to be the ''actual charge,'' it would be shown as the submitted charge on the claim to Medicare, and payment would be based on the applicable Medicare fee schedule or reasonable charge profile.

However, there are alternative ways that we could address this issue: we could define the ''actual charge'' as being the lower of the lowest amount the physician, supplier, or other person has agreed to accept as payment in full from any insurer with whom he, she, or it has a contract. Under this alternative, the ''actual charge'' in our example would be $700, the lowest charge that the physician has voluntarily agreed to accept as payment in full. Medicare would pay $560, the managed care plan would pay $135, and the beneficiary would pay $5. The beneficiary would be responsible for paying the physician only the $5 copayment. The physician would receive an amount equivalent to the lowest amount for which he is willing to provide the service, which might be less than the amount he has agreed to accept for that particular beneficiary if the beneficiary were not enrolled in the plan with the lowest negotiated payment. This approach would ensure that Medicare would not pay more than the lowest amount for which the physician, supplier, or other person is willing to furnish the item or service in the competitive market to any patient covered by any third party

payor. This alternative would effectively apply the market forces to payment by Medicare by defining the ''actual charge'' as the lowest of all amounts for which the physician will provide the service. While this approach would provide Medicare with the advantage of the physician's, supplier's, or other person's best price in the competitive market, that price may be lower than that for which the physician, supplier, or other person has agreed to furnish items or services to patients covered in the beneficiary's plan.

On balance, we believe that our proposed definition of the term ''actual charge'' is consistent with the Medicare statute, provides the best protections for beneficiaries and Medicare, and continues to ensure that the physician, supplier, or other person receives the payment that he or she has voluntarily agreed to accept as payment in full for the service when furnished to the beneficiary to whom that payment applies.

III. 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.

We are soliciting public comment on each item for the following section of this document that contains information collection requirements:

§ 410.33 (Independent Diagnostic Testing Facility (IDTF))

(1) The IDTF must maintain documentation of sufficient physician resources during all hours of operation to assure that the required physician supervision is furnished. The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(2) The IDTF must maintain documentation available for review certifying that nonphysician personnel have the training and proficiency as evidenced by licensure or certification by the appropriate State health or education department or, in the absence of a State licensing board, a national credentialing body.

(3) An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

The public reporting burden for these record keeping requirements is minimal. There are 500 IDTFs each requiring 10 minutes to maintain documentation. The total public burden is 84 hours.

Please mail copies of any comments on these information collection and recordkeeping requirements directly to the following:

Health Care Financing Administration, Office of Financial and Human Resources, Management Planning and Analysis Staff, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Eydt, HCFA Desk Officer.

IV. Response to Comments

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

V. Regulatory Impact Analysis

We have examined the impacts of this proposed rule under Executive Order (E.O.) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). Although this proposed rule would result in aggregate savings for calendar year 1998 of $95 million, the greatest share of that amount, $55 million, is a result of a specific provision of section 1848(b)(2) of the Act, as discussed in V.B.2 of this preamble.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. The proposed rule has no consequential effect on State, local, or tribal governments. We believe the private sector costs of this rule fall below these thresholds, as well.

A. Regulatory Flexibility Act

Consistent with the provisions of the Regulatory Flexibility Act we analyze options for regulatory relief for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the proposed rule will affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

For purposes of the Act, all physicians are considered to be small entities. Thus, we have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we propose to minimize the burden on small entities.

B. Resource-Based Practice Expense Relative Value Units

Our proposal requires the development of a methodology for implementing resource-based practice expense RVUs for each physician service. The methodology must consider the staff, equipment, and supplies used

in the provision of medical and surgical services in various settings. We are required to implement the new practice expense RVUs by January 1, 1998.

The resource-based practice expense RVUs are calculated, in the aggregate, to be budget neutral with respect to the current practice expense RVU system. (Section 1848(c)(2)(B) of the Act requires that adjustments to the physician fee schedule provisions in 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 the $20 million threshold would be exceeded, we make adjustments to preserve budget neutrality.)

We anticipate that the reduction of net Medicare income for some physician practices will result in a volume and intensity response that will cause overall physician expenditures to increase by 2.4 percent, requiring an offsetting 2.4 percent reduction in the CFs to maintain budget neutrality. As in previous years, we will increase the Medicare volume performance standard targets for physician spending by the anticipated volume and intensity response. Because we will increase the targets, if the anticipated volume and intensity response does not occur, the Medicare volume performance standard system will return the reduction to the CFs in the form of higher updates.

1. Impact on Specialties

The following table, ''Resource-Based Practice Expense Relative Value Units (RVUs) Impact on Total Allowed Charges by Specialty for the Two Indirect Allocation Options,'' shows the percentage change in Medicare physician income from the current RVUs to the new RVUs by specialty for both the direct cost and pass through indirect allocation methodologies. The specialties are ranked according to the allowed charge impact of the changes in Medicare fees under the direct cost allocation methodology. The impact of the changes on the total income (Medicare and non-Medicare) for a given specialty will be less than the impact displayed in the table if physicians furnish services to Medicare and non-Medicare patients.

The magnitude of the Medicare impact depends on the mix of services the specialty furnishes. In general, those specialties that furnish more office-based services are expected to experience larger increases in Medicare payments than specialties that provide fewer office-based services. For example, under the revised physician fee schedule, thoracic surgeons can expect a reduction in Medicare payments of 28 percent. By contrast, family practice physicians can expect an increase in payments of 12 percent.

The table also includes the impact of increasing the work RVUs for global surgical services and the impact of the 2.4 percent volume and intensity adjustment.

TABLE 1.— RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS (RVUS) IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY FOR THE TWO INDIRECT ALLOCATION OPTIONS

Specialty	Impact of RVU Changes by Option	
	Option I Direct costs, work, and malpractice (percent change)	Option II Pass through (percent change)
M.D./D.O. Physicians:		
Dermatology	+18	+16
Rheumatology	+15	+11
Family Practice	+12	+7
Hematology Oncology	+11	+11
Radiation Oncology	+10	+11
General Practice	+9	+6
Otolaryngology	+7	+9
Anesthesiology	+4	−3
Other Physician*	+4	+2
Obstetrics/Gynecology	+4	+2
Psychiatry	+3	0
Internal Medicine	+3	0
Urology	+1	−1
Pathology	+1	+2
Emergency Medicine	−2	−3
Neurology	−3	−3
Clinics	−3	−3
Plastic Surgery	−3	−2
Pulmonary	−6	−7
General Surgery	−9	−6
Radiology	−9	−5
Orthopedic Surgery	−11	−5
Ophthalmology	−11	−6
Nephrology	−13	−14
Vascular Surgery	−17	−10
Cardiology	−17	−11
Gastroenterology	−20	−15
Neurosurgery	−21	−13
Thoracic Surgery	−28	−18
Cardiac Surgery	−32	−21
Others:		
Podiatry	+24	+19
Optometry	+15	+11
Chiropractic	+14	+6
Suppliers	+14	+25

TABLE 1.— RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS (RVUS) IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY FOR THE TWO INDIRECT ALLOCATION OPTIONS—Continued

Specialty	Impact of RVU Changes by Option	
	Option I Direct costs, work, and malpractice (percent change)	Option II Pass through (percent change)
Nonphysician Practitioner	+4	+4

* Other includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

2. Impact on Physician Net Income

Table 2, ''Estimated Change in Physician Net Income By Specialty,'' illustrates the increases and decreases in total net income by physician specialty assuming the resource-based practice expense RVU system is implemented without a transition period. The table shows only net income after considering changes for Medicare. Total net income could differ from the amounts in the table because of other payers' responses to Medicare's resource-based practice expense RVU system.

TABLE 2.—ESTIMATED CHANGE IN PHYSICIAN NET INCOME BY SPECIALTY

[Assuming income change from medicare only]

Specialty	Net income 1955	Percent income from Medicare	Percent change in Medicare income	Total net income after change
Family Practice	$147,100	24	+12	$151,121
Dermatology	240,100	33	+19	254,801
General Internal Medicine	190,400	39	+3	192,419
Anesthesiology	248,200	27	+4	251,164
Otolaryngology	241,300	22	+7	245,115
Psychiatry	148,800	14	+3	149,410
Obstetrics/Gynecology	271,000	9	+4	271,866
Urology	268,300	47	+1	269,368
Pathology	298,000	30	+1	298,587
Emergency Medicine	213,300	24	−2	212,496
Neurology	231,100	27	−3	229,338
General Surgery	253,700	39	−9	244,980
Gastroenterology	269,000	38	−20	248,090
Orthopedic Surgery	355,100	24	−11	345,951
Radiology	302,800	35	−9	293,272
Ophthalmology	267,500	47	−11	253,188
Cardiology	380,500	48	−17	349,207
Optometry (1994 data)	95,707	24	+15	99,117
Chiropractic	93,956	8	+14	95,032
Podiatry	111,528	24	+24	117,840

Sources (for Net Income and Percent Medicare):
Physician Market Place Statistics—1996, American Medical Association, 1997.
American Optometric Association, 1995 Economic Survey.
American Podiatric Medical Association Survey.
American Chiropractic Association Annual Statistical Survey on Chiropractic Practice.
Notes:
All data are calendar year 1995, unless otherwise noted.
Percent Medicare Income for Podiatry and Optometry derived from AMA data for General and Family Practice.
Results in columns 4 and 5 are rounded.
This table is based on payment changes including the budget neutrality adjustment.
To conform to HCFA simulations, net income and the percentage income from Medicare for Family Practice are derived from the AMA's General/Family Practice.

3. Impact for Selected Procedure Codes

Table 3, ''Total Payment For Selected Procedures'' shows the percentage change in total payment allowances between the current and the resource-based practice expense system for certain high-volume procedures.

TABLE 3.—TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Description	Current total payment	Resource based payment	Percent change
SELECTED OUT-OF-OFFICE PROCEDURES				
11721	Debride nail (removal of tissue), 6 or more	$33.39	$32.99	−1
33512	CABG (heart surgery), vein, three	2,747.59	1,769.69	−36

TABLE 3.—TOTAL PAYMENT FOR SELECTED PROCEDURES—Continued

Code	Description	Current total payment	Resource based payment	Percent change
45378	Diagnostic colonscopy	267.82	138.50	−48
66984	Remove cataract, insert lens	928.53	607.92	−35
71020 26	Chest x-ray (interpretation)	10.55	10.96	4
98941	Chiropractic manipulation	25.42	31.25	23
99203	Outpatient visit, new	55.40	67.68	22
99213	Outpatient visit, est	29.84	34.71	16
99223	Initial hospital care	133.75	138.47	4
SELECTED IN-OFFICE PROCEDURES				
11721	Debride nail (removal of tissue), 6 or more	$44.45	$54.18	22
45378	Diagnostic colonscopy	267.82	275.59	3
71020	Chest x-ray	31.87	33.42	5
71020 TC	Chest x-ray	21.32	22.46	5
93000	Electrocardiogram, complete	26.60	22.33	−16
98941	Chiropractic manipulation	30.33	35.21	16
99203	Office/outpatient visit, new	64.69	90.02	39
99213	Office/outpatient visit, est	36.64	47.28	29

Total payments amounts represent national amounts (amounts before the application of the geographic practice cost indices and include proposed changes for work and practice expense.

4. Impact on Beneficiaries

Although changes in physician payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. We are concerned, nevertheless, about the financial impact from the resource-based practice expense RVUs on certain specialties and the beneficiary's access to care. As stated earlier, we favor a transition period.

5. Impact on Hospitals

Payment for certain outpatient hospital services can be affected by physician fee schedule allowances. The budget neutrality provision for practice expense RVUs does not apply to payments for hospital services. Specifically, outpatient radiology and certain other outpatient diagnostic services, such as electrocardiograms and electroencephalograms, are paid under a statutory formula (section 1833(a)(2)(E) of the Act) in which payment for services during a hospital's cost reporting period is determined in the aggregate and is based on the lesser of:

- Reasonable costs less the Part B deductibles and coinsurance.
- Customary charges less Part B deductible and coinsurance.
- Blended amounts.

The blended amount for outpatient radiology services is based on 42 percent of the lower of the hospital's costs or charges and 58 percent of the allowance for the combined PC and TC service.

The blended amount for outpatient diagnostic services is based on 50 percent of the lower of the hospital's costs or charges and 50 percent of the allowance for the combined PC and TC service.

The interaction of the resource-based expense RVUs with the outpatient hospital payment policy will result in savings to the Medicare program as follows:

	Calendar year incurred (in millions)					
	1998	1999	2000	2001	2002	Total
Medicare savings	55	61	67	74	81	338
Medicare savings (after premium offset)	42	46	50	55	61	254
Beneficiary coinsurance savings	14	15	17	18	20	85
Beneficiary savings through premium reduction	14	15	17	18	20	85

C. Geographic Practice Cost Index Changes

Section 1848(e)(1)(A) of the Act requires that payments under the Medicare physician fee schedule vary among payment areas only to the extent that area costs vary as reflected by the area GPCIs. The GPCIs measure area costs differences in the three components of the physician fee schedule: physician work, practice expenses (employee wages, rent, medical supplies, and equipment), and malpractice insurance. Section 1848(e)(1)(C) of the Act requires that the GPCIs be reviewed and, if necessary, revised at least every 3 years. The first GPCI revision was implemented in 1995. The next revision will be implemented in 1998. Section 1848(e)(1)(C) of the Act also requires that the GPCI revisions be phased in equally over a 2-year period.

Addendum D, comparing the proposed and 1997 rental indices, and Addendum E, comparing the proposed and 1997 malpractice GPCIs, are comparisons of the pure indices changes unadjusted for budget neutrality. The proposed GPCIs would be implemented in a budget-neutral manner. They would not change the total national fee schedule payments that would have been made in 1998 had the current GPCIs been retained. The revised GPCIs will redistribute payments among fee schedule areas.

Fee schedule payments are the product of the RVUs, the GPCIs, and the CF. The original GPCIs were used in computing the original 1992 budget-neutral CF. Updating the GPCIs changes

the relative position of fee schedule areas compared to the national average. Since the changes represented by the proposed GPCIs could result in total payments either greater or less than payments that would have been made if the GPCIs were not revised, it was necessary to adjust the GPCIs for budget neutrality. The revised 1995 through 1997 GPCIs would have resulted in slightly lower national payments than the 1992 through 1994 GPCIs. Since sections 1848(e)(3), (4), and (5) of the Act require that each of the fee schedule components—work, practice expense, and malpractice expense— be separately adjusted by their respective GPCIs, it is necessary to adjust each of the GPCI components separately. Therefore, we adjusted the 1995 through 1997 GPCIs as follows: work by 1.00074; practice expense by 1.00125; and malpractice expense by 1.02307. The cumulative (including the 1995 through 1997 adjustments) budget-neutrality adjustment for the 1997 through 2000 GPCIs will be included in the final rule.

An estimate of the overall effects of GPCI changes on fee schedule area payments can be demonstrated by a comparison of area geographic adjustment factors or GAFs. The GAFs are a weighted composite of each area's work, practice expense, and malpractice expense GPCIs using the GPCI cost share weights. While not actually used in computing the fee schedule payment for a specific service, the GAFs are useful in comparing overall area costs and payments. The actual effect on payment for any actual service will deviate from the GAF to the extent that the service's proportions of work practice expense, and malpractice expense RVUs differ from those of the GAF. Addendum F shows the estimated effects of the proposed GPCIs on area GAFs in descending order. Only 2 of the 89 fee schedule areas change by at least 2 percent. Only 12 areas change by from 1 to 1.9 percent. The remaining 75 areas are estimated to experience payment changes of less than 1 percent. These are very minor changes that would be expected in that we are revising only the rent indices, comprising 10.3 percent of the total GPCI, and the malpractice expense indices, comprising 4.8 percent of the GPCI. Thus, we are revising only about 15 percent of the GPCI.

The index changes as shown in Addenda D, E, and F represent changes in the ''pure'' data constructed indices and are not adjusted for budget neutrality. We do not at this time have proposed revised GPCIs for 1998 and 1999 available for comment as we are awaiting more recent payment data to ensure the accuracy of the adjustment. However, the effects of the budget-neutrality adjustment will likely be insignificant. As mentioned earlier, the budget-neutrality adjustments for the 1995 GPCI revisions ranged from 1.0007 to 1.02307. Since we are only revising about 15 percent of the GPCI components this time, the budget-neutrality adjustment will likely be even less than in 1995. As Addendum F shows, the largest unadjusted GAF change is 2.4 percent, with over 80 percent of the GAFs changing by less than 1 percent. The budget-neutrality adjustments are unlikely to measurably change the estimated effects in Addendum F. Commenters can assume that Addendum F accurately reflects the effects of the proposed revised GPCIs.

D. Fee Schedule for Clinical Psychologist Services

Before January 1, 1997, the clinical psychologist fee schedule was derived from the reasonable charge payment system and was updated by an economic index different from that used for the physician fee schedule. As a result, relative to physicians, Medicare allowances for certain clinical psychologist services in many localities were artificially high or low. Moreover, there were wide geographic variations in Medicare rates for clinical psychologists as well as for clinical social workers, whose rates are set, by statute, at 75 percent of clinical psychologists' rates.

Effective January 1, 1997, the fee schedule for clinical psychologist services is linked to the physician fee schedule. The fee schedule for clinical psychologist services is set at 100 percent of the physician fee schedule amount for the corresponding service. This payment policy was prompted by the creation of new psychotherapy codes that make a distinction between services that include or exclude medical evaluation and management.

Both previous and current clinical psychologist fee schedules were implemented through carrier instruction. Because the final rule following this proposed rule will codify current payment policy, there will be no impact on Medicare program or beneficiary expenditures.

E. Diagnostic Tests

Our proposal specifies the level of physician supervision required for diagnostic tests furnished in settings in which such services are payable under the physician fee schedule. All of these tests would require at least a general level of physician supervision (that is, responsibility for the equipment and nonphysician personnel). The following services would be excepted from this provision:

- Diagnostic mammography procedures regulated by the FDA.
- Certain tests performed by qualified audiologists as discussed earlier.
- Certain testing services performed by qualified independent psychologists as discussed earlier.

This proposed policy may result in some program savings due to the denial of payments for tests that are not reasonable and necessary because the required level of physician supervision was not furnished. However, we do not have data on which to base an estimate of savings. We expect that, if the proposal is adopted, most testing entities that did not previously furnish testing with the level of physician supervision required under the proposal would modify the way they furnish testing services to conform to the new policy.

Our proposal would create a new type of entity known as an independent diagnostic testing facility (IDTF) with specific national standards. It would replace the existing IPL. Since the current IPL national policy is based on State law and local Medicare carrier policy, it is likely that some IPLs in certain areas would be more affected by this proposal than others. We do not have any data upon which to base any estimates of savings at this time. We anticipate that there will be many comments on this proposed change, and we expect to have more information about the effects of this proposal after we review the comments. There are wide-spread allegations of unnecessary testing furnished by IPLs under the current policy. Our proposal is designed to assist Medicare carriers in addressing these allegations.

F. Reasonable Compensation Equivalent Limit Update Factor

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI–U used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are proposing to revise the methodology used to update the reasonable compensation equivalent limits by adopting the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods

beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits would be calculated using the MEI.

Because we are not proposing an actual update to the reasonable compensation equivalent limits at this time that is based on the MEI for cost reporting periods beginning on or after January 1, 1998, we do not expect this change in policy to have an impact on Medicare program or beneficiary expenditures at this time.

G. Payment to Participating and Nonparticipating Suppliers

We are proposing to revise the definitions at § 414.2 (Definitions) to define a ''participating supplier'' as being a supplier as defined in § 400.202, which includes physicians as suppliers, when they have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service. Similarly, we are proposing to define ''nonparticipating supplier'' as a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

We are also proposing to revise § 414.20 (Formula for computing payment amounts) to clarify that the formula in the section computes the fee schedule amount, which may differ from the payment basis, and to clarify that the fee schedule amount for a nonparticipating supplier is 95 percent of the fee schedule amount for a participating supplier. We are also proposing to revise the heading of § 414.20 to read ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

We are proposing to revise § 414.48 (Limits on actual charges of nonparticipating suppliers), which describes the Medicare limiting charge for nonparticipating suppliers to clarify that the limiting charge is 115 percent of the fee schedule amount for nonparticipating physicians as calculated in 414.20(b).

The proposed changes to §§ 414.2, 414.20, and 414.48 would have no impact on Medicare payment, beneficiaries, physicians, other suppliers of physician services, Medicare carriers, or other insurers. We believe that Medicare carriers are currently properly calculating the fee schedule amounts for participating and nonparticipating suppliers and are paying based on those properly calculated amounts. These changes are intended to conform our regulations to the law and current practice.

H. Increase in Work Relative Value Units for Global Surgical Services To Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

In our November 22, 1996 final rule with comment period, as part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work. At that time, we made no adjustments to the work RVUs assigned to global surgical services, which, in addition to the surgical procedure, include the related pre- and postoperative evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are proposing to increase the work RVUs for global surgical services to be consistent with the 1997 increases in the work RVUs for evaluation and management services.

Because the increases in the work RVUs for global surgical services will cause an increase in payments for those services, we must reduce all work payments by 0.6 percent to maintain budget neutrality.

I. Caloric Vestibular Testing

We are proposing to reduce the work and malpractice RVUs for CPT code 92543 global service and CPT code 92543–26, and the malpractice RVUs for CPT code 92543–TC to 25 percent of what they would otherwise be. Therefore, beginning in 1998, when a physician performs and interprets four irrigations, the physician would bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician would bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier would bill four units of CPT code 92543–TC.

As part of the overall proposal of resource-based practice expense RVUs for all codes, we would establish practice expense RVUs for CPT code 92543 global service, -26, and -TC based on the assumption that one unit of the service equals one irrigation or the interpretation of one irrigation.

We expect the proposed changes to the RVUs for caloric vestibular testing to have no impact on Medicare program or beneficiary expenditures because this is actually a change in coding interpretation rather than a change in value. Medicare has interpreted one unit of CPT code 92543 to mean up to four irrigations and has established its RVUs based on that interpretation. The AMA interprets one unit to mean one irrigation. Therefore, when the usual service is furnished (that is, a total of four irrigations—two to each ear), Medicare instructed physicians to bill for that as one unit of service, while the AMA's instructions considered it four. We are now, in a budget-neutral fashion, adopting the AMA interpretation to reduce billing confusion regarding this code. The change is being made by having what used to be one service—for Medicare purposes—now equal four services, while at the same time establishing the RVU levels at 25 percent of what they would have otherwise been.

J. Clinical Consultations

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b) (Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. We have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician. We are proposing that, effective January 1, 1998, we would not accept a standing order as a substitute for the individual request by the attending physician. We would instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

The national allowed charges for CPT code 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) for 1996 are $5.6 million. Of this amount, 70 percent of total allowed charges are from seven States. These are: Florida, Texas, Oklahoma, Illinois, Kentucky, California, and Missouri. Florida accounts for $2.5 million or 45 percent of the total.

We believe that the use of standing orders is clearly contributing to increased payments for clinical consultations in Florida relative to other States. We do not know the prevalence of standing orders in other States but, generally, the data do not seem to indicate a widespread problem.

We estimate that the our policy to eliminate standing orders will result in savings of $2 to $3 million nationwide for clinical consultations and that almost all of this will be attributable to Florida.

K. Actual Charges

In new § 414.21 (Medicare payment basis), we are proposing to state that Medicare payment is based on the lesser of the physician's, supplier's, or other person's actual charge or the physician fee schedule amount. This comports with section 1848(a)(1) of the Act. In § 400.202 (Definitions specific to Medicare), we are proposing to define the actual charge to be the lesser of the amount the physician, supplier, or other person charges for the service or the amount the physician, supplier, or other person has agreed to accept as payment in full under any contract that applies to the beneficiary for whom Medicare payment is being claimed.

It is difficult to estimate the impact of this proposal because we do not have data on the number of persons who would be affected and the average discount given by physicians and suppliers in affected plans. However, with a plausible set of assumptions, the proposal would result in savings to the Medicare program as follows:

	Calendar year incurred (in millions)					
	1998	1999	2000	2001	2002	Total
Medicare savings	40	44	48	53	59	245
Medicare savings (after premium offset)	30	33	36	40	44	183
Beneficiary coinsurance savings	10	11	12	13	15	61
Beneficiary savings through premium reduction	10	11	12	13	15	61

Although there will be some impacts on individual plans and beneficiaries, we are unable to determine the aggregate impact on the premiums for private plans that are secondary to Medicare and that have negotiated rates that are less than the Medicare fee schedule because we do not have information regarding the total number of enrollees (including non-Medicare persons) among whom any increased costs would be shared.

L. Elimination of the Separate Budget-Neutrality Adjuster for the Work Relative Value Units

As discussed in the November 22, 1996 final rule (61 FR 59532) for the 1997 physician fee schedule, we intend to eliminate the separate 8.3 percent budget-neutrality adjustment to the work RVUs that resulted from changes made during the 5-year review of work RVUs. We propose to accomplish this by increasing the practice and malpractice expense RVUs by 8.3 percent and reducing the CFs by 8.3 percent. This allows us to eliminate the separate adjuster while not changing the payment for any service. Also, we will raise the practice expense and malpractice expense RVUs by an additional 0.6 percent and reduce the CF by an additional 0.6 percent to account for the increases in the work payments for the global surgical services that are related to the 5-year review of work RVUs. These increases are not reflected in the practice and malpractice expense RVUs found in Addendum C.

M. Rural Hospital Impact Statement

Section 1102(b) of the Act requires the Secretary 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 Regulatory Flexibility Act. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

This proposed rule would have little direct effect on payments to rural hospitals since this rule would change only payments made to physicians and certain other practitioners under Part B of the Medicare program and would make no change in payments to hospitals under Part A. We do not believe the changes would have a major, indirect effect on rural hospitals.

Therefore, we are not preparing an analysis for section 1102(b) of the Act since we have determined, and the Secretary certifies, that this rule would not have a 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.

The final rule following publication of this proposed rule will be subject to congressional review and will be forwarded to the Congress for a 60-day review period.

List of Subjects

42 CFR Part 400

Grant programs—health, Health facilities, Health maintenance organizations (HMOs), Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR chapter IV would be amended as set forth below:

PART 400—INTRODUCTION; DEFINITIONS

A. Part 400 is amended as set forth below:

1. The authority citation for part 400 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and 44 U.S.C. Chapter 35.

2. In § 400.202, the introductory text is republished, and the following definitions are added in alphabetical order:

§ 400.202 Definitions specific to Medicare.

As used in connection with the Medicare program, unless the context indicates otherwise—

Actual charge means the lesser of the amount the supplier charges for the service or the amount the supplier has agreed to accept as payment in full under any contract that the supplier has entered into and that applies to the beneficiary for whom Medicare payment is being claimed.

* * * * *

Nonparticipating supplier means a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

Participating supplier means a supplier that has an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

* * * * *

B. Technical Amendment: Part 405 is amended as set forth below:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Subpart E—Criteria for Determination of Reasonable Charges

1. The authority citation for part 405, subpart E, continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

§ 405.535 [Amended]

2. In § 405.535(b), ''§ 414.48(b)(3)'' is removed and ''§ 414.48(b)'' is added in its place.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

C. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), unless otherwise indicated.

2. Section 410.32 is revised to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who treats the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who treats the beneficiary are not ''reasonable and necessary'' (see § 411.15(k)(1) of this chapter).

(1) *Chiropractic exception.* A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

(2) *Mammography exception.* A physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34(a)(7) may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary.

(3) *Application to nonphysician practitioners.* Nonphysician practitioners (that is, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants) who furnish services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, may be treated the same as physicians treating beneficiaries for the purpose of this section.

(b) *Diagnostic x-ray and other diagnostic tests.*

(1) *Basic rule.* Except as indicated in paragraph (b)(2) of this section, all diagnostic x-ray and other diagnostic tests covered under section 1861(s)(3) of the Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician as defined in section 1861(r) of the Act. Services furnished without the required level of supervision are not ''reasonable and necessary'' (see § 411.15(k)(1) of this chapter).

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a qualified independent psychologist as defined in program instructions.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

(i) ''General supervision'' means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. Examples of procedures in this category are x-ray procedures described in paragraphs (c)(3)(i) and (c)(3)(ii) of this section and electrocardiograms.

(ii) ''Direct supervision'' in the office setting does not mean that the physician must be present in the room when the procedure is performed; however, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. Examples of procedures in this category are magnetic resonance imaging procedures, computerized axial tomography procedures, nuclear medicine procedures, procedures in which contrast materials are used, and x-rays other than skeletal, abdominal, and chest x-rays.

(iii) ''Personal supervision'' means a physician must be in attendance in the room during the performance of the procedure. Examples of procedures in this category include cardiovascular stress tests, cardiac catheterization, and radiological supervision and interpretation procedures.

(c) *Portable x-ray services.* Portable x-ray services furnished in a place of residence used as the patient's home are covered if the following conditions are met:

(1) These services are furnished under the general supervision of a physician, as defined in paragraph (b)(3)(i) of this section.

(2) The supplier of these services meets the requirements set forth in part 486, subpart C of this chapter, concerning conditions for coverage for portable x-ray services.

(3) The procedures are limited to—

(i) Skeletal films involving the extremities, pelvis, vertebral column, or skull;

(ii) Chest or abdominal films that do not involve the use of contrast media; and

(iii) Diagnostic mammograms if the approved portable x-ray supplier, as defined in subpart C of part 486 of this chapter, meets the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

(d) *Diagnostic laboratory tests.* Medicare Part B pays for covered

diagnostic laboratory tests that are furnished by any of the following:

(1) A participating hospital or participating RPCH.

(2) A nonparticipating hospital that meets the requirements for emergency outpatient services specified in subpart G of part 424 of this chapter and the laboratory requirements specified in part 493 of this chapter.

(3) The office of the patient's attending or consulting physician if that physician is a doctor of medicine, osteopathy, podiatric medicine, dental surgery, or dental medicine.

(4) An RHC.

(5) A laboratory, if it meets the applicable requirements for laboratories of part 493 of this chapter, including the laboratory of a nonparticipating hospital that does not meet the requirements for emergency outpatient services in subpart G of part 424 of this chapter.

(6) An FQHC.

3. New § 410.33 is added to read as follows:

§ 410.33 Independent Diagnostic Testing Facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after January 1, 1998, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital.

(2) *Exceptions.* The following diagnostic tests that are payable under the physician fee schedule and furnished by a nonhospital testing entity are not required to be furnished in accordance with the criteria set forth in paragraphs (b) through (e) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a qualified independent psychologist as defined in program instructions.

(b) *Supervising physician.* (1) An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision is that required for general supervision set forth in § 410.32(b)(3)(i).

(2) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. The IDTF must maintain documentation of sufficient physician resources during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(c) *Nonphysician personnel.* Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by the appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

(d) *Ordering of tests.* All procedures performed by the IDTF must be specifically ordered in writing by the physician who treats the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests performed by the IDTF, and the IDTF may not add any procedures based on internal protocols without written order from the treating physician.

(e) *Multi-State entities.* An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

D. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

2. Section 414.20 is revised to read as follows:

§ 414.20 Formula for computing fee schedule amounts.

(a) *Participating supplier.* The fee schedule amount for a participating supplier for a physician service as defined in § 414.2 is computed as the product of the following amounts:

(1) The RVUs for the service.

(2) The GAF for the fee schedule area.

(3) The CF.

(b) *Nonparticipating supplier.* The fee schedule amount for a nonparticipating supplier for a physician service as defined in § 414.2 is 95 percent of the fee schedule amount as calculated in paragraph (a) of this section.

3. A new § 414.21 is added to read as follows:

§ 414.21 Medicare payment basis.

Medicare payment is based on the lesser of the actual charge, as defined in § 400.202 of this chapter, or the applicable fee schedule amount.

4. In § 414.22, the introductory text to the section and the introductory text to paragraph (b) are republished, and new paragraph (b)(4) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physician work, physician practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(4) For services furnished beginning January 1, 1998, the practice expense RVUs are based on the relative practice expense resources involved in furnishing the service.

(i) There are generally two levels of practice expense RVUs per code. The lower practice expense RVU applies to services furnished to hospital or ambulatory surgical center patients. The higher practice expense RVU applies to services performed in a physician's office; services, other than evaluation and management services, that are furnished to patients in a nursing facility, in a facility or institution other than a hospital or ambulatory surgical center, or in the home; and other services furnished to facility patients for

which the facility payment does not include physician practice costs.

(ii) There is only one practice expense RVU per code for: services that have a technical component practice expense RVU; a professional component practice expense RVU; evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services.

* * * * *

5. In § 414.32, paragraph (b) is revised to read as follows:

§ 414.32 Determining payments for certain physician services furnished in facility settings.

* * * * *

(b) *General rule.* If physician services of the type routinely furnished in physician offices are furnished in facility settings before January 1, 1998, the fee schedule amount for those services is determined by reducing the practice expense RVUs for the service by 50 percent. For services furnished on or after January 1, 1998, see § 414.22(b)(4) concerning practice expense RVUs.

* * * * *

6. In § 414.34, the introductory text to paragraph (a)(2) is republished and a new paragraph (a)(2)(iii) is added to read as follows:

§ 414.34 Payment for services and supplies incident to a physician's service.

(a) *Medical supplies.* * * *

(2) If physician services of the type routinely furnished in provider settings are furnished in a physician's office, separate payment may be made for certain supplies furnished incident to that physician service if the following requirements are met:

* * * * *

(iii) It is furnished before January 1, 1998.

* * * * *

7. In § 414.48, paragraph (b) is revised to read as follows:

§ 414.48 Limits on actual charges of nonparticipating suppliers.

* * * * *

(b) *Specific limits.* For items or services paid under the physician fee schedule, the limiting charge is 115 percent of the fee schedule amount for nonparticipating suppliers. For items or services HCFA excludes from payment under the physician fee schedule (in accordance with section 1848(j)(3) of the Act), the limiting charge is 115 percent of 95 percent of the payment basis applicable to participating suppliers as calculated in § 414.20(b).

8. Section 414.62 is added to read as follows:

§ 414.62 Fee schedule for clinical psychologist services.

The fee schedule for clinical psychologist services is set at 100 percent of the amount determined for corresponding services under the physician fee schedule.

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 23, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: June 9, 1997.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

ADDENDUM A.—FAMILY OF CODES BY CPEP

CPEP	Description	Number of unique service families
1	Integumentary and Physical Medicine	12
2	Male Genital and Urinary	19
3	Orthopaedics	24
4	Obstetrics and Gynecology	18
5	Ophthalmology	16
6	Radiology	17
7	Evaluation and Management and Other Services	15
8	General Surgery	25
9	Otolaryngology	16
10	Miscellaneous Internal Medicine and Other Services	17
11	Gastroenterology	8
12	Cardiothoracic and Vascular Surgery	9
13	Cardiology	14
14	Anesthesiology and Pathology	9
15	Neurosurgery	10
Total		229

Addendum B—Proposed Statistical Linking Methodology

CPEP ''X'' gave labor time estimates for procedure code ''1'' that, after applying the compensation rate, is valued at $5. CPEP X valued procedure code ''2'' at $7. For CPEP ''Y,'' the compensation cost for labor for procedure code 1 is $10. If we had averaged the CPEPs' values for procedure code 1, the resulting value for procedure code 1 would be $7.50. This would result in a switched ranking of procedure codes 1 and 2 for CPEP X. For example, if CPEP ''X'' ranked CPT code 99213 lower than CPT code 99214, it is possible this ranking would be reversed after we calculated the average values for CPT code 99213 across all CPEPs.

Specifically, we estimated the following equation for procedure codes that were rated in a given setting (that is, in or out of the office) by more than one CPEP:

(1) $LN(\text{Labor cost}_{ij} = \text{Code}_i + \text{CPEP}_j + U_{ij}$

Where:

Labor cost_{ij} is the labor cost of redundant Code_i performed by CPEP_j;

Code_i is a dummy variable that takes on a value of 1 if Code_i was performed by CPEP_{ij} and has a value of 0 otherwise;

CPEP_j is a dummy variable that takes on a value of 1 if Code_i was evaluated by CPEP_j and has a value of 0 otherwise;

U_{ij} is a random disturbance for the Code_i in CPEP_j.

Because this was a dummy variable regression, one specialty dummy, CPEP 7 was omitted and serves as the base

against which other CPEP data are standardized. CPEP 14 data were also deleted from the linking process because they had no links.

We used Mosteller and Tukey's bi-weighting algorithm to reduce the influence of observations with large residuals. (See Mosteller, F. and Tukey, J.W.: A method of direct assessment. *Data Analysis and Regression: A Second Course in Statistics.* Reading, MA. Addison-Wesley Publishing Company, 1977, pages 357 through 358.) We terminated the iteration process when none of the CPEP dummies changed in the fifth place to the right of the decimal point. The bi-weighting algorithm converged for both administrative and clinical costs by the fourth iteration.

The coefficients of interest are the CPEP dummies. These dummies were then used to scale their respective CPEP scales by $\exp(-CPEP_j)$ for each $CPEP_j$, j=CPEP 1, * * *, CPEP 15, excluding CPEP 7 and CPEP 14. Because the resulting labor cost estimates are shifts of CPEPs relative to CPEP 7, they had to be rescaled so the administrative labor cost estimates could be added to the clinical labor cost estimates.

To facilitate this calculation, we used data analyses performed on the 1995 AMA Socioeconomic Monitoring System Survey Data to calculate the number of RVUs that would be attributed to administrative labor and clinical labor. Separately for administrative and clinical labor, we multiplied the resulting labor cost estimates for each code by its respective frequency to calculate the total number of administrative and clinical labor cost estimates. We compared this number to the number of administrative and clinical labor cost estimates implied by the current RVUs for practice expense and scaled the new estimates to fit this estimate.

LINKING ADJUSTMENT FACTORS BY CPEP

CPEP	Clinical labor linking adjustment	Administrative labor linking adjustment
CPEP #1 ...	.76	.52
CPEP #2 ...	.42	.38
CPEP #3 ...	.43	.31
CPEP #4 ...	.88	.51
CPEP #5 ...	.73	.46
CPEP #6 ...	.78	.48
CPEP #7 ...	1.00	1.00
CPEP #8 ...	.45	.24
CPEP #9 ...	.46	.34
CPEP #10	.85	.72
CPEP #11	.77	.39
CPEP #12	.50	.24
CPEP #13	.74	.44
CPEP #14	1.00	1.00
CPEP #15	.84	.20

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
10040	.....	A	Acne surgery of skin abscess	*1.18	1.13	0.56	1.64	0.95	0.03	2.85	2.16
10060	.....	A	Drainage of skin abscess	*1.17	1.13	0.54	1.64	0.92	0.04	2.85	2.13
10061	.....	A	Drainage of skin abscess	*2.40	1.38	0.54	2.22	1.20	0.06	4.68	3.66
10080	.....	A	Drainage of pilonidal cyst	*1.17	1.13	0.54	1.65	0.93	0.05	2.87	2.15
10081	.....	A	Drainage of pilonidal cyst	*2.45	1.31	0.84	2.17	1.59	0.16	4.78	4.20
10120	.....	A	Remove foreign body	*1.22	1.13	0.54	1.66	0.94	0.05	2.93	2.21
10121	.....	A	Remove foreign body	*2.69	1.48	0.87	2.42	1.67	0.12	5.23	4.48
10140	.....	A	Drainage of hematoma/fluid	*1.53	1.13	0.54	1.72	1.00	0.05	3.30	2.58
10160	.....	A	Puncture drainage of lesion	*1.20	1.13	0.54	1.65	0.93	0.05	2.90	2.18
10180	.....	A	Complex drainage, wound	*2.25	0.64	0.52	1.31	1.17	0.18	3.74	3.60
11000	.....	A	Debride infected skin	0.60	0.54	0.16	0.80	0.34	0.04	1.44	0.98
11001	.....	A	Debride infect skin add	0.30	0.10	0.00	0.19	0.07	0.02	0.51	0.39
11010	.....	A	Debride skin, fx	*4.20	0.60	0.16	1.80	1.26	0.65	6.65	6.11
11011	.....	A	Debride skin/muscle, fx	4.95	1.32	0.62	2.87	2.01	0.77	8.59	7.73
11012	.....	A	Debride skin/muscle/bone, fx	6.88	1.32	0.62	3.36	2.50	1.07	11.31	10.45
11040	.....	A	Debride skin partial	0.50	0.47	0.16	0.69	0.32	0.04	1.23	0.86
11041	.....	A	Debride skin full	0.82	0.52	0.16	0.83	0.39	0.06	1.71	1.27
11042	.....	A	Debride skin/tissue	1.12	0.60	0.16	1.00	0.46	0.08	2.20	1.66
11043	.....	A	Debride tissue/muscle	*2.38	1.32	0.62	2.21	1.35	0.34	4.93	4.07
11044	.....	A	Debride tissue/muscle/bone	*3.06	1.63	0.65	2.76	1.57	0.49	6.31	5.12
11050	.....	A	Trim skin lesion	0.43	0.52	0.16	0.73	0.30	0.03	1.19	0.76
11051	.....	A	Trim 2 to 4 skin lesions	0.66	0.57	0.16	0.85	0.35	0.05	1.56	1.06
11052	.....	A	Trim over 4 skin lesions	0.86	0.57	0.16	0.89	0.40	0.04	1.79	1.30
11100	.....	A	Biopsy of skin lesion	0.81	1.14	0.16	1.58	0.38	0.04	2.43	1.23
11101	.....	A	Biopsy, each added lesion	0.41	0.15	0.00	0.28	0.09	0.02	0.71	0.52
11200	.....	A	Removal of skin tags	*0.74	0.76	0.17	1.10	0.38	0.04	1.88	1.16
11201	.....	A	Removal of added skin tags	0.26	0.09	0.00	0.17	0.06	0.02	0.45	0.34
11300	.....	A	Shave skin lesion	0.51	0.78	0.16	1.08	0.32	0.05	1.64	0.88
11301	.....	A	Shave skin lesion	0.85	0.78	0.16	1.16	0.40	0.06	2.07	1.31
11302	.....	A	Shave skin lesion	1.05	0.78	0.16	1.21	0.45	0.09	2.35	1.59
11303	.....	A	Shave skin lesion	1.24	0.78	0.16	1.27	0.51	0.17	2.68	1.92
11305	.....	A	Shave skin lesion	0.67	0.78	0.16	1.11	0.36	0.05	1.83	1.08
11306	.....	A	Shave skin lesion	0.99	0.78	0.16	1.19	0.43	0.07	2.25	1.49
11307	.....	A	Shave skin lesion	1.14	0.78	0.16	1.23	0.47	0.10	2.47	1.71
11308	.....	A	Shave skin lesion	1.41	0.78	0.16	1.30	0.54	0.17	2.88	2.12
11310	.....	A	Shave skin lesion	0.73	0.78	0.16	1.13	0.37	0.06	1.92	1.16
11311	.....	A	Shave skin lesion	1.05	0.78	0.16	1.20	0.45	0.08	2.33	1.58
11312	.....	A	Shave skin lesion	1.20	0.78	0.16	1.24	0.49	0.11	2.55	1.80
11313	.....	A	Shave skin lesion	1.62	0.78	0.16	1.34	0.59	0.15	3.11	2.36
11400	.....	A	Removal of skin lesion	*0.91	1.44	0.56	1.96	0.89	0.05	2.92	1.85
11401	.....	A	Removal of skin lesion	*1.32	1.44	0.56	2.05	0.99	0.06	3.43	2.37

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
11402		A	Removal of skin lesion	*1.61	1.44	0.56	2.12	1.06	0.09	3.82	2.76
11403		A	Removal of skin lesion	*1.92	1.23	0.59	1.95	1.17	0.13	4.00	3.22
11404		A	Removal of skin lesion	*2.20	1.26	0.59	2.06	1.24	0.17	4.43	3.61
11406		A	Removal of skin lesion	*2.76	1.60	0.59	2.63	1.40	0.33	5.72	4.49
11420		A	Removal of skin lesion	*1.06	1.44	0.56	1.99	0.93	0.05	3.10	2.04
11421		A	Removal of skin lesion	*1.53	1.44	0.56	2.10	1.03	0.07	3.70	2.63
11422		A	Removal of skin lesion	*1.76	1.44	0.56	2.16	1.09	0.10	4.02	2.95
11423		A	Removal of skin lesion	*2.17	1.23	0.59	2.01	1.23	0.15	4.33	3.55
11424		A	Removal of skin lesion	*2.62	1.26	0.59	2.15	1.33	0.16	4.93	4.11
11426		A	Removal of skin lesion	*3.78	1.60	0.59	2.84	1.61	0.29	6.91	5.68
11440		A	Removal of skin lesion	*1.15	1.44	0.56	2.02	0.95	0.06	3.23	2.16
11441		A	Removal of skin lesion	*1.61	1.44	0.56	2.12	1.05	0.08	3.81	2.74
11442		A	Removal of skin lesion	*1.87	1.44	0.56	2.19	1.12	0.11	4.17	3.10
11443		A	Removal of skin lesion	*2.49	1.57	0.59	2.49	1.30	0.15	5.13	3.94
11444		A	Removal of skin lesion	*3.42	1.29	0.59	2.36	1.50	0.14	5.92	5.06
11446		A	Removal of skin lesion	*4.49	1.66	0.59	3.05	1.74	0.18	7.72	6.41
11450		A	Removal, sweat gland lesion	*2.73	2.15	0.75	3.32	1.61	0.44	6.49	4.78
11451		A	Removal, sweat gland lesion	*3.95	2.18	0.75	3.62	1.89	0.46	8.03	6.30
11462		A	Removal, sweat gland lesion	*2.51	2.12	0.75	3.21	1.55	0.36	6.08	4.42
11463		A	Removal, sweat gland lesion	*3.95	2.53	0.75	4.02	1.86	0.34	8.31	6.15
11470		A	Removal, sweat gland lesion	*3.25	2.53	0.75	3.89	1.73	0.45	7.59	5.43
11471		A	Removal, sweat gland lesion	*4.41	2.59	0.75	4.23	1.99	0.48	9.12	6.88
11600		A	Removal of skin lesion	*1.41	1.51	0.59	2.17	1.05	0.10	3.68	2.56
11601		A	Removal of skin lesion	*1.93	1.42	0.59	2.18	1.17	0.12	4.23	3.22
11602		A	Removal of skin lesion	*2.09	1.53	0.59	2.36	1.21	0.16	4.61	3.46
11603		A	Removal of skin lesion	*2.35	1.23	0.59	2.06	1.28	0.21	4.62	3.84
11604		A	Removal of skin lesion	*2.58	1.26	0.59	2.16	1.34	0.26	5.00	4.18
11606		A	Removal of skin lesion	*3.43	1.63	0.59	2.85	1.58	0.49	6.77	5.50
11620		A	Removal of skin lesion	*1.34	1.53	0.59	2.18	1.04	0.12	3.64	2.50
11621		A	Removal of skin lesion	*1.97	1.53	0.59	2.33	1.19	0.16	4.46	3.32
11622		A	Removal of skin lesion	*2.34	1.53	0.59	2.42	1.27	0.19	4.95	3.80
11623		A	Removal of skin lesion	*2.93	1.24	0.59	2.21	1.42	0.25	5.39	4.60
11624		A	Removal of skin lesion	*3.43	1.29	0.59	2.40	1.54	0.32	6.15	5.29
11626		A	Removal of skin lesion	*4.30	1.60	0.59	3.00	1.77	0.51	7.81	6.58
11640		A	Removal of skin lesion	*1.53	1.53	0.59	2.23	1.09	0.15	3.91	2.77
11641		A	Removal of skin lesion	*2.44	1.53	0.59	2.44	1.29	0.18	5.06	3.91
11642		A	Removal of skin lesion	*2.93	1.28	0.59	2.26	1.41	0.23	5.42	4.57
11643		A	Removal of skin lesion	*3.50	1.29	0.59	2.41	1.55	0.28	6.19	5.33
11644		A	Removal of skin lesion	*4.55	1.36	0.59	2.72	1.79	0.33	7.60	6.67
11646		A	Removal of skin lesion	*5.95	1.68	0.59	3.48	2.16	0.60	10.03	8.71
11720		A	Debride nail, 1-5	0.32	0.50	0.12	0.69	0.23	0.03	1.04	0.58
11721		A	Debride nail, 6 or more	0.54	0.56	0.12	0.81	0.28	0.05	1.40	0.87
11730		A	Removal of nail plate	1.13	0.64	0.12	1.04	0.41	0.04	2.21	1.58
11731		A	Removal of second nail plate	0.57	0.09	0.00	0.25	0.14	0.05	0.87	0.76
11732		A	Remove additional nail plate	0.57	0.09	0.00	0.24	0.13	0.02	0.83	0.72
11740		A	Drain blood from under nail	0.37	0.90	0.16	1.18	0.29	0.04	1.59	0.70
11750		A	Removal of nail bed	*1.86	1.33	0.20	2.08	0.70	0.19	4.13	2.75
11752		A	Remove nail bed/finger tip	*2.67	1.30	0.49	2.25	1.26	0.36	5.28	4.29
11755		A	Biopsy, nail unit	1.31	0.73	0.12	1.21	0.46	0.12	2.64	1.89
11760		A	Reconstruction of nail bed	*1.58	1.29	0.49	1.94	0.96	0.09	3.61	2.63
11762		A	Reconstruction of nail bed	*2.89	1.46	0.49	2.46	1.28	0.24	5.59	4.41
11765		A	Excision of nail fold, toe	*0.69	1.23	0.49	1.67	0.76	0.05	2.41	1.50
11770		A	Removal of pilonidal lesion	*2.61	1.53	0.59	2.53	1.39	0.44	5.58	4.44
11771		A	Removal of pilonidal lesion	*5.74	3.03	1.93	5.15	3.81	0.92	11.81	10.47
11772		A	Removal of pilonidal lesion	*6.98	3.06	1.93	5.48	4.10	1.01	13.47	12.09
11900		A	Injection into skin lesions	0.52	0.54	0.16	0.78	0.32	0.02	1.32	0.86
11901		A	Added skin lesions injection	0.80	0.57	0.16	0.88	0.38	0.03	1.71	1.21
11920		R	Correct skin color defects	1.61	0.69	0.13	1.25	0.56	0.23	3.09	2.40
11921		R	Correct skin color defects	1.93	0.82	0.13	1.48	0.65	0.28	3.69	2.86
11922		R	Correct skin color defects	0.49	0.25	0.00	0.43	0.12	0.07	0.99	0.68
11950		R	Therapy for contour defects	0.84	0.66	0.13	1.02	0.37	0.11	1.97	1.32
11951		R	Therapy for contour defects	1.19	0.72	0.13	1.17	0.45	0.11	2.47	1.75
11952		R	Therapy for contour defects	1.69	0.78	0.13	1.35	0.56	0.11	3.15	2.36
11954		R	Therapy for contour defects	1.85	0.82	0.13	1.42	0.59	0.11	3.38	2.55
11960		A	Insert tissue expander(s)	*9.08	NA	3.56	NA	6.65	1.48	NA	17.21
11970		A	Replace tissue expander	*7.06	NA	0.90	NA	2.99	1.61	NA	11.66
11971		A	Remove tissue expander(s)	*2.13	2.35	1.39	3.52	2.34	0.82	6.47	5.29
11975		N	Insert contraceptive cap	+1.48	0.87	0.16	1.43	0.58	0.25	3.16	2.31
11976		R	Removal of contraceptive cap	1.78	0.87	0.16	1.51	0.65	0.30	3.59	2.73
11977		N	Removal/reinsert contra cap	+3.30	0.87	0.16	1.90	1.04	0.55	5.75	4.89
12001		A	Repair superficial wound(s)	*1.70	1.14	0.50	1.77	0.99	0.05	3.52	2.74
12002		A	Repair superficial wound(s)	*1.86	1.17	0.50	1.85	1.03	0.07	3.78	2.96
12004		A	Repair superficial wound(s)	*2.24	1.20	0.50	1.98	1.12	0.10	4.32	3.46
12005		A	Repair superficial wound(s)	*2.86	1.38	0.53	2.33	1.30	0.14	5.33	4.30

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
12006		A	Repair superficial wound(s)	*3.67	1.81	0.84	3.06	1.86	0.19	6.92	5.72
12007		A	Repair superficial wound(s)	*4.12	1.96	0.84	3.33	1.96	0.19	7.64	6.27
12011		A	Repair superficial wound(s)	*1.76	1.17	0.50	1.83	1.01	0.06	3.65	2.83
12013		A	Repair superficial wound(s)	*1.99	1.23	0.50	1.96	1.06	0.08	4.03	3.13
12014		A	Repair superficial wound(s)	*2.46	1.31	0.53	2.16	1.21	0.10	4.72	3.77
12015		A	Repair superficial wound(s)	*3.19	1.44	0.53	2.48	1.38	0.14	5.81	4.71
12016		A	Repair superficial wound(s)	*3.93	1.55	0.50	2.79	1.51	0.19	6.91	5.63
12017		A	Repair superficial wound(s)	*4.71	2.38	0.84	4.01	2.12	0.31	9.03	7.14
12018		A	Repair superficial wound(s)	*5.53	2.61	0.84	4.50	2.34	0.48	10.51	8.35
12020		A	Closure of split wound	*2.62	1.23	0.53	2.12	1.26	0.18	4.92	4.06
12021		A	Closure of split wound	*1.84	1.14	0.50	1.82	1.04	0.11	3.77	2.99
12031		A	Layer closure of wound(s)	*2.15	1.44	0.50	2.24	1.09	0.07	4.46	3.31
12032		A	Layer closure of wound(s)	*2.47	1.50	0.50	2.39	1.17	0.10	4.96	3.74
12034		A	Layer closure of wound(s)	*2.92	1.70	0.53	2.75	1.32	0.15	5.82	4.39
12035		A	Layer closure of wound(s)	*3.43	1.77	0.53	2.96	1.45	0.23	6.62	5.11
12036		A	Layer closure of wound(s)	*4.05	2.20	0.84	3.65	1.99	0.37	8.07	6.41
12037		A	Layer closure of wound(s)	*4.67	2.44	0.84	4.10	2.15	0.48	9.25	7.30
12041		A	Layer closure of wound(s)	*2.37	1.52	0.50	2.39	1.15	0.08	4.84	3.60
12042		A	Layer closure of wound(s)	*2.74	1.57	0.50	2.54	1.24	0.12	5.40	4.10
12044		A	Layer closure of wound(s)	*3.14	1.77	0.53	2.89	1.37	0.17	6.20	4.68
12045		A	Layer closure of wound(s)	*3.64	1.84	0.53	3.10	1.49	0.23	6.97	5.36
12046		A	Layer closure of wound(s)	*4.25	2.23	0.84	3.73	2.03	0.37	8.35	6.65
12047		A	Layer closure of wound(s)	*4.65	2.71	0.84	4.45	2.16	0.56	9.66	7.37
12051		A	Layer closure of wound(s)	*2.47	1.57	0.50	2.48	1.17	0.10	5.05	3.74
12052		A	Layer closure of wound(s)	*2.77	1.67	0.50	2.67	1.25	0.14	5.58	4.16
12053		A	Layer closure of wound(s)	*3.12	1.72	0.53	2.82	1.37	0.17	6.11	4.66
12054		A	Layer closure of wound(s)	*3.46	1.87	0.53	3.10	1.46	0.25	6.81	5.17
12055		A	Layer closure of wound(s)	*4.43	1.93	0.55	3.40	1.72	0.37	8.20	6.52
12056		A	Layer closure of wound(s)	*5.24	2.39	0.84	4.18	2.28	0.52	9.94	8.04
12057		A	Layer closure of wound(s)	*5.96	2.04	0.84	3.89	2.43	0.48	10.33	8.87
13100		A	Repair of wound or lesion	*3.12	1.39	0.50	2.40	1.32	0.13	5.65	4.57
13101		A	Repair of wound or lesion	*3.92	1.47	0.53	2.69	1.55	0.21	6.82	5.68
13120		A	Repair of wound or lesion	*3.30	1.40	0.50	2.46	1.37	0.17	5.93	4.84
13121		A	Repair of wound or lesion	*4.33	1.50	0.53	2.85	1.67	0.33	7.51	6.33
13131		A	Repair of wound or lesion	*3.79	1.44	0.50	2.63	1.49	0.23	6.65	5.51
13132		A	Repair of wound or lesion	*5.95	1.47	0.53	3.19	2.05	0.44	9.58	8.44
13150		A	Repair of wound or lesion	*3.81	1.90	0.77	3.20	1.83	0.23	7.24	5.87
13151		A	Repair of wound or lesion	*4.45	2.06	0.80	3.56	2.03	0.35	8.36	6.83
13152		A	Repair of wound or lesion	*6.33	2.16	0.80	4.17	2.52	0.68	11.18	9.53
13160		A	Late closure of wound	*10.48	2.34	1.46	5.28	4.20	0.58	16.34	15.26
13300		A	Repair of wound or lesion	*5.27	1.49	0.55	3.16	2.01	0.86	9.29	8.14
14000		A	Skin tissue rearrangement	*5.89	3.01	1.46	5.04	3.15	0.38	11.31	9.42
14001		A	Skin tissue rearrangement	*8.47	3.25	1.46	5.98	3.80	0.76	15.21	13.03
14020		A	Skin tissue rearrangement	*6.59	3.09	1.46	5.31	3.33	0.49	12.39	10.41
14021		A	Skin tissue rearrangement	*10.06	3.34	1.46	6.48	4.19	0.94	17.48	15.19
14040		A	Skin tissue rearrangement	*7.87	3.18	1.46	5.74	3.64	0.65	14.26	12.16
14041		A	Skin tissue rearrangement	*11.49	3.44	1.46	6.94	4.52	1.02	19.45	17.03
14060		A	Skin tissue rearrangement	*8.50	3.14	1.60	5.92	4.04	1.04	15.46	13.58
14061		A	Skin tissue rearrangement	*12.29	3.74	1.60	7.53	4.92	1.27	21.09	18.48
14300		A	Skin tissue rearrangement	*11.76	3.35	1.60	7.07	4.93	1.84	20.67	18.53
14350		A	Skin tissue rearrangement	*9.61	NA	1.54	NA	4.21	1.05	NA	14.87
15000		A	Skin graft procedure	1.95	1.39	0.00	2.23	0.54	0.53	4.71	3.02
15050		A	Skin pinch graft procedure	*4.30	2.31	1.46	3.83	2.78	0.30	8.43	7.38
15100		A	Skin split graft procedure	*9.05	2.34	1.46	5.03	3.95	0.89	14.97	13.89
15101		A	Skin split graft procedure	1.72	1.71	0.00	2.54	0.45	0.33	4.59	2.50
15120		A	Skin split graft procedure	*9.83	2.65	1.46	5.59	4.14	0.94	16.36	14.91
15121		A	Skin split graft procedure	2.67	1.91	0.00	3.02	0.70	0.53	6.22	3.90
15200		A	Skin full graft procedure	*8.03	3.63	1.46	6.33	3.69	0.69	15.05	12.41
15201		A	Skin full graft procedure	1.32	2.81	0.00	3.83	0.40	0.50	5.65	2.22
15220		A	Skin full graft procedure	*7.87	3.92	1.62	6.69	3.89	0.85	15.41	12.61
15221		A	Skin full graft procedure	1.19	3.05	0.00	4.08	0.37	0.50	5.77	2.06
15240		A	Skin full graft procedure	*9.04	3.15	1.62	6.04	4.18	1.03	16.11	14.25
15241		A	Skin full graft procedure	1.86	2.26	0.00	3.29	0.53	0.58	5.73	2.97
15260		A	Skin full graft procedure	*10.06	3.15	1.62	6.26	4.40	0.99	17.31	15.45
15261		A	Skin full graft procedure	2.23	2.26	0.00	3.38	0.62	0.60	6.21	3.45
15350		A	Skin homograft procedure	*4.36	2.34	1.86	3.90	3.32	0.42	8.68	8.10
15400		A	Skin heterograft procedure	*5.78	3.31	2.59	5.34	4.46	0.17	11.29	10.41
15570		A	Form skin pedicle flap	*9.21	2.19	1.30	5.14	4.06	2.08	16.43	15.35
15572		A	Form skin pedicle flap	*9.27	2.19	1.30	5.11	4.03	1.86	16.24	15.16
15574		A	Form skin pedicle flap	*9.88	2.19	1.30	5.20	4.12	1.66	16.74	15.66
15576		A	Form skin pedicle flap	*8.69	2.62	1.30	5.23	3.62	0.60	14.52	12.91
15580		A	Attach skin pedicle graft	*9.46	NA	1.46	NA	4.13	1.30	NA	14.89
15600		A	Skin graft procedure	*1.91	2.06	0.99	3.12	1.82	0.88	5.91	4.61
15610		A	Skin graft procedure	*2.42	2.00	0.99	3.14	1.91	0.80	6.36	5.13

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
15620		A	Skin graft procedure	*2.94	2.37	1.30	3.73	2.42	0.86	7.53	6.22
15625		A	Skin graft procedure	*1.91	NA	1.14	NA	1.98	0.78	NA	4.67
15630		A	Skin graft procedure	*3.27	2.40	1.30	3.84	2.50	0.90	8.01	6.67
15650		A	Transfer skin pedicle flap	*3.97	2.39	1.30	3.99	2.66	0.93	8.89	7.56
15732		A	Muscle-skin graft, head/neck	*17.84	NA	1.46	NA	6.44	3.46	NA	27.74
15734		A	Muscle-skin graft, trunk	*17.79	NA	1.46	NA	6.38	3.24	NA	27.41
15736		A	Muscle-skin graft, arm	*16.27	NA	1.46	NA	6.00	3.02	NA	25.29
15738		A	Muscle-skin graft, leg	*17.92	NA	1.46	NA	6.42	3.29	NA	27.63
15740		A	Island pedicle flap graft	*10.25	2.90	1.46	6.14	4.38	1.62	18.01	16.25
15750		A	Neurovascular pedicle graft	*11.41	NA	1.58	NA	4.87	2.03	NA	18.31
15756		A	Free muscle flap, microvasc	*35.23	2.13	2.13	11.48	11.48	5.33	52.04	52.04
15757		A	Free skin flap, microvasc	*35.23	2.13	2.13	11.48	11.48	5.33	52.04	52.04
15758		A	Free fascial flap, microvasc	*35.10	2.13	2.13	11.45	11.45	5.33	51.88	51.88
15760		A	Composite skin graft	*8.74	2.81	1.46	5.59	3.93	1.11	15.44	13.78
15770		A	Derma-fat-fascia graft	*7.52	NA	1.62	NA	3.83	0.95	NA	12.30
15775		R	Hair transplant punch grafts	3.96	1.07	0.08	2.29	1.09	0.56	6.81	5.61
15776		R	Hair transplant punch grafts	5.54	1.21	0.08	2.86	1.49	0.79	9.19	7.82
15780		A	Abrasion treatment of skin	*7.29	2.41	1.62	4.57	3.60	0.13	11.99	11.02
15781		A	Abrasion treatment of skin	*4.85	1.96	1.37	3.53	2.81	0.39	8.77	8.05
15782		A	Abrasion treatment of skin	*4.32	1.74	1.13	3.10	2.35	0.13	7.55	6.80
15783		A	Abrasion treatment of skin	*4.29	1.71	1.13	3.07	2.36	0.19	7.55	6.84
15786		A	Abrasion treatment of lesion	*2.03	0.77	0.50	1.40	1.07	0.06	3.49	3.16
15787		A	Abrasion, added skin lesions	0.33	0.10	0.00	0.20	0.08	0.03	0.56	0.44
15788		R	Chemical peel, face, epiderm	*2.09	1.65	0.76	2.50	1.42	0.12	4.71	3.63
15789		R	Chemical peel, face, dermal	*4.92	2.36	0.99	3.99	2.31	0.12	9.03	7.35
15792		R	Chemical peel, nonfacial	*1.86	1.67	0.99	2.46	1.62	0.05	4.37	3.53
15793		A	Chemical peel, nonfacial	*3.74	NA	1.48	NA	2.63	0.05	NA	6.42
15810		A	Salabrasion	*4.74	1.36	0.99	2.75	2.31	0.29	7.78	7.34
15811		A	Salabrasion	*5.39	1.36	0.99	2.99	2.55	0.73	9.11	8.67
15819		A	Plastic surgery, neck	*9.38	NA	1.46	NA	4.02	0.87	NA	14.27
15820		A	Revision of lower eyelid	*5.15	2.90	2.26	4.81	4.03	0.64	10.60	9.82
15821		A	Revision of lower eyelid	*5.72	2.99	2.26	5.04	4.16	0.68	11.44	10.56
15822		A	Revision of upper eyelid	*4.45	2.88	2.26	4.61	3.85	0.56	9.62	8.86
15823		A	Revision of upper eyelid	*7.05	2.98	2.26	5.30	4.44	0.61	12.96	12.10
15831		A	Excise excessive skin tissue	*12.40	NA	1.70	NA	5.23	2.01	NA	19.64
15832		A	Excise excessive skin tissue	*11.59	NA	1.46	NA	4.61	1.33	NA	17.53
15833		A	Excise excessive skin tissue	*10.64	NA	1.46	NA	4.35	1.12	NA	16.11
15834		A	Excise excessive skin tissue	*10.85	NA	1.46	NA	4.42	1.22	NA	16.49
15835		A	Excise excessive skin tissue	*11.67	NA	1.46	NA	4.60	1.22	NA	17.49
15836		A	Excise excessive skin tissue	*9.34	NA	1.46	NA	4.06	1.10	NA	14.50
15837		A	Excise excessive skin tissue	*8.43	2.68	1.46	5.30	3.81	0.85	14.58	13.09
15838		A	Excise excessive skin tissue	*7.13	NA	1.46	NA	3.50	0.73	NA	11.36
15839		A	Excise excessive skin tissue	*9.38	2.44	1.46	5.12	3.93	0.46	14.96	13.77
15840		A	Graft for face nerve palsy	*13.26	NA	1.78	NA	5.58	2.28	NA	21.12
15841		A	Graft for face nerve palsy	*23.26	NA	1.96	NA	8.08	2.76	NA	34.10
15842		A	Graft for face nerve palsy	*37.96	NA	2.22	NA	11.61	2.68	NA	52.25
15845		A	Skin and muscle repair, face	*12.57	NA	1.71	NA	5.40	2.54	NA	20.51
15850		B	Removal of sutures	+0.78	0.86	0.16	1.22	0.38	0.04	2.04	1.20
15851		A	Removal of sutures	0.86	0.86	0.16	1.24	0.39	0.03	2.13	1.28
15852		A	Dressing change,not for burn	0.86	0.95	0.16	1.36	0.40	0.07	2.29	1.33
15860		A	Test for blood flow in graft	1.95	NA	0.16	NA	0.68	0.25	NA	2.88
15920		A	Removal of tail bone ulcer	*7.95	NA	1.92	NA	4.21	0.63	NA	12.79
15922		A	Removal of tail bone ulcer	*9.90	NA	1.96	NA	4.81	1.19	NA	15.90
15931		A	Remove sacrum pressure sore	*9.24	NA	1.60	NA	4.09	0.55	NA	13.88
15933		A	Remove sacrum pressure sore	*10.85	NA	2.22	NA	5.40	1.43	NA	17.68
15934		A	Remove sacrum pressure sore	*12.69	NA	1.96	NA	5.49	1.50	NA	19.68
15935		A	Remove sacrum pressure sore	*14.57	NA	1.96	NA	6.07	2.27	NA	22.91
15936		A	Remove sacrum pressure sore	*12.38	NA	1.96	NA	5.55	2.05	NA	19.98
15937		A	Remove sacrum pressure sore	*14.21	NA	1.96	NA	6.08	2.67	NA	22.96
15940		A	Removal of pressure sore	*9.34	NA	1.28	NA	3.77	0.73	NA	13.84
15941		A	Removal of pressure sore	*11.43	NA	2.22	NA	5.52	1.39	NA	18.34
15944		A	Removal of pressure sore	*11.46	NA	1.96	NA	5.29	1.82	NA	18.57
15945		A	Removal of pressure sore	*12.69	NA	1.96	NA	5.62	2.09	NA	20.40
15946		A	Removal of pressure sore	*21.57	NA	1.96	NA	7.82	3.24	NA	32.63
15950		A	Remove thigh pressure sore	*7.54	NA	1.60	NA	3.73	0.58	NA	11.85
15951		A	Remove thigh pressure sore	*10.72	NA	2.22	NA	5.40	1.58	NA	17.70
15952		A	Remove thigh pressure sore	*11.39	NA	1.79	NA	4.98	1.37	NA	17.74
15953		A	Remove thigh pressure sore	*12.63	NA	1.96	NA	5.56	1.87	NA	20.06
15956		A	Remove thigh pressure sore	*15.52	NA	1.96	NA	6.53	3.39	NA	25.44
15958		A	Remove thigh pressure sore	*15.48	NA	1.96	NA	6.60	3.76	NA	25.84
16000		A	Initial treatment of burn(s)	0.89	0.60	0.16	0.93	0.40	0.03	1.85	1.32
16010		A	Treatment of burn(s)	0.87	0.65	0.16	0.99	0.40	0.03	1.89	1.30
16015		A	Treatment of burn(s)	2.35	0.80	0.16	1.58	0.80	0.38	4.31	3.53
16020		A	Treatment of burn(s)	0.80	0.60	0.16	0.91	0.38	0.03	1.74	1.21

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
16025		A	Treatment of burn(s)	1.85	0.78	0.16	1.37	0.61	0.05	3.27	2.51
16030		A	Treatment of burn(s)	2.08	1.27	0.16	2.03	0.67	0.08	4.19	2.83
16035		A	Incision of burn scab	*4.82	1.04	0.34	2.40	1.54	0.34	7.56	6.70
16040		A	Burn wound excision	1.02	1.12	0.16	1.71	0.54	0.53	3.26	2.09
16041		A	Burn wound excision	2.70	1.30	0.16	2.30	0.91	0.53	5.53	4.14
16042		A	Burn wound excision	2.35	NA	0.16	NA	0.83	0.53	NA	3.71
17000		G	Destroy benign/premal lesion	+0.56	0.60	0.26	0.86	0.45	0.03	1.45	1.04
17001		G	Destruction of add'l lesions	+0.19	0.03	0.00	0.08	0.05	0.02	0.29	0.26
17002		G	Destruction of add'l lesions	+0.19	0.03	0.00	0.08	0.04	0.01	0.28	0.24
17010		G	Destruction skin lesion(s)	+*1.06	0.77	0.26	1.18	0.56	0.04	2.28	1.66
17100		G	Destruction of skin lesion	+*0.56	0.60	0.26	0.86	0.45	0.03	1.45	1.04
17101		G	Destruction of 2nd lesion	+0.11	0.03	0.00	0.07	0.03	0.02	0.20	0.16
17102		G	Destruction of add'l lesions	+0.11	0.03	0.00	0.06	0.03	0.01	0.18	0.15
17104		G	Destruction of skin lesions	+*2.04	0.77	0.26	1.39	0.77	0.01	3.44	2.82
17105		G	Destruction of skin lesions	+*0.79	0.77	0.47	1.12	0.75	0.03	1.94	1.57
17106		A	Destruction of skin lesions	*4.59	1.06	0.61	2.34	1.79	0.18	7.11	6.56
17107		A	Destruction of skin lesions	*9.16	1.14	0.61	3.48	2.84	0.39	13.03	12.39
17108		A	Destruction of skin lesions	*13.20	1.26	0.61	4.58	3.79	0.69	18.47	17.68
17110		A	Destruction of skin lesions	*0.58	0.77	0.26	1.08	0.46	0.03	1.69	1.07
17200		A	Electrocautery of skin tags	0.59	0.65	0.26	0.93	0.46	0.04	1.56	1.09
17201		A	Electrocautery added lesions	0.38	0.07	0.00	0.17	0.09	0.01	0.56	0.48
17250		A	Chemical cautery, tissue	0.50	0.53	0.16	0.76	0.32	0.04	1.30	0.86
17260		A	Destruction of skin lesions	*0.91	0.86	0.26	1.26	0.54	0.10	2.27	1.55
17261		A	Destruction of skin lesions	*1.17	0.90	0.26	1.38	0.61	0.12	2.67	1.90
17262		A	Destruction of skin lesions	*1.58	0.90	0.26	1.47	0.70	0.16	3.21	2.44
17263		A	Destruction of skin lesions	*1.79	0.90	0.26	1.53	0.76	0.21	3.53	2.76
17264		A	Destruction of skin lesions	*1.94	0.90	0.26	1.57	0.80	0.26	3.77	3.00
17266		A	Destruction of skin lesions	*2.34	0.90	0.26	1.71	0.94	0.49	4.54	3.77
17270		A	Destruction of skin lesions	*1.32	0.87	0.26	1.37	0.64	0.12	2.81	2.08
17271		A	Destruction of skin lesions	*1.49	0.90	0.26	1.45	0.68	0.16	3.10	2.33
17272		A	Destruction of skin lesions	*1.77	0.90	0.26	1.52	0.75	0.19	3.48	2.71
17273		A	Destruction of skin lesions	*2.05	0.90	0.26	1.60	0.83	0.25	3.90	3.13
17274		A	Destruction of skin lesions	*2.59	0.90	0.26	1.73	0.96	0.32	4.64	3.87
17276		A	Destruction of skin lesions	*3.20	0.90	0.49	1.91	1.41	0.51	5.62	5.12
17280		A	Destruction of skin lesions	*1.17	0.87	0.26	1.34	0.61	0.15	2.66	1.93
17281		A	Destruction of skin lesions	*1.72	0.90	0.26	1.51	0.74	0.18	3.41	2.64
17282		A	Destruction of skin lesions	*2.04	0.90	0.26	1.59	0.82	0.23	3.86	3.09
17283		A	Destruction of skin lesions	*2.64	0.90	0.26	1.73	0.96	0.28	4.65	3.88
17284		A	Destruction of skin lesions	*3.21	0.90	0.26	1.87	1.10	0.33	5.41	4.64
17286		A	Destruction of skin lesions	*4.44	0.90	0.49	2.20	1.70	0.60	7.24	6.74
17304		A	Chemosurgery of skin lesion	7.60	3.18	0.16	5.61	1.93	0.31	13.52	9.84
17305		A	2nd stage chemosurgery	2.85	0.97	0.00	1.84	0.66	0.17	4.86	3.68
17306		A	3rd stage chemosurgery	2.85	0.97	0.00	1.83	0.65	0.11	4.79	3.61
17307		A	Followup skin lesion therapy	2.85	0.97	0.00	1.83	0.65	0.12	4.80	3.62
17310		A	Extensive skin chemosurgery	0.95	0.31	0.00	0.58	0.21	0.01	1.54	1.17
17340		A	Cryotherapy of skin	0.73	0.74	0.74	1.07	1.07	0.02	1.82	1.82
17360		A	Skin peel therapy	*1.43	0.86	0.86	1.36	1.36	0.02	2.81	2.81
19000		A	Drainage of breast lesion	0.84	0.36	0.16	0.63	0.40	0.07	1.54	1.31
19001		A	Drain added breast lesion	0.42	0.04	0.00	0.15	0.10	0.05	0.62	0.57
19020		A	Incision of breast lesion	3.37	5.07	2.21	6.99	3.49	0.28	10.64	7.14
19030		A	Injection for breast x-ray	1.53	3.91	0.09	5.11	0.46	0.04	6.68	2.03
19100		A	Biopsy of breast	1.27	1.00	0.16	1.52	0.51	0.13	2.92	1.91
19101		A	Biopsy of breast	*3.18	4.17	1.18	5.88	2.24	0.45	9.51	5.87
19110		A	Nipple exploration	*4.30	4.36	1.73	6.37	3.17	0.51	11.18	7.98
19112		A	Excise breast duct fistula	*3.67	4.32	1.73	6.15	2.99	0.35	10.17	7.01
19120		A	Removal of breast lesion	*5.56	4.54	1.40	6.88	3.05	0.60	13.04	9.21
19125		A	Excision, breast lesion	*6.06	4.54	1.40	6.99	3.16	0.60	13.65	9.82
19126		A	Excision, add'l breast lesion	2.93	NA	0.70	NA	1.56	0.31	NA	4.80
19140		A	Removal of breast tissue	*5.14	4.43	1.74	6.73	3.45	0.91	12.78	9.50
19160		A	Removal of breast tissue	*5.99	NA	2.35	NA	4.37	0.88	NA	11.24
19162		A	Remove breast tissue, nodes	*13.53	NA	3.03	NA	7.08	1.96	NA	22.57
19180		A	Removal of breast	*8.80	NA	2.68	NA	5.45	1.17	NA	15.42
19182		A	Removal of breast	*7.73	NA	1.95	NA	4.34	1.27	NA	13.34
19200		A	Removal of breast	*15.49	NA	3.03	NA	7.55	2.15	NA	25.19
19220		A	Removal of breast	*15.72	NA	3.03	NA	7.65	2.38	NA	25.75
19240		A	Removal of breast	*16.00	NA	3.03	NA	7.63	1.99	NA	25.62
19260		A	Removal of chest wall lesion	*15.44	NA	2.39	NA	6.53	1.04	NA	23.01
19271		A	Revision of chest wall	*18.90	NA	2.39	NA	7.67	2.77	NA	29.34
19272		A	Extensive chest wall surgery	*21.55	NA	2.42	NA	8.24	2.56	NA	32.35
19290		A	Place needle wire, breast	1.27	2.57	0.11	3.42	0.43	0.07	4.76	1.77
19291		A	Place needle wire, breast	0.63	0.60	0.00	0.88	0.15	0.04	1.55	0.82
19316		A	Suspension of breast	10.07	NA	1.44	NA	4.49	2.43	NA	16.99
19318		A	Reduction of large breast	*15.62	NA	1.44	NA	5.88	3.23	NA	24.73
19324		A	Enlarge breast	*5.85	NA	1.17	NA	2.86	0.67	NA	9.38

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
19325		A	Enlarge breast with implant	*8.45	NA	1.44	NA	3.85	1.13	NA	13.43
19328		A	Removal of breast implant	*5.68	NA	1.17	NA	2.83	0.73	NA	9.24
19330		A	Removal of implant material	*7.59	NA	1.09	NA	3.16	0.75	NA	11.50
19340		A	Immediate breast prosthesis	6.33	NA	0.00	NA	1.84	2.06	NA	10.23
19342		A	Delayed breast prosthesis	*11.20	NA	1.36	NA	4.55	2.03	NA	17.78
19350		A	Breast reconstruction	*8.92	3.28	1.44	6.26	4.01	1.38	16.56	14.31
19355		A	Correct inverted nipple(s)	*7.57	2.79	1.24	5.28	3.39	1.00	13.85	11.96
19357		A	Breast reconstruction	16.72	NA	2.53	NA	7.26	2.37	NA	26.35
19361		A	Breast reconstruction	17.82	NA	1.44	NA	6.50	3.88	NA	28.20
19364		A	Breast reconstruction	*29.04	NA	2.26	NA	9.90	3.58	NA	42.52
19366		A	Breast reconstruction	19.84	NA	1.44	NA	6.79	3.18	NA	29.81
19367		A	Breast reconstruction	*25.73	NA	1.44	NA	8.24	3.88	NA	37.85
19368		A	Breast reconstruction	*32.42	NA	1.71	NA	10.04	3.88	NA	46.34
19369		A	Breast reconstruction	*29.82	NA	1.71	NA	9.47	3.88	NA	43.17
19370		A	Surgery of breast capsule	*8.05	NA	1.24	NA	3.54	1.19	NA	12.78
19371		A	Removal of breast capsule	*9.35	NA	1.44	NA	4.14	1.54	NA	15.03
19380		A	Revise breast reconstruction	*9.14	NA	1.44	NA	4.10	1.57	NA	14.81
19396		A	Design custom breast implant	2.17	1.72	1.72	1.72	1.72	0.31	4.20	4.20
20000		A	Incision of abscess	*2.12	1.13	0.54	1.86	1.14	0.08	4.06	3.34
20005		A	Incision of deep abscess	*3.42	1.43	0.90	2.55	1.90	0.28	6.25	5.60
20100		A	Explore wound, neck	*10.08	2.19	0.82	5.13	3.46	1.16	16.37	14.70
20101		A	Explore wound, chest	*3.22	2.16	0.82	3.42	1.79	0.37	7.01	5.38
20102		A	Explore wound, abdomen	3.68	2.16	0.82	3.54	1.90	0.45	7.67	6.03
20103		A	Explore wound, extremity	4.95	2.19	0.82	3.89	2.22	0.60	9.44	7.77
20150		A	Excise epiphyseal bar	*13.69	NA	0.82	NA	4.44	2.03	NA	20.16
20200		A	Muscle biopsy	1.46	0.97	0.16	1.54	0.56	0.18	3.18	2.20
20205		A	Deep muscle biopsy	2.35	2.50	0.16	3.63	0.79	0.33	6.31	3.47
20206		A	Needle biopsy, muscle	0.99	1.11	0.16	1.60	0.45	0.14	2.73	1.58
20220		A	Bone biopsy, trocar/needle	1.27	1.09	0.16	1.63	0.50	0.09	2.99	1.86
20225		A	Bone biopsy, trocar/needle	1.87	1.89	0.16	2.78	0.67	0.28	4.93	2.82
20240		A	Bone biopsy, excisional	*3.23	NA	1.31	NA	2.35	0.18	NA	5.76
20245		A	Bone biopsy, excisional	*3.95	NA	1.31	NA	2.56	0.44	NA	6.95
20250		A	Open bone biopsy	*5.03	NA	0.89	NA	2.35	0.76	NA	8.14
20251		A	Open bone biopsy	*5.56	NA	0.89	NA	2.50	0.92	NA	8.98
20500		A	Injection of sinus tract	*1.23	1.72	1.31	2.38	1.88	0.04	3.65	3.15
20501		A	Inject sinus tract for x-ray	0.76	3.99	0.09	5.04	0.28	0.02	5.82	1.06
20520		A	Removal of foreign body	*1.85	1.72	1.31	2.52	2.03	0.08	4.45	3.96
20525		A	Removal of foreign body	*3.50	1.72	1.31	2.94	2.44	0.33	6.77	6.27
20550		A	Inj tendon/ligament/cyst	0.86	0.75	0.13	1.12	0.36	0.04	2.02	1.26
20600		A	Drain/inject joint/bursa	0.66	0.75	0.13	1.07	0.32	0.05	1.78	1.03
20605		A	Drain/inject joint/bursa	0.68	0.75	0.13	1.08	0.32	0.05	1.81	1.05
20610		A	Drain/inject joint/bursa	0.79	0.75	0.11	1.10	0.32	0.05	1.94	1.16
20615		A	Treatment of bone cyst	*2.28	1.19	0.79	1.97	1.48	0.06	4.31	3.82
20650		A	Insert and remove bone pin	*2.23	1.84	1.45	2.77	2.28	0.14	5.14	4.65
20660		A	Apply, remove fixation device	2.51	NA	0.15	NA	0.78	0.21	NA	3.50
20661		A	Application of head brace	*4.89	NA	2.68	NA	4.48	0.65	NA	10.02
20662		A	Application of pelvis brace	*6.07	NA	1.26	NA	3.10	1.03	NA	10.20
20663		A	Application of thigh brace	*5.43	NA	1.26	NA	2.90	0.76	NA	9.09
20665		A	Removal of fixation device	*1.31	0.73	0.54	1.20	0.96	0.07	2.58	2.34
20670		A	Removal of support implant	*1.74	1.72	1.31	2.50	2.01	0.11	4.35	3.86
20680		A	Removal of support implant	*3.35	1.89	1.89	3.15	3.15	0.51	7.01	7.01
20690		A	Apply bone fixation device	3.52	NA	0.00	NA	0.90	0.58	NA	5.00
20692		A	Apply bone fixation device	6.41	NA	0.00	NA	1.60	0.89	NA	8.90
20693		A	Adjust bone fixation device	*5.86	NA	3.79	NA	6.00	0.42	NA	12.28
20694		A	Remove bone fixation device	*4.16	2.28	1.90	3.78	3.31	0.41	8.35	7.88
20802		A	Replantation, arm, complete	39.56	NA	10.23	NA	10.23	6.17	NA	55.96
20805		A	Replant forearm, complete	*50.00	NA	10.42	NA	25.32	7.56	NA	82.88
20808		A	Replantation, hand, complete	60.19	NA	10.23	NA	10.23	9.40	NA	79.82
20816		A	Replantation digit, complete	*30.94	NA	6.27	NA	15.43	4.63	NA	51.00
20822		A	Replantation digit, complete	*25.59	NA	6.27	NA	14.08	3.83	NA	43.50
20824		A	Replantation thumb, complete	*30.94	NA	6.27	NA	15.43	4.63	NA	51.00
20827		A	Replantation thumb, complete	*26.41	NA	6.27	NA	14.29	3.94	NA	44.64
20838		A	Replantation, foot, complete	*41.41	NA	4.12	NA	15.44	6.17	NA	63.02
20900		A	Removal of bone for graft	*5.58	1.96	1.55	3.71	3.21	0.45	9.74	9.24
20902		A	Removal of bone for graft	*7.55	NA	2.22	NA	4.54	0.80	NA	12.89
20910		A	Remove cartilage for graft	*5.34	1.96	1.55	3.57	3.08	0.09	9.00	8.51
20912		A	Remove cartilage for graft	*6.35	NA	1.55	NA	3.42	0.64	NA	10.41
20920		A	Removal of fascia for graft	*5.31	NA	1.55	NA	3.16	0.50	NA	8.97
20922		A	Removal of fascia for graft	*6.61	1.96	1.55	3.99	3.49	0.71	11.31	10.81
20924		A	Removal of tendon for graft	*6.48	NA	1.55	NA	3.49	0.85	NA	10.82
20926		A	Removal of tissue for graft	*5.53	NA	1.55	NA	3.18	0.39	NA	9.10
20931		A	Spinal bone allograft	1.81	NA	0.00	NA	0.46	0.28	NA	2.55
20937		A	Spinal bone autograft	2.79	0.00	0.00	0.71	0.71	0.44	3.94	3.94
20938		A	Spinal bone autograft	3.02	NA	0.00	NA	0.76	0.47	NA	4.25

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
20950	.....	A	Record fluid pressure, muscle	1.26	NA	0.16	NA	0.51	0.17	NA	1.94
20955	.....	A	Fibula bone graft, microvasc	*39.21	NA	3.19	NA	13.76	5.87	NA	58.84
20956	.....	A	Iliac bone graft, microvasc	*39.27	NA	3.13	NA	13.57	5.26	NA	58.10
20957	.....	A	Mt bone graft, microvasc	*40.65	NA	3.13	NA	13.91	5.45	NA	60.01
20962	.....	A	Other bone graft, microvasc	37.00	NA	3.19	NA	13.15	5.26	NA	55.41
20969	.....	A	Bone/skin graft, microvasc	*43.92	NA	3.19	NA	14.95	6.57	NA	65.44
20970	.....	A	Bone/skin graft, iliac crest	*43.06	NA	3.19	NA	14.73	6.44	NA	64.23
20972	.....	A	Bone-skin graft, metatarsal	*42.99	NA	3.19	NA	14.73	6.49	NA	64.21
20973	.....	A	Bone-skin graft, great toe	*45.76	NA	3.19	NA	15.43	6.91	NA	68.10
20974	.....	A	Electrical bone stimulation	0.62	0.11	0.00	0.39	0.25	0.53	1.54	1.40
20975	.....	A	Electrical bone stimulation	2.60	NA	0.00	NA	0.69	0.56	NA	3.85
21010	.....	A	Incision of jaw joint	9.06	NA	2.05	NA	4.68	0.93	NA	14.67
21015	.....	A	Resection of facial tumor	4.94	NA	2.02	NA	3.79	1.13	NA	9.86
21025	.....	A	Excision of bone, lower jaw	*10.06	3.17	1.76	6.15	4.44	0.38	16.59	14.88
21026	.....	A	Excision of facial bone(s)	4.53	3.17	1.76	4.92	3.20	0.28	9.73	8.01
21029	.....	A	Contour of face bone lesion	7.21	3.09	1.59	5.51	3.69	0.78	13.50	11.68
21030	.....	A	Removal of face bone lesion	6.04	2.79	1.41	4.79	3.10	0.29	11.12	9.43
21031	.....	A	Remove exostosis, mandible	*3.24	2.20	0.90	3.46	1.87	0.32	7.02	5.43
21032	.....	A	Remove exostosis, maxilla	3.14	2.17	0.90	3.41	1.86	0.35	6.90	5.35
21034	.....	A	Removal of face bone lesion	15.11	2.90	1.41	7.04	5.22	0.89	23.04	21.22
21040	.....	A	Removal of jaw bone lesion	2.01	2.29	0.90	3.29	1.59	0.24	5.54	3.84
21041	.....	A	Removal of jaw bone lesion	*6.71	2.90	1.41	5.12	3.29	0.50	12.33	10.50
21044	.....	A	Removal of jaw bone lesion	11.08	NA	1.41	NA	4.38	1.11	NA	16.57
21045	.....	A	Extensive jaw surgery	15.11	NA	1.59	NA	5.59	1.58	NA	22.28
21050	.....	A	Removal of jaw joint	10.07	NA	4.67	NA	8.13	1.08	NA	19.28
21060	.....	A	Remove jaw joint cartilage	9.56	NA	4.67	NA	8.01	1.04	NA	18.61
21070	.....	A	Remove coronoid process	7.66	NA	2.05	NA	4.35	0.82	NA	12.83
21076	.....	A	Prepare face/oral prosthesis	12.54	1.75	1.75	5.18	5.18	1.35	19.07	19.07
21077	.....	A	Prepare face/oral prosthesis	31.54	1.75	1.75	9.79	9.79	3.39	44.72	44.72
21079	.....	A	Prepare face/oral prosthesis	20.88	1.75	1.75	7.20	7.20	2.25	30.33	30.33
21080	.....	A	Prepare face/oral prosthesis	23.46	1.75	1.75	7.83	7.83	2.52	33.81	33.81
21081	.....	A	Prepare face/oral prosthesis	21.38	1.75	1.75	7.32	7.32	2.30	31.00	31.00
21082	.....	A	Prepare face/oral prosthesis	19.50	1.75	1.75	6.87	6.87	2.10	28.47	28.47
21083	.....	A	Prepare face/oral prosthesis	18.04	1.75	1.75	6.51	6.51	1.94	26.49	26.49
21084	.....	A	Prepare face/oral prosthesis	21.04	1.75	1.75	7.24	7.24	2.28	30.56	30.56
21085	.....	A	Prepare face/oral prosthesis	8.41	1.75	1.75	4.18	4.18	0.90	13.49	13.49
21086	.....	A	Prepare face/oral prosthesis	23.29	1.75	1.75	7.79	7.79	2.51	33.59	33.59
21087	.....	A	Prepare face/oral prosthesis	23.29	1.75	1.75	7.79	7.79	2.51	33.59	33.59
21100	.....	A	Maxillofacial fixation	4.04	3.17	1.76	4.77	3.06	0.11	8.92	7.21
21110	.....	A	Interdental fixation	5.03	3.17	1.76	5.07	3.35	0.46	10.56	8.84
21116	.....	A	Injection, jaw joint x-ray	0.81	4.22	0.09	5.33	0.30	0.06	6.20	1.17
21120	.....	A	Reconstruction of chin	*4.93	3.98	2.02	6.03	3.63	0.42	11.38	8.98
21121	.....	A	Reconstruction of chin	*7.64	3.98	2.02	6.67	4.28	0.66	14.97	12.58
21122	.....	A	Reconstruction of chin	*8.52	NA	2.02	NA	4.49	0.73	NA	13.74
21123	.....	A	Reconstruction of chin	*11.16	NA	2.02	NA	5.11	0.95	NA	17.22
21125	.....	A	Augmentation lower jaw bone	*10.62	3.98	2.02	7.30	4.90	0.54	18.46	16.06
21127	.....	A	Augmentation lower jaw bone	*11.12	4.50	2.02	8.13	5.10	0.92	20.17	17.14
21137	.....	A	Reduction of forehead	*9.82	NA	1.41	NA	4.05	0.83	NA	14.70
21138	.....	A	Reduction of forehead	*12.19	NA	1.59	NA	4.84	1.04	NA	18.07
21139	.....	A	Reduction of forehead	*14.61	NA	1.59	NA	5.41	1.25	NA	21.27
21141	.....	A	Reconstruct midface, lefort	16.92	2.58	2.58	7.22	7.22	1.68	25.82	25.82
21142	.....	A	Reconstruct midface, lefort	17.58	NA	2.53	NA	7.32	1.74	NA	26.64
21143	.....	A	Reconstruct midface, lefort	18.30	NA	2.53	NA	7.49	1.81	NA	27.60
21145	.....	A	Reconstruct midface, lefort	*19.94	NA	2.58	NA	7.88	1.68	NA	29.50
21146	.....	A	Reconstruct midface, lefort	*20.71	NA	2.58	NA	8.06	1.74	NA	30.51
21147	.....	A	Reconstruct midface, lefort	*21.77	NA	2.58	NA	8.31	1.81	NA	31.89
21150	.....	A	Reconstruct midface, lefort	*25.24	NA	2.84	NA	9.47	2.17	NA	36.88
21151	.....	A	Reconstruct midface, lefort	*28.30	NA	2.66	NA	9.97	2.42	NA	40.69
21154	.....	A	Reconstruct midface, lefort	*30.52	NA	2.84	NA	10.72	2.59	NA	43.83
21155	.....	A	Reconstruct midface, lefort	*34.45	NA	2.84	NA	11.66	2.94	NA	49.05
21159	.....	A	Reconstruct midface, lefort	*42.38	NA	2.84	NA	13.54	3.63	NA	59.55
21160	.....	A	Reconstruct midface, lefort	*46.44	NA	2.84	NA	14.51	3.98	NA	64.93
21172	.....	A	Reconstruct orbit/forehead	*27.80	NA	2.84	NA	10.07	2.37	NA	40.24
21175	.....	A	Reconstruct orbit/forehead	*33.17	NA	2.84	NA	11.36	2.85	NA	47.38
21179	.....	A	Reconstruct entire forehead	*22.25	NA	2.84	NA	8.76	1.90	NA	32.91
21180	.....	A	Reconstruct entire forehead	*25.19	NA	2.84	NA	9.46	2.17	NA	36.82
21181	.....	A	Contour cranial bone lesion	*9.90	NA	1.59	NA	4.29	0.83	NA	15.02
21182	.....	A	Reconstruct cranial bone	*32.19	NA	2.58	NA	10.80	2.77	NA	45.76
21183	.....	A	Reconstruct cranial bone	*35.31	NA	2.58	NA	11.54	3.03	NA	49.88
21184	.....	A	Reconstruct cranial bone	*38.24	NA	2.58	NA	12.24	3.28	NA	53.76
21188	.....	A	Reconstruction of midface	*22.46	NA	2.58	NA	8.48	1.90	NA	32.84
21193	.....	A	Reconstruct lower jaw bone	*17.15	NA	2.58	NA	7.21	1.44	NA	25.80
21194	.....	A	Reconstruct lower jaw bone	*19.84	NA	2.58	NA	7.85	1.67	NA	29.36
21195	.....	A	Reconstruct lower jaw bone	*17.24	NA	2.58	NA	7.23	1.44	NA	25.91

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
21196		A	Reconstruct lower jaw bone	*18.91	NA	2.58	NA	7.63	1.58	NA	28.12
21198		A	Reconstruct lower jaw bone	*14.16	NA	2.58	NA	6.63	1.74	NA	22.53
21206		A	Reconstruct upper jaw bone	*14.10	NA	2.29	NA	6.14	1.19	NA	21.43
21208		A	Augmentation of facial bones	9.56	4.23	1.73	7.48	4.44	1.07	18.11	15.07
21209		A	Reduction of facial bones	6.28	3.97	1.73	6.39	3.65	0.76	13.43	10.69
21210		A	Face bone graft	9.56	4.36	2.02	7.69	4.84	1.29	18.54	15.69
21215		A	Lower jaw bone graft	10.07	4.25	2.02	7.70	4.98	1.42	19.19	16.47
21230		A	Rib cartilage graft	10.07	NA	2.02	NA	5.04	1.69	NA	16.80
21235		A	Ear cartilage graft	6.28	4.25	2.02	6.79	4.07	1.09	14.16	11.44
21240		A	Reconstruction of jaw joint	*14.05	NA	4.67	NA	9.22	2.09	NA	25.36
21242		A	Reconstruction of jaw joint	12.10	NA	4.67	NA	8.83	2.25	NA	23.18
21243		A	Reconstruction of jaw joint	*20.79	NA	4.67	NA	10.61	1.68	NA	33.08
21244		A	Reconstruction of lower jaw	11.08	NA	2.02	NA	5.31	1.93	NA	18.32
21245		A	Reconstruction of jaw	11.08	4.50	2.02	8.20	5.17	1.31	20.59	17.56
21246		A	Reconstruction of jaw	11.65	4.50	2.02	8.27	5.24	1.04	20.96	17.93
21247		A	Reconstruct lower jaw bone	21.15	NA	4.67	NA	10.82	2.27	NA	34.24
21248		A	Reconstruction of jaw	*11.48	3.98	2.02	7.75	5.36	1.75	20.98	18.59
21249		A	Reconstruction of jaw	*17.52	3.98	2.02	9.42	7.02	3.29	30.23	27.83
21255		A	Reconstruct lower jaw bone	15.63	NA	2.02	NA	6.25	1.68	NA	23.56
21256		A	Reconstruction of orbit	15.13	NA	2.29	NA	6.47	1.63	NA	23.23
21260		A	Revise eye sockets	15.44	NA	2.29	NA	6.54	1.66	NA	23.64
21261		A	Revise eye sockets	29.43	NA	2.29	NA	9.60	1.65	NA	40.68
21263		A	Revise eye sockets	26.56	NA	2.29	NA	9.24	2.86	NA	38.66
21267		A	Revise eye sockets	17.66	NA	2.29	NA	7.13	2.13	NA	26.92
21268		A	Revise eye sockets	22.88	NA	2.29	NA	8.49	3.13	NA	34.50
21270		A	Augmentation cheek bone	9.56	4.31	2.08	7.66	4.94	1.41	18.63	15.91
21275		A	Revision orbitofacial bones	10.50	NA	2.29	NA	5.37	1.26	NA	17.13
21280		A	Revision of eyelid	5.64	NA	1.73	NA	3.48	0.61	NA	9.73
21282		A	Revision of eyelid	3.26	NA	1.73	NA	3.00	0.79	NA	7.05
21295		A	Revision of jaw muscle/bone	1.43	NA	2.02	NA	2.80	0.13	NA	4.36
21296		A	Revision of jaw muscle/bone	3.97	NA	2.02	NA	3.38	0.22	NA	7.57
21300		A	Treatment of skull fracture	0.72	1.95	0.16	2.55	0.38	0.11	3.38	1.21
21310		A	Treatment of nose fracture	0.58	1.95	0.16	2.52	0.35	0.09	3.19	1.02
21315		A	Treatment of nose fracture	*1.51	2.17	0.58	3.02	1.08	0.21	4.74	2.80
21320		A	Treatment of nose fracture	*1.85	2.13	0.79	3.08	1.45	0.34	5.27	3.64
21325		A	Repair of nose fracture	3.52	NA	1.15	NA	2.29	0.52	NA	6.33
21330		A	Repair of nose fracture	5.03	NA	1.46	NA	3.07	0.86	NA	8.96
21335		A	Repair of nose fracture	8.05	NA	1.46	NA	3.88	1.56	NA	13.49
21336		A	Repair nasal septal fracture	5.35	NA	1.46	NA	3.06	0.52	NA	8.93
21337		A	Repair nasal septal fracture	2.52	2.68	1.11	3.90	1.99	0.38	6.80	4.89
21338		A	Repair nasoethmoid fracture	6.04	NA	1.46	NA	3.24	0.66	NA	9.94
21339		A	Repair nasoethmoid fracture	7.56	NA	1.46	NA	3.59	0.70	NA	11.85
21340		A	Repair of nose fracture	10.07	NA	2.01	NA	4.88	1.04	NA	15.99
21343		A	Repair of sinus fracture	12.10	NA	1.73	NA	5.00	1.08	NA	18.18
21344		A	Repair of sinus fracture	18.43	NA	1.73	NA	6.39	1.08	NA	25.90
21345		A	Repair of nose/jaw fracture	7.63	4.68	2.58	7.55	4.99	0.81	15.99	13.43
21346		A	Repair of nose/jaw fracture	9.92	NA	2.58	NA	5.54	1.04	NA	16.50
21347		A	Repair of nose/jaw fracture	11.86	NA	1.73	NA	5.01	1.36	NA	18.23
21348		A	Repair of nose/jaw fracture	15.60	NA	1.73	NA	6.02	2.22	NA	23.84
21355		A	Repair cheek bone fracture	3.52	2.28	0.58	3.59	1.52	0.17	7.28	5.21
21356		A	Repair cheek bone fracture	3.88	NA	0.88	NA	2.11	0.89	NA	6.88
21360		A	Repair cheek bone fracture	6.04	NA	1.46	NA	3.29	0.89	NA	10.22
21365		A	Repair cheek bone fracture	*14.95	NA	2.01	NA	6.08	1.63	NA	22.66
21366		A	Repair cheek bone fracture	16.61	NA	2.01	NA	6.60	2.36	NA	25.57
21385		A	Repair eye socket fracture	8.56	NA	1.73	NA	4.23	1.13	NA	13.92
21386		A	Repair eye socket fracture	8.56	NA	1.73	NA	4.26	1.25	NA	14.07
21387		A	Repair eye socket fracture	9.07	NA	1.73	NA	4.31	0.96	NA	14.34
21390		A	Repair eye socket fracture	9.47	NA	1.73	NA	4.49	1.37	NA	15.33
21395		A	Repair eye socket fracture	11.85	NA	1.73	NA	5.01	1.37	NA	18.23
21400		A	Treat eye socket fracture	1.31	2.17	0.58	2.97	1.03	0.17	4.45	2.51
21401		A	Repair eye socket fracture	3.05	2.68	1.11	4.00	2.09	0.32	7.37	5.46
21406		A	Repair eye socket fracture	6.55	NA	1.73	NA	3.71	0.74	NA	11.00
21407		A	Repair eye socket fracture	8.05	NA	1.73	NA	4.05	0.78	NA	12.88
21408		A	Repair eye socket fracture	11.57	NA	1.73	NA	4.86	0.99	NA	17.42
21421		A	Treat mouth roof fracture	4.80	4.68	2.58	6.89	4.33	0.62	12.31	9.75
21422		A	Repair mouth roof fracture	7.78	NA	2.02	NA	4.42	1.19	NA	13.39
21423		A	Repair mouth roof fracture	9.72	NA	1.73	NA	4.50	1.19	NA	15.41
21431		A	Treat craniofacial fracture	6.59	NA	2.29	NA	4.39	0.71	NA	11.69
21432		A	Repair craniofacial fracture	8.05	NA	2.29	NA	4.74	0.84	NA	13.63
21433		A	Repair craniofacial fracture	23.69	NA	2.29	NA	8.44	2.10	NA	34.23
21435		A	Repair craniofacial fracture	16.12	NA	2.29	NA	6.74	1.88	NA	24.74
21436		A	Repair craniofacial fracture	26.21	NA	2.29	NA	8.99	2.08	NA	37.28
21440		A	Repair dental ridge fracture	2.52	3.98	2.02	5.47	3.07	0.28	8.27	5.87
21445		A	Repair dental ridge fracture	5.03	4.12	2.02	6.24	3.68	0.56	11.83	9.27

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
21450		A	Treat lower jaw fracture	2.78	3.67	1.28	5.14	2.23	0.26	8.18	5.27
21451		A	Treat lower jaw fracture	4.55	4.29	2.58	6.39	4.30	0.74	11.68	9.59
21452		A	Treat lower jaw fracture	1.85	4.81	2.58	6.31	3.58	0.17	8.33	5.60
21453		A	Treat lower jaw fracture	5.18	4.55	2.58	6.81	4.40	0.55	12.54	10.13
21454		A	Treat lower jaw fracture	6.04	NA	2.12	NA	4.22	1.42	NA	11.68
21461		A	Repair lower jaw fracture	7.56	4.81	2.58	7.80	5.08	1.30	16.66	13.94
21462		A	Repair lower jaw fracture	9.15	4.94	2.58	8.32	5.44	1.34	18.81	15.93
21465		A	Repair lower jaw fracture	11.13	NA	2.12	NA	5.24	0.99	NA	17.36
21470		A	Repair lower jaw fracture	*15.34	NA	2.12	NA	6.33	1.74	NA	23.41
21480		A	Reset dislocated jaw	0.61	1.85	0.16	2.41	0.35	0.09	3.11	1.05
21485		A	Reset dislocated jaw	3.73	2.84	1.44	4.33	2.61	0.20	8.26	6.54
21490		A	Repair dislocated jaw	11.08	NA	2.12	NA	5.12	0.52	NA	16.72
21493		A	Treat hyoid bone fracture	1.19	2.00	0.59	2.00	0.59	0.13	3.32	1.91
21494		A	Repair hyoid bone fracture	5.87	2.40	1.20	2.40	1.20	0.63	8.90	7.70
21495		A	Repair hyoid bone fracture	5.32	NA	1.82	NA	3.50	0.51	NA	9.33
21497		A	Interdental wiring	3.61	3.17	1.76	4.74	3.02	0.38	8.73	7.01
21501		A	Drain neck/chest lesion	*3.81	1.82	1.44	3.11	2.64	0.26	7.18	6.71
21502		A	Drain chest lesion	*7.12	NA	2.47	NA	4.73	0.75	NA	12.60
21510		A	Drainage of bone lesion	*5.74	NA	2.39	NA	4.29	0.50	NA	10.53
21550		A	Biopsy of neck/chest	*2.06	1.19	0.59	1.93	1.20	0.12	4.11	3.38
21555		A	Remove lesion neck/chest	*4.35	1.83	0.90	3.24	2.10	0.25	7.84	6.70
21556		A	Remove lesion neck/chest	*5.57	NA	0.91	NA	2.47	0.64	NA	8.68
21557		A	Remove tumor, neck or chest	*8.88	NA	2.39	NA	5.17	1.41	NA	15.46
21600		A	Partial removal of rib	*6.89	NA	2.39	NA	4.62	0.88	NA	12.39
21610		A	Partial removal of rib	*14.61	NA	2.67	NA	6.62	0.76	NA	21.99
21615		A	Removal of rib	*9.87	NA	2.39	NA	5.51	1.96	NA	17.34
21616		A	Removal of rib and nerves	*12.04	NA	2.39	NA	5.88	1.50	NA	19.42
21620		A	Partial removal of sternum	*6.79	NA	2.39	NA	4.68	1.23	NA	12.70
21627		A	Sternal debridement	*6.81	NA	3.74	NA	6.25	0.90	NA	13.96
21630		A	Extensive sternum surgery	*17.38	NA	2.39	NA	7.25	2.40	NA	27.03
21632		A	Extensive sternum surgery	*18.14	NA	2.39	NA	7.38	2.22	NA	27.74
21700		A	Revision of neck muscle	*6.19	2.28	1.90	4.25	3.78	0.50	10.94	10.47
21705		A	Revision of neck muscle/rib	*9.60	NA	2.39	NA	5.23	0.96	NA	15.79
21720		A	Revision of neck muscle	*5.68	2.28	1.90	4.14	3.67	0.52	10.34	9.87
21725		A	Revision of neck muscle	*6.99	NA	1.90	NA	4.00	0.74	NA	11.73
21740		A	Reconstruction of sternum	15.42	NA	2.81	NA	7.17	1.64	NA	24.23
21750		A	Repair of sternum separation	10.07	NA	2.39	NA	5.44	1.43	NA	16.94
21800		A	Treatment of rib fracture	*0.96	0.95	0.65	1.38	1.02	0.07	2.41	2.05
21805		A	Treatment of rib fracture	*2.75	NA	1.62	NA	2.61	0.17	NA	5.53
21810		A	Treatment of rib fracture(s)	*6.86	NA	1.94	NA	4.00	0.61	NA	11.47
21820		A	Treat sternum fracture	*1.28	1.10	0.83	1.66	1.32	0.17	3.11	2.77
21825		A	Repair sternum fracture	*7.41	NA	2.39	NA	4.79	1.12	NA	13.32
21920		A	Biopsy soft tissue of back	*2.06	1.32	0.54	2.09	1.13	0.11	4.26	3.30
21925		A	Biopsy soft tissue of back	*4.49	4.30	2.26	6.30	3.81	0.32	11.11	8.62
21930		A	Remove lesion, back or flank	*5.00	1.92	0.91	3.54	2.31	0.49	9.03	7.80
21935		A	Remove tumor of back	*17.96	NA	3.07	NA	7.96	1.30	NA	27.22
22100		A	Remove part of neck vertebra	*9.73	NA	2.37	NA	5.26	1.09	NA	16.08
22101		A	Remove part, thorax vertebra	*9.81	NA	2.26	NA	5.21	1.38	NA	16.40
22102		A	Remove part, lumbar vertebra	*9.81	NA	2.37	NA	5.19	0.67	NA	15.67
22103		A	Remove extra spine segment	2.34	NA	0.00	NA	0.59	0.37	NA	3.30
22110		A	Remove part of neck vertebra	*12.74	NA	2.37	NA	6.04	1.64	NA	20.42
22112		A	Remove part, thorax vertebra	*12.81	NA	2.67	NA	6.42	1.63	NA	20.86
22114		A	Remove part, lumbar vertebra	*12.81	NA	2.67	NA	6.32	1.17	NA	20.30
22116		A	Remove extra spine segment	2.32	NA	0.00	NA	0.59	0.36	NA	3.27
22210		A	Revision of neck spine	*23.82	NA	3.07	NA	9.49	2.43	NA	35.74
22212		A	Revision of thorax spine	*19.42	NA	3.07	NA	8.61	2.83	NA	30.86
22214		A	Revision of lumbar spine	*19.45	NA	3.07	NA	8.59	2.68	NA	30.72
22216		A	Revise, extra spine segment	6.04	0.00	0.00	1.52	1.52	0.89	8.45	8.45
22220		A	Revision of neck spine	*21.37	NA	2.37	NA	8.15	2.63	NA	32.15
22222		A	Revision of thorax spine	*21.52	NA	3.07	NA	8.80	1.58	NA	31.90
22224		A	Revision of lumbar spine	*21.52	NA	3.07	NA	9.04	2.66	NA	33.22
22226		A	Revise, extra spine segment	6.04	NA	0.00	NA	1.52	0.89	NA	8.45
22305		A	Treat spine process fracture	*2.05	1.10	0.83	1.87	1.54	0.37	4.29	3.96
22310		A	Treat spine fracture	*2.61	1.65	1.36	2.74	2.37	0.69	6.04	5.67
22315		A	Treat spine fracture	*8.84	NA	2.67	NA	5.38	0.86	NA	15.08
22325		A	Repair of spine fracture	*18.30	NA	3.07	NA	8.04	1.34	NA	27.68
22326		A	Repair neck spine fracture	*19.59	NA	2.11	NA	7.46	2.74	NA	29.79
22327		A	Repair thorax spine fracture	*19.20	NA	3.07	NA	8.46	2.35	NA	30.01
22328		A	Repair each add spine fx	4.61	NA	0.00	NA	1.17	0.72	NA	6.50
22505		A	Manipulation of spine	1.77	1.08	1.07	1.74	1.73	0.17	3.68	3.67
22548		A	Neck spine fusion	*25.82	NA	2.37	NA	9.39	3.82	NA	39.03
22554		A	Neck spine fusion	*18.62	NA	2.37	NA	7.74	3.52	NA	29.88
22556		A	Thorax spine fusion	*23.46	NA	3.07	NA	9.66	3.58	NA	36.70
22558		A	Lumbar spine fusion	*22.28	NA	3.07	NA	9.36	3.38	NA	35.02

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
22585		A	Additional spinal fusion	5.53	NA	0.00	NA	1.42	0.93	NA	7.88
22590		A	Spine & skull spinal fusion	*20.51	NA	2.77	NA	8.62	3.44	NA	32.57
22595		A	Neck spinal fusion	*19.39	NA	2.77	NA	8.47	3.87	NA	31.73
22600		A	Neck spine fusion	*16.14	NA	2.77	NA	7.64	3.32	NA	27.10
22610		A	Thorax spine fusion	*16.02	NA	2.77	NA	7.49	2.75	NA	26.26
22612		A	Lumbar spine fusion	*21.00	NA	2.67	NA	8.58	3.33	NA	32.91
22614		A	Spine fusion, extra segment	6.44	NA	0.00	NA	1.61	0.92	NA	8.97
22630		A	Lumbar spine fusion	*20.84	NA	3.07	NA	8.99	3.15	NA	32.98
22632		A	Spine fusion, extra segment	5.23	NA	0.00	NA	1.33	0.82	NA	7.38
22800		A	Fusion of spine	*18.25	NA	2.67	NA	8.04	3.58	NA	29.87
22802		A	Fusion of spine	*30.88	NA	3.07	NA	11.51	4.61	NA	47.00
22804		A	Fusion of spine	*36.27	NA	3.50	NA	13.22	4.61	NA	54.10
22808		A	Fusion of spine	*26.27	NA	2.00	NA	8.88	3.15	NA	38.30
22810		A	Fusion of spine	*30.27	NA	2.67	NA	10.58	3.15	NA	44.00
22812		A	Fusion of spine	*32.70	NA	3.07	NA	11.83	4.24	NA	48.77
22830		A	Exploration of spinal fusion	*10.85	NA	2.67	NA	6.11	2.18	NA	19.14
22840		A	Insert spine fixation device	12.54	NA	0.16	NA	3.16	0.98	NA	16.68
22842		A	Insert spine fixation device	12.58	NA	0.16	NA	3.20	1.12	NA	16.90
22843		A	Insert spine fixation device	13.46	NA	0.00	NA	3.26	1.40	NA	18.12
22844		A	Insert spine fixation device	16.44	NA	0.00	NA	3.98	1.71	NA	22.13
22845		A	Insert spine fixation device	11.96	NA	0.11	NA	2.96	0.93	NA	15.85
22846		A	Insert spine fixation device	12.42	NA	0.00	NA	3.00	1.29	NA	16.71
22847		A	Insert spine fixation device	13.80	NA	0.00	NA	3.34	1.44	NA	18.58
22848		A	Insert pelvic fixation device	6.00	NA	0.00	NA	1.52	0.94	NA	8.46
22849		A	Reinsert spinal fixation	*18.51	NA	2.67	NA	7.74	1.97	NA	28.22
22850		A	Remove spine fixation device	*9.52	NA	2.26	NA	5.17	1.50	NA	16.19
22851		A	Apply spine prosth device	6.71	NA	0.00	NA	1.70	1.05	NA	9.46
22852		A	Remove spine fixation device	*9.01	NA	2.26	NA	5.08	1.57	NA	15.66
22855		A	Remove spine fixation device	*15.13	NA	2.37	NA	6.48	1.25	NA	22.86
22900		A	Remove abdominal wall lesion	*5.80	NA	1.66	NA	3.43	0.60	NA	9.83
23000		A	Removal of calcium deposits	*4.36	2.62	2.22	4.25	3.77	0.47	9.08	8.60
23020		A	Release shoulder joint	*8.93	NA	2.51	NA	5.25	1.09	NA	15.27
23030		A	Drain shoulder lesion	*3.43	1.62	1.31	2.80	2.43	0.35	6.58	6.21
23031		A	Drain shoulder bursa	*2.74	1.62	1.31	2.59	2.21	0.05	5.38	5.00
23035		A	Drain shoulder bone lesion	*8.61	NA	4.54	NA	7.65	1.04	NA	17.30
23040		A	Exploratory shoulder surgery	*9.20	NA	2.89	NA	5.86	1.47	NA	16.53
23044		A	Exploratory shoulder surgery	*7.12	NA	2.89	NA	5.35	1.18	NA	13.65
23065		A	Biopsy shoulder tissues	*2.27	1.44	0.59	2.27	1.24	0.09	4.63	3.60
23066		A	Biopsy shoulder tissues	*4.16	2.41	2.12	3.88	3.52	0.10	8.14	7.78
23075		A	Removal of shoulder lesion	*2.39	1.62	1.31	2.56	2.19	0.29	5.24	4.87
23076		A	Removal of shoulder lesion	*7.63	NA	2.51	NA	4.87	0.65	NA	13.15
23077		A	Remove tumor of shoulder	*16.09	NA	2.89	NA	7.35	1.38	NA	24.82
23100		A	Biopsy of shoulder joint	*6.03	NA	2.51	NA	4.65	1.24	NA	11.92
23101		A	Shoulder joint surgery	*5.58	NA	2.51	NA	4.54	1.21	NA	11.33
23105		A	Remove shoulder joint lining	*8.23	NA	2.51	NA	5.24	1.73	NA	15.20
23106		A	Incision of collarbone joint	*5.96	NA	2.51	NA	4.54	0.80	NA	11.30
23107		A	Explore,treat shoulder joint	*8.62	NA	2.51	NA	5.29	1.60	NA	15.51
23120		A	Partial removal, collar bone	*7.11	NA	2.51	NA	4.78	0.74	NA	12.63
23125		A	Removal of collarbone	*9.39	NA	2.51	NA	5.39	1.27	NA	16.05
23130		A	Partial removal, shoulderbone	*7.55	NA	2.51	NA	4.96	1.14	NA	13.65
23140		A	Removal of bone lesion	*6.89	NA	2.51	NA	4.72	0.73	NA	12.34
23145		A	Removal of bone lesion	*9.09	NA	2.89	NA	5.81	1.33	NA	16.23
23146		A	Removal of bone lesion	*7.83	NA	2.89	NA	5.46	1.01	NA	14.30
23150		A	Removal of humerus lesion	*8.48	NA	2.51	NA	5.13	1.01	NA	14.62
23155		A	Removal of humerus lesion	*10.35	NA	2.89	NA	6.09	1.37	NA	17.81
23156		A	Removal of humerus lesion	*8.68	NA	2.51	NA	5.23	1.25	NA	15.16
23170		A	Remove collarbone lesion	*6.86	NA	2.89	NA	5.20	0.78	NA	12.84
23172		A	Remove shoulder blade lesion	*6.90	NA	2.89	NA	5.20	0.73	NA	12.83
23174		A	Remove humerus lesion	*9.51	NA	2.89	NA	5.88	1.21	NA	16.60
23180		A	Remove collar bone lesion	*8.53	NA	4.54	NA	7.56	0.67	NA	16.76
23182		A	Remove shoulder blade lesion	*8.15	NA	4.54	NA	7.57	1.13	NA	16.85
23184		A	Remove humerus lesion	*9.38	NA	4.54	NA	7.92	1.48	NA	18.78
23190		A	Partial removal of scapula	*7.24	NA	2.12	NA	4.38	0.98	NA	12.60
23195		A	Removal of head of humerus	*9.81	NA	2.51	NA	5.52	1.45	NA	16.78
23200		A	Removal of collar bone	*12.08	NA	3.28	NA	6.92	1.26	NA	20.26
23210		A	Removal of shoulderblade	*12.49	NA	3.28	NA	7.04	1.41	NA	20.94
23220		A	Partial removal of humerus	*14.56	NA	3.28	NA	7.63	2.03	NA	24.22
23221		A	Partial removal of humerus	*17.74	NA	3.28	NA	8.15	1.19	NA	27.08
23222		A	Partial removal of humerus	*23.92	NA	3.28	NA	9.74	2.30	NA	35.96
23330		A	Remove shoulder foreign body	*1.85	1.62	1.31	2.40	2.02	0.07	4.32	3.94
23331		A	Remove shoulder foreign body	*7.38	NA	2.51	NA	4.76	0.38	NA	12.52
23332		A	Remove shoulder foreign body	*11.62	NA	2.51	NA	5.94	1.57	NA	19.13
23350		A	Injection for shoulder x-ray	1.00	4.22	0.09	5.37	0.34	0.05	6.42	1.39
23395		A	Muscle transfer,shoulder/arm	*16.85	NA	2.12	NA	6.68	1.84	NA	25.37

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
23397		A	Muscle transfers	*16.13	NA	2.51	NA	7.10	2.34	NA	25.57
23400		A	Fixation of shoulder blade	*13.54	NA	2.89	NA	6.86	1.68	NA	22.08
23405		A	Incision of tendon & muscle	*8.37	NA	2.12	NA	4.63	0.99	NA	13.99
23406		A	Incise tendon(s) & muscle(s)	*10.79	NA	2.51	NA	5.77	1.58	NA	18.14
23410		A	Repair of tendon(s)	*12.45	NA	2.51	NA	6.17	1.75	NA	20.37
23412		A	Repair of tendon(s)	*13.31	NA	2.51	NA	6.44	2.16	NA	21.91
23415		A	Release of shoulder ligament	*9.97	NA	2.12	NA	4.95	0.83	NA	15.75
23420		A	Repair of shoulder	*13.30	NA	2.89	NA	6.95	2.34	NA	22.59
23430		A	Repair biceps tendon	*9.98	NA	2.51	NA	5.50	1.19	NA	16.67
23440		A	Removal/transplant tendon	*10.48	NA	2.51	NA	5.61	1.17	NA	17.26
23450		A	Repair shoulder capsule	*13.40	NA	2.51	NA	6.44	2.04	NA	21.88
23455		A	Repair shoulder capsule	*14.37	NA	2.51	NA	6.75	2.50	NA	23.62
23460		A	Repair shoulder capsule	*15.37	NA	2.51	NA	6.91	2.24	NA	24.52
23462		A	Repair shoulder capsule	*15.30	NA	2.51	NA	6.95	2.48	NA	24.73
23465		A	Repair shoulder capsule	*15.85	NA	2.51	NA	7.02	2.27	NA	25.14
23466		A	Repair shoulder capsule	*14.22	NA	2.51	NA	6.76	2.67	NA	23.65
23470		A	Reconstruct shoulder joint	*17.15	NA	2.51	NA	7.39	2.65	NA	27.19
23472		A	Reconstruct shoulder joint	*16.92	NA	2.51	NA	7.83	4.89	NA	29.64
23480		A	Revision of collar bone	*11.18	NA	2.51	NA	5.73	1.02	NA	17.93
23485		A	Revision of collar bone	*13.43	NA	2.51	NA	6.41	1.87	NA	21.71
23490		A	Reinforce clavicle	*11.86	NA	2.51	NA	5.83	0.80	NA	18.49
23491		A	Reinforce shoulder bones	*14.21	NA	2.51	NA	6.63	2.11	NA	22.95
23500		A	Treat clavicle fracture	*2.08	1.37	1.10	2.17	1.84	0.21	4.46	4.13
23505		A	Treat clavicle fracture	*3.69	1.82	1.36	3.11	2.54	0.38	7.18	6.61
23515		A	Repair clavicle fracture	*7.41	NA	2.02	NA	4.33	1.12	NA	12.86
23520		A	Treat clavicle dislocation	*2.16	1.37	1.10	2.18	1.86	0.19	4.53	4.21
23525		A	Treat clavicle dislocation	*3.60	1.82	1.36	3.07	2.50	0.27	6.94	6.37
23530		A	Repair clavicle dislocation	*7.31	NA	2.02	NA	4.26	0.91	NA	12.48
23532		A	Repair clavicle dislocation	*8.01	NA	2.02	NA	4.47	1.19	NA	13.67
23540		A	Treat clavicle dislocation	*2.23	1.55	1.10	2.42	1.87	0.19	4.84	4.29
23545		A	Treat clavicle dislocation	*3.25	1.65	1.36	2.79	2.43	0.29	6.33	5.97
23550		A	Repair clavicle dislocation	*7.24	NA	2.02	NA	4.37	1.46	NA	13.07
23552		A	Repair clavicle dislocation	*8.45	NA	2.02	NA	4.57	1.17	NA	14.19
23570		A	Treat shoulderblade fracture	*2.23	1.32	1.10	2.16	1.88	0.25	4.64	4.36
23575		A	Treat shoulderblade fracture	*4.06	1.84	1.36	3.23	2.64	0.43	7.72	7.13
23585		A	Repair scapula fracture	*8.96	NA	2.09	NA	4.79	1.29	NA	15.04
23600		A	Treat humerus fracture	*2.93	1.85	1.31	3.00	2.34	0.43	6.36	5.70
23605		A	Treat humerus fracture	*4.87	2.73	2.18	4.56	3.89	0.76	10.19	9.52
23615		A	Repair humerus fracture	*9.35	NA	2.37	NA	5.33	1.78	NA	16.46
23616		A	Repair humerus fracture	19.88	NA	2.09	NA	7.68	3.54	NA	31.10
23620		A	Treat humerus fracture	*2.40	1.85	1.31	2.89	2.23	0.46	5.75	5.09
23625		A	Treat humerus fracture	*3.93	2.40	1.87	3.92	3.28	0.60	8.45	7.81
23630		A	Repair humerus fracture	*7.35	NA	2.02	NA	4.38	1.40	NA	13.13
23650		A	Treat shoulder dislocation	*3.39	1.82	1.36	3.02	2.45	0.24	6.65	6.08
23655		A	Treat shoulder dislocation	*4.57	NA	1.28	NA	2.66	0.44	NA	7.67
23660		A	Repair shoulder dislocation	*7.49	NA	2.02	NA	4.41	1.40	NA	13.30
23665		A	Treat dislocation/fracture	*4.47	2.40	1.87	4.02	3.38	0.51	9.00	8.36
23670		A	Repair dislocation/fracture	*7.90	NA	2.09	NA	4.68	1.85	NA	14.43
23675		A	Treat dislocation/fracture	*6.05	2.40	1.87	4.39	3.74	0.61	11.05	10.40
23680		A	Repair dislocation/fracture	*10.06	NA	2.09	NA	5.22	2.13	NA	17.41
23700		A	Fixation of shoulder	*2.52	NA	1.28	NA	2.19	0.34	NA	5.05
23800		A	Fusion of shoulder joint	*14.16	NA	2.89	NA	7.21	2.63	NA	24.00
23802		A	Fusion of shoulder joint	*16.60	NA	2.89	NA	7.65	2.24	NA	26.49
23900		A	Amputation of arm & girdle	*19.72	NA	2.89	NA	8.37	2.40	NA	30.49
23920		A	Amputation at shoulder joint	*14.61	NA	2.89	NA	7.28	2.54	NA	24.43
23921		A	Amputation follow-up surgery	*5.49	2.28	1.90	4.15	3.68	0.74	10.38	9.91
23930		A	Drainage of arm lesion	*2.94	1.62	1.34	2.67	2.34	0.24	5.85	5.52
23931		A	Drainage of arm bursa	*1.79	1.62	1.34	2.39	2.06	0.11	4.29	3.96
23935		A	Drain arm/elbow bone lesion	*6.09	NA	4.07	NA	6.46	0.78	NA	13.33
24000		A	Exploratory elbow surgery	*5.82	NA	1.55	NA	3.48	1.44	NA	10.74
24006		A	Release elbow joint	8.70	NA	1.76	NA	4.31	1.17	NA	14.18
24065		A	Biopsy arm/elbow soft tissue	*2.08	1.62	1.34	2.45	2.12	0.10	4.63	4.30
24066		A	Biopsy arm/elbow soft tissue	*5.21	2.41	2.14	4.17	3.84	0.41	9.79	9.46
24075		A	Remove arm/elbow lesion	*3.92	2.41	2.14	3.88	3.54	0.35	8.15	7.81
24076		A	Remove arm/elbow lesion	*6.30	NA	2.14	NA	4.14	0.67	NA	11.11
24077		A	Remove tumor of arm/elbow	*11.76	NA	3.31	NA	7.02	1.87	NA	20.65
24100		A	Biopsy elbow joint lining	*4.93	NA	1.76	NA	3.38	0.69	NA	9.00
24101		A	Explore/treat elbow joint	*6.13	NA	1.76	NA	3.80	1.41	NA	11.34
24102		A	Remove elbow joint lining	*8.03	NA	1.76	NA	4.30	1.81	NA	14.14
24105		A	Removal of elbow bursa	*3.61	NA	1.76	NA	3.08	0.63	NA	7.32
24110		A	Remove humerus lesion	*7.39	NA	2.54	NA	4.98	1.22	NA	13.59
24115		A	Remove/graft bone lesion	*9.63	NA	2.54	NA	5.49	1.33	NA	16.45
24116		A	Remove/graft bone lesion	*11.81	NA	2.54	NA	6.00	1.47	NA	19.28
24120		A	Remove elbow lesion	*6.65	NA	1.76	NA	3.82	0.98	NA	11.45

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
24125		A	Remove/graft bone lesion	*7.89	NA	1.76	NA	4.01	0.61	NA	12.51
24126		A	Remove/graft bone lesion	*8.31	NA	1.76	NA	4.23	1.21	NA	13.75
24130		A	Removal of head of radius	*6.25	NA	1.76	NA	3.75	1.08	NA	11.08
24134		A	Removal of arm bone lesion	*9.73	NA	4.56	NA	7.97	1.24	NA	18.94
24136		A	Remove radius bone lesion	*7.99	NA	1.76	NA	4.10	0.92	NA	13.01
24138		A	Remove elbow bone lesion	*8.05	NA	1.76	NA	4.14	1.06	NA	13.25
24140		A	Partial removal of arm bone	*9.18	NA	4.56	NA	7.89	1.45	NA	18.52
24145		A	Partial removal of radius	*7.58	NA	3.18	NA	5.76	1.03	NA	14.37
24147		A	Partial removal of elbow	*7.54	NA	3.18	NA	5.76	1.08	NA	14.38
24149		A	Radical resection of elbow	*14.20	1.76	1.76	5.71	5.71	2.07	21.98	21.98
24150		A	Extensive humerus surgery	*13.27	NA	3.31	NA	7.43	2.24	NA	22.94
24151		A	Extensive humerus surgery	*15.58	NA	3.31	NA	7.91	2.11	NA	25.60
24152		A	Extensive radius surgery	*10.06	NA	2.24	NA	5.19	1.16	NA	16.41
24153		A	Extensive radius surgery	*11.54	NA	2.24	NA	5.64	1.71	NA	18.89
24155		A	Removal of elbow joint	*11.73	NA	1.76	NA	5.10	1.72	NA	18.55
24160		A	Remove elbow joint implant	*7.83	NA	1.76	NA	4.04	0.80	NA	12.67
24164		A	Remove radius head implant	*6.23	NA	1.76	NA	3.71	0.90	NA	10.84
24200		A	Removal of arm foreign body	*1.76	1.62	1.34	2.37	2.04	0.06	4.19	3.86
24201		A	Removal of arm foreign body	*4.56	2.41	2.14	4.05	3.71	0.49	9.10	8.76
24220		A	Injection for elbow x-ray	1.31	4.22	0.09	5.44	0.41	0.05	6.80	1.77
24301		A	Muscle/tendon transfer	*10.20	NA	1.76	NA	4.65	1.23	NA	16.08
24305		A	Arm tendon lengthening	*7.45	NA	1.76	NA	3.84	0.29	NA	11.58
24310		A	Revision of arm tendon	*5.98	NA	2.14	NA	4.02	0.48	NA	10.48
24320		A	Repair of arm tendon	*10.56	NA	2.54	NA	5.69	1.29	NA	17.54
24330		A	Revision of arm muscles	*9.60	NA	1.76	NA	4.57	1.43	NA	15.60
24331		A	Revision of arm muscles	*10.65	NA	1.76	NA	4.83	1.57	NA	17.05
24340		A	Repair of biceps tendon	*7.89	NA	1.76	NA	4.12	1.13	NA	13.14
24341		A	Repair tendon/muscle arm	*7.90	1.76	1.76	4.13	4.13	1.14	13.17	13.17
24342		A	Repair of ruptured tendon	*10.62	NA	1.76	NA	4.86	1.76	NA	17.24
24350		A	Repair of tennis elbow	*5.25	NA	1.76	NA	3.45	0.69	NA	9.39
24351		A	Repair of tennis elbow	*5.91	NA	1.76	NA	3.60	0.73	NA	10.24
24352		A	Repair of tennis elbow	*6.43	NA	1.76	NA	3.76	0.93	NA	11.12
24354		A	Repair of tennis elbow	*6.48	NA	1.76	NA	3.77	0.94	NA	11.19
24356		A	Revision of tennis elbow	*6.68	NA	1.76	NA	3.87	1.18	NA	11.73
24360		A	Reconstruct elbow joint	*12.34	NA	1.76	NA	5.39	2.47	NA	20.20
24361		A	Reconstruct elbow joint	*14.08	NA	1.76	NA	5.67	2.00	NA	21.75
24362		A	Reconstruct elbow joint	*14.99	NA	1.76	NA	5.61	0.80	NA	21.40
24363		A	Replace elbow joint	*18.49	NA	1.76	NA	7.10	4.13	NA	29.72
24365		A	Reconstruct head of radius	*8.39	NA	1.76	NA	4.25	1.19	NA	13.83
24366		A	Reconstruct head of radius	*9.13	NA	1.76	NA	4.54	1.80	NA	15.47
24400		A	Revision of humerus	*11.06	NA	2.91	NA	6.28	1.37	NA	18.71
24410		A	Revision of humerus	*14.82	NA	2.91	NA	7.25	2.06	NA	24.13
24420		A	Revision of humerus	*13.44	NA	3.87	NA	8.10	2.01	NA	23.55
24430		A	Repair of humerus	*12.81	NA	2.54	NA	6.41	2.34	NA	21.56
24435		A	Repair humerus with graft	*13.17	NA	2.91	NA	7.06	2.84	NA	23.07
24470		A	Revision of elbow joint	*8.74	NA	1.76	NA	4.35	1.30	NA	14.39
24495		A	Decompression of forearm	*8.12	NA	3.50	NA	6.29	1.10	NA	15.51
24498		A	Reinforce humerus	*11.92	NA	2.54	NA	6.06	1.62	NA	19.60
24500		A	Treat humerus fracture	*3.21	1.95	1.15	3.15	2.19	0.36	6.72	5.76
24505		A	Treat humerus fracture	*5.17	3.13	2.21	5.10	3.98	0.71	10.98	9.86
24515		A	Repair humerus fracture	*11.65	NA	2.37	NA	5.78	1.54	NA	18.97
24516		A	Repair humerus fracture	10.92	NA	2.50	NA	5.77	1.54	NA	18.23
24530		A	Treat humerus fracture	*3.50	2.39	1.71	3.78	2.95	0.42	7.70	6.87
24535		A	Treat humerus fracture	*6.87	2.61	1.71	4.86	3.76	0.78	12.51	11.41
24538		A	Treat humerus fracture	*9.43	NA	2.57	NA	5.47	1.26	NA	16.16
24545		A	Repair humerus fracture	*10.46	NA	2.09	NA	5.19	1.59	NA	17.24
24546		A	Repair humerus fracture	14.66	NA	2.34	NA	6.42	1.59	NA	22.67
24560		A	Treat humerus fracture	*2.80	1.95	1.15	3.05	2.08	0.30	6.15	5.18
24565		A	Treat humerus fracture	*5.56	2.61	1.71	4.52	3.42	0.54	10.62	9.52
24566		A	Treat humerus fracture	*7.79	NA	2.57	NA	5.05	0.96	NA	13.80
24575		A	Repair humerus fracture	*10.66	NA	1.51	NA	4.45	1.24	NA	16.35
24576		A	Treat humerus fracture	*2.86	1.83	1.15	2.93	2.10	0.33	6.12	5.29
24577		A	Treat humerus fracture	*5.79	2.61	1.71	4.58	3.49	0.61	10.98	9.89
24579		A	Repair humerus fracture	*11.60	NA	2.34	NA	5.69	1.35	NA	18.64
24582		A	Treat humerus fracture	*8.55	NA	2.57	NA	5.24	1.06	NA	14.85
24586		A	Repair elbow fracture	*15.21	NA	1.51	NA	5.69	2.36	NA	23.26
24587		A	Repair elbow fracture	*15.16	NA	1.51	NA	5.63	2.17	NA	22.96
24600		A	Treat elbow dislocation	*4.23	2.51	1.71	4.04	3.07	0.26	8.53	7.56
24605		A	Treat elbow dislocation	*5.42	NA	1.28	NA	2.83	0.37	NA	8.62
24615		A	Repair elbow dislocation	*9.42	NA	1.51	NA	4.23	1.48	NA	15.13
24620		A	Treat elbow fracture	*6.98	NA	1.71	NA	3.74	0.57	NA	11.29
24635		A	Repair elbow fracture	*13.19	NA	3.79	NA	7.90	1.78	NA	22.87
24640		A	Treat elbow dislocation	*1.20	1.68	0.89	2.33	1.36	0.08	3.61	2.64
24650		A	Treat radius fracture	*2.16	1.95	1.15	2.92	1.95	0.33	5.41	4.44

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
24655		A	Treat radius fracture	*4.40	2.61	1.71	4.24	3.15	0.45	9.09	8.00
24665		A	Repair radius fracture	*8.14	NA	2.34	NA	4.89	1.14	NA	14.17
24666		A	Repair radius fracture	*9.49	NA	2.34	NA	5.29	1.60	NA	16.38
24670		A	Treatment of ulna fracture	*2.54	1.83	1.15	2.85	2.02	0.27	5.66	4.83
24675		A	Treatment of ulna fracture	*4.72	2.61	1.71	4.33	3.24	0.54	9.59	8.50
24685		A	Repair ulna fracture	*8.80	NA	2.34	NA	5.08	1.34	NA	15.22
24800		A	Fusion of elbow joint	*11.20	NA	2.00	NA	5.23	1.55	NA	17.98
24802		A	Fusion/graft of elbow joint	*13.69	NA	2.00	NA	5.87	1.99	NA	21.55
24900		A	Amputation of upper arm	*9.60	NA	2.91	NA	5.96	1.39	NA	16.95
24920		A	Amputation of upper arm	*9.54	NA	3.31	NA	6.39	1.19	NA	17.12
24925		A	Amputation follow-up surgery	*7.07	NA	2.54	NA	4.81	0.75	NA	12.63
24930		A	Amputation follow-up surgery	*10.25	NA	2.91	NA	6.05	1.17	NA	17.47
24931		A	Amputate upper arm & implant	*12.72	NA	2.91	NA	6.74	1.84	NA	21.30
24935		A	Revision of amputation	*15.56	NA	3.87	NA	8.62	2.24	NA	26.42
25000		A	Incision of tendon sheath	*3.38	NA	2.40	NA	3.81	0.62	NA	7.81
25020		A	Decompression of forearm	*5.92	NA	3.50	NA	5.74	0.77	NA	12.43
25023		A	Decompression of forearm	*12.96	NA	4.71	NA	8.78	0.94	NA	22.68
25028		A	Drainage of forearm lesion	*5.25	NA	3.65	NA	5.68	0.36	NA	11.29
25031		A	Drainage of forearm bursa	*4.14	NA	3.65	NA	5.37	0.09	NA	9.60
25035		A	Treat forearm bone lesion	*7.36	NA	4.95	NA	7.87	1.01	NA	16.24
25040		A	Explore/treat wrist joint	*7.18	NA	2.45	NA	4.75	0.90	NA	12.83
25065		A	Biopsy forearm soft tissues	*1.99	1.44	0.59	2.21	1.18	0.09	4.29	3.26
25066		A	Biopsy forearm soft tissues	*4.13	NA	2.50	NA	4.00	0.22	NA	8.35
25075		A	Removal of forearm lesion	*3.74	NA	2.50	NA	3.94	0.37	NA	8.05
25076		A	Removal of forearm lesion	*4.92	NA	3.23	NA	5.16	0.67	NA	10.75
25077		A	Remove tumor, forearm/wrist	*9.76	NA	3.23	NA	6.44	1.67	NA	17.87
25085		A	Incision of wrist capsule	*5.50	NA	3.45	NA	5.57	0.71	NA	11.78
25100		A	Biopsy of wrist joint	*3.90	NA	2.45	NA	4.01	0.79	NA	8.70
25101		A	Explore/treat wrist joint	*4.69	NA	2.45	NA	4.22	0.98	NA	9.89
25105		A	Remove wrist joint lining	*5.85	NA	3.45	NA	5.75	1.19	NA	12.79
25107		A	Remove wrist joint cartilage	*6.43	NA	3.45	NA	5.81	0.89	NA	13.13
25110		A	Remove wrist tendon lesion	*3.92	NA	2.50	NA	4.00	0.46	NA	8.38
25111		A	Remove wrist tendon lesion	*3.39	NA	2.39	NA	3.78	0.55	NA	7.72
25112		A	Reremove wrist tendon lesion	*4.53	NA	2.45	NA	4.12	0.66	NA	9.31
25115		A	Remove wrist/forearm lesion	*8.82	NA	3.34	NA	6.28	1.23	NA	16.33
25116		A	Remove wrist/forearm lesion	*7.11	NA	3.34	NA	5.93	1.38	NA	14.42
25118		A	Excise wrist tendon sheath	*4.37	NA	2.45	NA	4.16	1.02	NA	9.55
25119		A	Partial removal of ulna	*6.04	NA	3.45	NA	5.82	1.32	NA	13.18
25120		A	Removal of forearm lesion	*6.10	NA	3.23	NA	5.52	1.14	NA	12.76
25125		A	Remove/graft forearm lesion	*7.48	NA	3.34	NA	5.94	1.04	NA	14.46
25126		A	Remove/graft forearm lesion	*7.55	NA	3.23	NA	5.84	1.12	NA	14.51
25130		A	Removal of wrist lesion	*5.26	NA	2.45	NA	4.28	0.67	NA	10.21
25135		A	Remove & graft wrist lesion	*6.89	NA	2.45	NA	4.70	0.97	NA	12.56
25136		A	Remove & graft wrist lesion	*5.97	NA	2.45	NA	4.47	0.85	NA	11.29
25145		A	Remove forearm bone lesion	*6.37	NA	3.34	NA	5.63	0.75	NA	12.75
25150		A	Partial removal of ulna	*7.09	NA	3.45	NA	6.01	1.12	NA	14.22
25151		A	Partial removal of radius	*7.39	NA	3.34	NA	5.92	1.02	NA	14.33
25170		A	Extensive forearm surgery	*11.09	NA	3.23	NA	6.70	1.51	NA	19.30
25210		A	Removal of wrist bone	*5.95	NA	2.45	NA	4.46	0.80	NA	11.21
25215		A	Removal of wrist bones	*7.89	NA	3.45	NA	6.25	1.42	NA	15.56
25230		A	Partial removal of radius	*5.23	NA	2.45	NA	4.31	0.85	NA	10.39
25240		A	Partial removal of ulna	*5.17	NA	3.45	NA	5.53	0.86	NA	11.56
25246		A	Injection for wrist x-ray	1.45	4.22	0.09	5.47	0.44	0.05	6.97	1.94
25248		A	Remove forearm foreign body	*5.14	NA	2.67	NA	4.46	0.37	NA	9.97
25250		A	Removal of wrist prosthesis	*6.60	NA	2.45	NA	4.63	0.91	NA	12.14
25251		A	Removal of wrist prosthesis	*9.57	NA	3.45	NA	6.61	1.39	NA	17.57
25260		A	Repair forearm tendon/muscle	*7.80	NA	3.34	NA	5.95	0.78	NA	14.53
25263		A	Repair forearm tendon/muscle	*7.82	NA	3.34	NA	6.01	1.03	NA	14.86
25265		A	Repair forearm tendon/muscle	*9.88	NA	3.34	NA	6.55	1.41	NA	17.84
25270		A	Repair forearm tendon/muscle	*6.00	NA	3.34	NA	5.51	0.55	NA	12.06
25272		A	Repair forearm tendon/muscle	*7.04	NA	3.34	NA	5.73	0.54	NA	13.31
25274		A	Repair forearm tendon/muscle	*8.75	NA	3.34	NA	6.24	1.13	NA	16.12
25280		A	Revise wrist/forearm tendon	*7.22	NA	3.34	NA	5.81	0.69	NA	13.72
25290		A	Incise wrist/forearm tendon	*5.29	NA	3.87	NA	5.97	0.41	NA	11.67
25295		A	Release wrist/forearm tendon	*6.55	NA	3.34	NA	5.62	0.52	NA	12.69
25300		A	Fusion of tendons at wrist	*8.80	NA	2.45	NA	5.17	1.19	NA	15.16
25301		A	Fusion of tendons at wrist	*8.40	NA	2.45	NA	5.08	1.18	NA	14.66
25310		A	Transplant forearm tendon	*8.14	NA	3.34	NA	6.11	1.17	NA	15.42
25312		A	Transplant forearm tendon	*9.57	NA	3.34	NA	6.46	1.31	NA	17.34
25315		A	Revise palsy hand tendon(s)	*10.20	NA	3.34	NA	6.60	1.34	NA	18.14
25316		A	Revise palsy hand tendon(s)	*12.33	NA	3.34	NA	7.16	1.78	NA	21.27
25320		A	Repair/revise wrist joint	*10.77	NA	2.45	NA	5.66	1.45	NA	17.88
25332		A	Revise wrist joint	*11.41	NA	2.45	NA	5.83	1.61	NA	18.85
25335		A	Realignment of hand	*12.88	NA	3.45	NA	7.37	1.56	NA	21.81

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
25337		A	Reconstruct ulna/radioulnar	9.50	NA	3.45	NA	6.61	1.45	NA	17.56
25350		A	Revision of radius	*8.78	NA	3.23	NA	6.14	1.26	NA	16.18
25355		A	Revision of radius	*10.17	NA	3.23	NA	6.49	1.49	NA	18.15
25360		A	Revision of ulna	*8.43	NA	3.23	NA	6.00	0.99	NA	15.42
25365		A	Revise radius & ulna	*12.40	NA	3.23	NA	7.00	1.57	NA	20.97
25370		A	Revise radius or ulna	*13.36	NA	3.23	NA	7.28	1.92	NA	22.56
25375		A	Revise radius & ulna	*13.04	NA	3.23	NA	6.98	0.87	NA	20.89
25390		A	Shorten radius/ulna	*10.40	NA	3.23	NA	6.54	1.50	NA	18.44
25391		A	Lengthen radius/ulna	*13.65	NA	3.23	NA	7.35	1.93	NA	22.93
25392		A	Shorten radius & ulna	*13.95	NA	3.23	NA	7.44	2.04	NA	23.43
25393		A	Lengthen radius & ulna	*15.87	NA	3.34	NA	8.06	2.32	NA	26.25
25400		A	Repair radius or ulna	*10.92	NA	3.23	NA	6.71	1.75	NA	19.38
25405		A	Repair/graft radius or ulna	*14.38	NA	3.34	NA	7.67	2.02	NA	24.07
25415		A	Repair radius & ulna	*13.35	NA	3.23	NA	7.28	1.92	NA	22.55
25420		A	Repair/graft radius & ulna	*16.33	NA	3.34	NA	8.15	2.28	NA	26.76
25425		A	Repair/graft radius or ulna	*13.21	NA	4.73	NA	9.07	1.87	NA	24.15
25426		A	Repair/graft radius & ulna	*15.82	NA	3.34	NA	8.01	2.13	NA	25.96
25440		A	Repair/graft wrist bone	*10.44	NA	2.45	NA	5.60	1.50	NA	17.54
25441		A	Reconstruct wrist joint	*12.90	NA	2.45	NA	6.22	1.89	NA	21.01
25442		A	Reconstruct wrist joint	*10.85	NA	2.45	NA	5.63	1.22	NA	17.70
25443		A	Reconstruct wrist joint	*10.39	NA	3.45	NA	6.82	1.52	NA	18.73
25444		A	Reconstruct wrist joint	*11.15	NA	3.45	NA	7.02	1.66	NA	19.83
25445		A	Reconstruct wrist joint	*9.69	NA	3.45	NA	6.71	1.72	NA	18.12
25446		A	Wrist replacement	*16.55	NA	2.45	NA	7.37	3.49	NA	27.41
25447		A	Repair wrist joint(s)	*10.37	NA	2.45	NA	5.59	1.56	NA	17.52
25449		A	Remove wrist joint implant	*14.49	NA	3.45	NA	7.64	1.16	NA	23.29
25450		A	Revision of wrist joint	*7.87	NA	3.23	NA	5.92	1.19	NA	14.98
25455		A	Revision of wrist joint	*9.49	NA	3.23	NA	6.33	1.42	NA	17.24
25490		A	Reinforce radius	*9.54	NA	3.23	NA	6.34	1.42	NA	17.30
25491		A	Reinforce ulna	*9.96	NA	3.23	NA	6.45	1.49	NA	17.90
25492		A	Reinforce radius and ulna	*12.33	NA	3.23	NA	7.04	1.84	NA	21.21
25500		A	Treat fracture of radius	*2.45	1.83	1.15	2.84	2.00	0.29	5.58	4.74
25505		A	Treat fracture of radius	*5.21	2.61	1.71	4.43	3.34	0.51	10.15	9.06
25515		A	Repair fracture of radius	*9.18	NA	2.34	NA	5.14	1.22	NA	15.54
25520		A	Repair fracture of radius	6.01	2.51	1.71	4.58	3.61	0.94	11.53	10.56
25525		A	Repair fracture of radius	11.69	NA	2.34	NA	5.82	1.83	NA	19.34
25526		A	Repair fracture of radius	12.43	NA	3.34	NA	7.22	1.94	NA	21.59
25530		A	Treat fracture of ulna	*2.09	1.83	1.15	2.77	1.94	0.35	5.21	4.38
25535		A	Treat fracture of ulna	*5.14	2.61	1.71	4.42	3.33	0.54	10.10	9.01
25545		A	Repair fracture of ulna	*8.90	NA	2.34	NA	5.07	1.20	NA	15.17
25560		A	Treat fracture radius & ulna	*2.44	1.83	1.15	2.83	2.00	0.27	5.54	4.71
25565		A	Treat fracture radius & ulna	*5.63	2.61	1.71	4.57	3.47	0.70	10.90	9.80
25574		A	Treat fracture radius & ulna	6.03	NA	2.34	NA	4.56	1.73	NA	12.32
25575		A	Repair fracture radius/ulna	*10.45	NA	2.34	NA	5.52	1.73	NA	17.70
25600		A	Treat fracture radius/ulna	*2.63	1.83	1.15	2.90	2.07	0.42	5.95	5.12
25605		A	Treat fracture radius/ulna	*5.81	2.61	1.71	4.59	3.49	0.61	11.01	9.91
25611		A	Repair fracture radius/ulna	*7.77	NA	2.57	NA	5.04	0.97	NA	13.78
25620		A	Repair fracture radius/ulna	*8.55	NA	2.34	NA	4.98	1.14	NA	14.67
25622		A	Treat wrist bone fracture	*2.61	1.83	1.15	2.88	2.05	0.33	5.82	4.99
25624		A	Treat wrist bone fracture	*4.53	2.61	1.71	4.30	3.20	0.57	9.40	8.30
25628		A	Repair wrist bone fracture	*8.43	NA	2.34	NA	4.96	1.16	NA	14.55
25630		A	Treat wrist bone fracture	*2.88	1.83	1.15	2.93	2.10	0.30	6.11	5.28
25635		A	Treat wrist bone fracture	*4.39	2.61	1.71	4.25	3.16	0.50	9.14	8.05
25645		A	Repair wrist bone fracture	*7.25	NA	2.34	NA	4.65	0.95	NA	12.85
25650		A	Repair wrist bone fracture	*3.05	1.83	1.15	2.98	2.15	0.36	6.39	5.56
25660		A	Treat wrist dislocation	*4.76	NA	1.71	NA	3.19	0.26	NA	8.21
25670		A	Repair wrist dislocation	*7.92	NA	2.34	NA	4.84	1.12	NA	13.88
25675		A	Treat wrist dislocation	*4.67	2.61	1.71	4.28	3.18	0.34	9.29	8.19
25676		A	Repair wrist dislocation	*8.04	NA	2.34	NA	4.86	1.11	NA	14.01
25680		A	Treat wrist fracture	*5.99	NA	2.21	NA	4.09	0.36	NA	10.44
25685		A	Repair wrist fracture	*9.78	NA	2.34	NA	5.31	1.44	NA	16.53
25690		A	Treat wrist dislocation	*5.50	NA	2.21	NA	4.06	0.73	NA	10.29
25695		A	Repair wrist dislocation	*8.34	NA	2.34	NA	4.94	1.17	NA	14.45
25800		A	Fusion of wrist joint	*9.76	NA	2.45	NA	5.51	1.80	NA	17.07
25805		A	Fusion/graft of wrist joint	*11.28	NA	2.45	NA	5.91	2.09	NA	19.28
25810		A	Fusion/graft of wrist joint	*10.57	NA	2.45	NA	5.75	2.06	NA	18.38
25820		A	Fusion of hand bones	*7.45	NA	2.45	NA	4.94	1.48	NA	13.87
25825		A	Fusion hand bones with graft	*9.27	NA	2.45	NA	5.45	1.99	NA	16.71
25830		A	Fusion radioulnar jnt/ulna	*10.06	NA	3.23	NA	6.46	1.45	NA	17.97
25900		A	Amputation of forearm	*9.01	NA	2.98	NA	5.89	1.31	NA	16.21
25905		A	Amputation of forearm	*9.12	NA	3.10	NA	6.03	1.15	NA	16.30
25907		A	Amputation follow-up surgery	*7.80	NA	3.23	NA	5.87	1.00	NA	14.67
25909		A	Amputation follow-up surgery	*8.96	NA	3.23	NA	6.13	1.06	NA	16.15
25915		A	Amputation of forearm	*17.08	NA	3.34	NA	8.38	2.59	NA	28.05

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
25920		A	Amputate hand at wrist	*8.68	NA	2.45	NA	5.15	1.20	NA	15.03
25922		A	Amputate hand at wrist	*7.42	NA	2.45	NA	4.83	1.02	NA	13.27
25924		A	Amputation follow-up surgery	*8.46	NA	2.45	NA	5.10	1.22	NA	14.78
25927		A	Amputation of hand	*8.80	NA	2.72	NA	5.51	1.22	NA	15.53
25929		A	Amputation follow-up surgery	*7.59	NA	1.90	NA	4.18	0.96	NA	12.73
25931		A	Amputation follow-up surgery	*7.81	NA	2.96	NA	5.52	0.90	NA	14.23
26010		A	Drainage of finger abscess	*1.54	2.11	1.71	2.92	2.43	0.05	4.51	4.02
26011		A	Drainage of finger abscess	*2.19	2.78	2.38	3.92	3.44	0.24	6.35	5.87
26020		A	Drain hand tendon sheath	*4.67	NA	4.14	NA	6.20	0.63	NA	11.50
26025		A	Drainage of palm bursa	*4.82	NA	4.14	NA	6.27	0.76	NA	11.85
26030		A	Drainage of palm bursa(s)	*5.93	NA	4.14	NA	6.56	0.98	NA	13.47
26034		A	Treat hand bone lesion	*6.23	NA	4.73	NA	7.28	0.71	NA	14.22
26035		A	Decompress fingers/hand	*9.51	NA	4.81	NA	8.13	0.86	NA	18.50
26037		A	Decompress fingers/hand	*7.25	NA	3.55	NA	6.14	1.05	NA	14.44
26040		A	Release palm contracture	*3.33	NA	2.85	NA	4.31	0.49	NA	8.13
26045		A	Release palm contracture	*5.56	NA	2.85	NA	4.87	0.81	NA	11.24
26055		A	Incise finger tendon sheath	*2.69	2.39	2.12	3.63	3.30	0.56	6.88	6.55
26060		A	Incision of finger tendon	*2.81	NA	2.13	NA	3.25	0.17	NA	6.23
26070		A	Explore/treat hand joint	*3.69	NA	4.39	NA	6.25	0.42	NA	10.36
26075		A	Explore/treat finger joint	*3.79	NA	4.39	NA	6.32	0.62	NA	10.73
26080		A	Explore/treat finger joint	*4.24	NA	4.39	NA	6.39	0.51	NA	11.14
26100		A	Biopsy hand joint lining	*3.67	NA	2.13	NA	3.50	0.45	NA	7.62
26105		A	Biopsy finger joint lining	*3.71	NA	2.85	NA	4.44	0.67	NA	8.82
26110		A	Biopsy finger joint lining	*3.53	NA	2.85	NA	4.36	0.50	NA	8.39
26115		A	Removal of hand lesion	*3.86	2.39	2.13	3.83	3.52	0.34	8.03	7.72
26116		A	Removal of hand lesion	*5.53	NA	2.85	NA	4.83	0.62	NA	10.98
26117		A	Remove tumor, hand/finger	*8.55	NA	2.85	NA	5.55	0.91	NA	15.01
26121		A	Release palm contracture	*7.54	NA	2.96	NA	5.62	1.61	NA	14.77
26123		A	Release palm contracture	*9.29	NA	2.96	NA	5.98	1.53	NA	16.80
26125		A	Release palm contracture	4.61	NA	0.00	NA	1.11	0.45	NA	6.17
26130		A	Remove wrist joint lining	*5.42	NA	3.08	NA	5.13	0.86	NA	11.41
26135		A	Revise finger joint, each	*6.96	NA	3.08	NA	5.46	0.82	NA	13.24
26140		A	Revise finger joint, each	*6.17	NA	3.19	NA	5.40	0.75	NA	12.32
26145		A	Tendon excision, palm/finger	*6.32	NA	3.19	NA	5.45	0.80	NA	12.57
26160		A	Remove tendon sheath lesion	*3.15	2.39	2.13	3.69	3.37	0.40	7.24	6.92
26170		A	Removal of palm tendon, each	*4.77	NA	2.13	NA	3.74	0.45	NA	8.96
26180		A	Removal of finger tendon	*5.18	NA	2.13	NA	3.89	0.71	NA	9.78
26185		A	Remove finger bone	*5.25	NA	3.00	NA	4.90	0.41	NA	10.56
26200		A	Remove hand bone lesion	*5.51	NA	2.85	NA	4.84	0.72	NA	11.07
26205		A	Remove/graft bone lesion	*7.70	NA	2.96	NA	5.53	1.03	NA	14.26
26210		A	Removal of finger lesion	*5.15	NA	3.08	NA	5.02	0.64	NA	10.81
26215		A	Remove/graft finger lesion	*7.10	NA	2.96	NA	5.38	0.94	NA	13.42
26230		A	Partial removal of hand bone	*6.33	NA	3.81	NA	6.18	0.69	NA	13.20
26235		A	Partial removal, finger bone	*6.19	NA	3.81	NA	6.16	0.71	NA	13.06
26236		A	Partial removal, finger bone	*5.32	NA	3.81	NA	5.96	0.66	NA	11.94
26250		A	Extensive hand surgery	*7.55	NA	3.19	NA	5.78	1.07	NA	14.40
26255		A	Extensive hand surgery	*12.43	NA	3.30	NA	7.08	1.54	NA	21.05
26260		A	Extensive finger surgery	*7.03	NA	3.19	NA	5.64	0.97	NA	13.64
26261		A	Extensive finger surgery	*9.09	NA	3.30	NA	6.30	1.31	NA	16.70
26262		A	Partial removal of finger	*5.67	NA	2.85	NA	4.89	0.76	NA	11.32
26320		A	Removal of implant from hand	*3.98	NA	2.85	NA	4.47	0.57	NA	9.02
26350		A	Repair finger/hand tendon	*5.99	NA	3.64	NA	5.96	0.99	NA	12.94
26352		A	Repair/graft hand tendon	*7.68	NA	3.64	NA	6.36	1.10	NA	15.14
26356		A	Repair finger/hand tendon	*8.07	NA	3.64	NA	6.47	1.24	NA	15.78
26357		A	Repair finger/hand tendon	*8.58	NA	3.64	NA	6.57	1.19	NA	16.34
26358		A	Repair/graft hand tendon	*9.14	NA	3.64	NA	6.71	1.27	NA	17.12
26370		A	Repair finger/hand tendon	*7.11	NA	3.64	NA	6.24	1.13	NA	14.48
26372		A	Repair/graft hand tendon	*8.76	NA	3.64	NA	6.61	1.15	NA	16.52
26373		A	Repair finger/hand tendon	*8.16	NA	3.64	NA	6.46	1.11	NA	15.73
26390		A	Revise hand/finger tendon	*9.19	NA	2.85	NA	5.76	1.23	NA	16.18
26392		A	Repair/graft hand tendon	*10.26	NA	3.64	NA	6.96	1.26	NA	18.48
26410		A	Repair hand tendon	*4.63	NA	3.19	NA	5.01	0.51	NA	10.15
26412		A	Repair/graft hand tendon	*6.31	NA	3.19	NA	5.48	0.97	NA	12.76
26415		A	Excision, hand/finger tendon	*8.34	NA	3.19	NA	5.91	0.90	NA	15.15
26416		A	Graft hand or finger tendon	*9.37	NA	3.19	NA	6.25	1.41	NA	17.03
26418		A	Repair finger tendon	*4.25	NA	3.19	NA	4.95	0.59	NA	9.79
26420		A	Repair/graft finger tendon	*6.77	NA	3.19	NA	5.58	0.96	NA	13.31
26426		A	Repair finger/hand tendon	*6.15	NA	3.19	NA	5.47	1.07	NA	12.69
26428		A	Repair/graft finger tendon	*7.21	NA	3.19	NA	5.69	1.00	NA	13.90
26432		A	Repair finger tendon	*4.02	NA	2.85	NA	4.47	0.51	NA	9.00
26433		A	Repair finger tendon	*4.56	NA	2.85	NA	4.62	0.66	NA	9.84
26434		A	Repair/graft finger tendon	*6.09	NA	2.85	NA	5.00	0.84	NA	11.93
26437		A	Realignment of tendons	*5.82	NA	2.85	NA	4.90	0.68	NA	11.40
26440		A	Release palm/finger tendon	*5.02	NA	3.64	NA	5.66	0.59	NA	11.27

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
26442		A	Release palm & finger tendon	*8.16	NA	3.64	NA	6.35	0.59	NA	15.10
26445		A	Release hand/finger tendon	*4.31	NA	3.64	NA	5.50	0.54	NA	10.35
26449		A	Release forearm/hand tendon	*7.00	NA	3.64	NA	6.18	0.96	NA	14.14
26450		A	Incision of palm tendon	*3.67	NA	2.13	NA	3.48	0.36	NA	7.51
26455		A	Incision of finger tendon	*3.64	NA	2.13	NA	3.47	0.33	NA	7.44
26460		A	Incise hand/finger tendon	*3.46	NA	2.13	NA	3.42	0.30	NA	7.18
26471		A	Fusion of finger tendons	*5.73	NA	2.85	NA	4.88	0.67	NA	11.28
26474		A	Fusion of finger tendons	*5.32	NA	2.85	NA	4.81	0.75	NA	10.88
26476		A	Tendon lengthening	*5.18	NA	2.85	NA	4.67	0.27	NA	10.12
26477		A	Tendon shortening	*5.15	NA	2.85	NA	4.77	0.73	NA	10.65
26478		A	Lengthening of hand tendon	*5.80	NA	2.85	NA	4.91	0.72	NA	11.43
26479		A	Shortening of hand tendon	*5.74	NA	2.85	NA	4.92	0.86	NA	11.52
26480		A	Transplant hand tendon	*6.69	NA	3.64	NA	6.14	1.11	NA	13.94
26483		A	Transplant/graft hand tendon	*8.29	NA	3.64	NA	6.56	1.40	NA	16.25
26485		A	Transplant palm tendon	*7.70	NA	3.64	NA	6.36	1.08	NA	15.14
26489		A	Transplant/graft palm tendon	*9.55	NA	3.64	NA	6.64	0.51	NA	16.70
26490		A	Revise thumb tendon	*8.41	NA	2.85	NA	5.60	1.28	NA	15.29
26492		A	Tendon transfer with graft	*9.62	NA	2.85	NA	5.85	1.21	NA	16.68
26494		A	Hand tendon/muscle transfer	*8.47	NA	2.85	NA	5.60	1.23	NA	15.30
26496		A	Revise thumb tendon	*9.59	NA	2.85	NA	5.91	1.53	NA	17.03
26497		A	Finger tendon transfer	*9.57	NA	2.85	NA	5.88	1.38	NA	16.83
26498		A	Finger tendon transfer	*14.00	NA	2.85	NA	6.99	2.04	NA	23.03
26499		A	Revision of finger	*8.98	NA	2.85	NA	5.72	1.25	NA	15.95
26500		A	Hand tendon reconstruction	*5.96	NA	2.85	NA	4.91	0.60	NA	11.47
26502		A	Hand tendon reconstruction	*7.14	NA	2.85	NA	5.25	0.95	NA	13.34
26504		A	Hand tendon reconstruction	*7.47	NA	2.85	NA	5.36	1.11	NA	13.94
26508		A	Release thumb contracture	*6.01	NA	2.85	NA	4.95	0.72	NA	11.68
26510		A	Thumb tendon transfer	*5.43	NA	2.85	NA	4.82	0.68	NA	10.93
26516		A	Fusion of knuckle joint	*7.15	NA	2.85	NA	5.19	0.67	NA	13.01
26517		A	Fusion of knuckle joints	*8.83	NA	2.85	NA	5.68	1.23	NA	15.74
26518		A	Fusion of knuckle joints	*9.02	NA	2.85	NA	5.72	1.22	NA	15.96
26520		A	Release knuckle contracture	*5.30	NA	3.53	NA	5.61	0.71	NA	11.62
26525		A	Release finger contracture	*5.33	NA	3.53	NA	5.60	0.62	NA	11.55
26530		A	Revise knuckle joint	*6.69	NA	3.53	NA	5.95	0.85	NA	13.49
26531		A	Revise knuckle with implant	*7.91	NA	3.53	NA	6.27	1.11	NA	15.29
26535		A	Revise finger joint	*5.24	NA	3.53	NA	5.57	0.58	NA	11.39
26536		A	Revise/implant finger joint	*6.37	NA	3.53	NA	5.95	1.19	NA	13.51
26540		A	Repair hand joint	*6.43	NA	2.85	NA	5.13	1.12	NA	12.68
26541		A	Repair hand joint with graft	*8.62	NA	2.85	NA	5.69	1.47	NA	15.78
26542		A	Repair hand joint with graft	*6.78	NA	2.85	NA	5.18	0.97	NA	12.93
26545		A	Reconstruct finger joint	*6.92	NA	2.85	NA	5.20	0.94	NA	13.06
26546		A	Repair non-union hand	8.50	NA	3.25	NA	6.12	1.33	NA	15.95
26548		A	Reconstruct finger joint	*8.03	NA	2.85	NA	5.46	1.00	NA	14.49
26550		A	Construct thumb replacement	*21.24	NA	3.64	NA	9.80	3.24	NA	34.28
26551		A	Great toe-hand transfer	*46.58	NA	3.74	NA	16.28	6.92	NA	69.78
26553		A	Single toe-hand transfer	*46.27	NA	3.74	NA	16.20	6.87	NA	69.34
26554		A	Double toe-hand transfer	*54.95	NA	3.74	NA	18.39	8.20	NA	81.54
26555		A	Positional change of finger	*16.63	NA	3.64	NA	8.63	2.52	NA	27.78
26556		A	Toe joint transfer	*47.26	NA	3.74	NA	16.44	6.99	NA	70.69
26560		A	Repair of web finger	*5.38	NA	2.85	NA	4.80	0.66	NA	10.84
26561		A	Repair of web finger	*10.92	NA	2.85	NA	6.21	1.56	NA	18.69
26562		A	Repair of web finger	*9.68	NA	2.85	NA	5.78	0.82	NA	16.28
26565		A	Correct metacarpal flaw	*6.74	NA	2.85	NA	5.14	0.85	NA	12.73
26567		A	Correct finger deformity	*6.82	NA	2.85	NA	5.12	0.67	NA	12.61
26568		A	Lengthen metacarpal/finger	*9.08	NA	3.64	NA	6.66	1.06	NA	16.80
26580		A	Repair hand deformity	*18.18	NA	2.85	NA	8.06	2.76	NA	29.00
26585		A	Repair finger deformity	*14.05	NA	2.85	NA	7.02	2.12	NA	23.19
26590		A	Repair finger deformity	*17.96	NA	2.85	NA	8.01	2.72	NA	28.69
26591		A	Repair muscles of hand	*3.25	NA	2.85	NA	4.28	0.39	NA	7.92
26593		A	Release muscles of hand	*5.31	NA	2.85	NA	4.79	0.70	NA	10.80
26596		A	Excision constricting tissue	*8.95	NA	2.13	NA	4.85	1.35	NA	15.15
26597		A	Release of scar contracture	*9.82	NA	2.85	NA	5.93	1.37	NA	17.12
26600		A	Treat metacarpal fracture	*1.96	1.83	1.15	2.71	1.88	0.22	4.89	4.06
26605		A	Treat metacarpal fracture	*2.85	2.41	1.64	3.65	2.70	0.36	6.86	5.91
26607		A	Treat metacarpal fracture	*5.36	NA	2.54	NA	4.39	0.57	NA	10.32
26608		A	Treat metacarpal fracture	5.12	NA	2.57	NA	4.38	0.57	NA	10.07
26615		A	Repair metacarpal fracture	*5.33	NA	2.34	NA	4.20	0.80	NA	10.33
26641		A	Treat thumb dislocation	*3.94	2.61	1.71	4.07	2.98	0.14	8.15	7.06
26645		A	Treat thumb fracture	*4.41	2.61	1.71	4.22	3.13	0.33	8.96	7.87
26650		A	Repair thumb fracture	*5.72	NA	2.57	NA	4.52	0.64	NA	10.88
26665		A	Repair thumb fracture	*7.60	NA	2.34	NA	4.76	1.09	NA	13.45
26670		A	Treat hand dislocation	*3.69	2.51	1.71	3.89	2.92	0.10	7.68	6.71
26675		A	Treat hand dislocation	*4.64	2.09	1.28	3.69	2.71	0.60	8.93	7.95
26676		A	Pin hand dislocation	*5.52	NA	2.57	NA	4.49	0.67	NA	10.68

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
26685	.....	A	Repair hand dislocation	*6.98	NA	2.34	NA	4.59	0.91	NA	12.48
26686	.....	A	Repair hand dislocation	*7.94	NA	2.34	NA	4.82	1.04	NA	13.80
26700	.....	A	Treat knuckle dislocation	*3.69	1.55	1.10	2.72	2.17	0.10	6.51	5.96
26705	.....	A	Treat knuckle dislocation	*4.19	2.09	1.28	3.52	2.54	0.27	7.98	7.00
26706	.....	A	Pin knuckle dislocation	*5.12	NA	1.61	NA	3.25	0.75	NA	9.12
26715	.....	A	Repair knuckle dislocation	*5.74	NA	2.34	NA	4.26	0.66	NA	10.66
26720	.....	A	Treat finger fracture, each	*1.66	1.10	0.83	1.74	1.40	0.15	3.55	3.21
26725	.....	A	Treat finger fracture, each	*3.33	1.55	1.10	2.67	2.12	0.23	6.23	5.68
26727	.....	A	Treat finger fracture, each	*5.23	NA	2.57	NA	4.36	0.38	NA	9.97
26735	.....	A	Repair finger fracture, each	*5.98	NA	2.34	NA	4.30	0.61	NA	10.89
26740	.....	A	Treat finger fracture, each	*1.94	1.37	1.10	2.12	1.80	0.16	4.22	3.90
26742	.....	A	Treat finger fracture, each	*3.85	2.61	1.71	4.09	3.00	0.32	8.26	7.17
26746	.....	A	Repair finger fracture, each	*5.81	NA	2.34	NA	4.30	0.80	NA	10.91
26750	.....	A	Treat finger fracture, each	*1.70	1.37	1.10	2.06	1.74	0.10	3.86	3.54
26755	.....	A	Treat finger fracture, each	*3.10	1.55	1.10	2.60	2.05	0.15	5.85	5.30
26756	.....	A	Pin finger fracture, each	*4.39	NA	2.57	NA	4.16	0.33	NA	8.88
26765	.....	A	Repair finger fracture, each	*4.17	NA	2.34	NA	3.87	0.45	NA	8.49
26770	.....	A	Treat finger dislocation	*3.02	1.55	1.10	2.57	2.02	0.08	5.67	5.12
26775	.....	A	Treat finger dislocation	*3.71	2.09	1.28	3.40	2.41	0.17	7.28	6.29
26776	.....	A	Pin finger dislocation	*4.80	NA	2.57	NA	4.26	0.35	NA	9.41
26785	.....	A	Repair finger dislocation	*4.21	NA	2.34	NA	3.88	0.48	NA	8.57
26820	.....	A	Thumb fusion with graft	*8.26	NA	2.96	NA	5.65	1.05	NA	14.96
26841	.....	A	Fusion of thumb	*7.13	NA	2.85	NA	5.26	1.00	NA	13.39
26842	.....	A	Thumb fusion with graft	*8.24	NA	2.96	NA	5.72	1.37	NA	15.33
26843	.....	A	Fusion of hand joint	*7.61	NA	2.85	NA	5.39	1.10	NA	14.10
26844	.....	A	Fusion/graft of hand joint	*8.73	NA	2.96	NA	5.79	1.19	NA	15.71
26850	.....	A	Fusion of knuckle	*6.97	NA	2.85	NA	5.17	0.76	NA	12.90
26852	.....	A	Fusion of knuckle with graft	*8.46	NA	2.96	NA	5.69	1.00	NA	15.15
26860	.....	A	Fusion of finger joint	*4.69	NA	2.85	NA	4.65	0.68	NA	10.02
26861	.....	A	Fusion of finger joint,added	1.74	NA	0.00	NA	0.48	0.43	NA	2.65
26862	.....	A	Fusion/graft of finger joint	*7.37	NA	2.96	NA	5.42	0.85	NA	13.64
26863	.....	A	Fuse/graft added joint	3.90	NA	0.00	NA	0.98	0.57	NA	5.45
26910	.....	A	Amputate metacarpal bone	*7.60	NA	2.85	NA	5.35	0.93	NA	13.88
26951	.....	A	Amputation of finger/thumb	*4.59	NA	2.85	NA	4.59	0.49	NA	9.67
26952	.....	A	Amputation of finger/thumb	*6.31	NA	2.60	NA	4.70	0.69	NA	11.70
26990	.....	A	Drainage of pelvis lesion	*7.48	NA	5.11	NA	7.99	0.51	NA	15.98
26991	.....	A	Drainage of pelvis bursa	*6.68	2.77	2.60	4.91	4.69	0.29	11.88	11.66
26992	.....	A	Drainage of bone lesion	*13.02	NA	5.11	NA	9.32	1.05	NA	23.39
27000	.....	A	Incision of hip tendon	*5.62	NA	2.02	NA	3.74	0.24	NA	9.60
27001	.....	A	Incision of hip tendon	*6.94	NA	2.02	NA	4.06	0.38	NA	11.38
27003	.....	A	Incision of hip tendon	*7.34	NA	2.35	NA	4.71	1.08	NA	13.13
27005	.....	A	Incision of hip tendon	*9.66	NA	2.35	NA	5.10	0.54	NA	15.30
27006	.....	A	Incision of hip tendons	*9.68	NA	2.35	NA	5.16	0.77	NA	15.61
27025	.....	A	Incision of hip/thigh fascia	*11.16	NA	2.35	NA	5.54	1.02	NA	17.72
27030	.....	A	Drainage of hip joint	*13.01	NA	2.35	NA	6.13	1.86	NA	21.00
27033	.....	A	Exploration of hip joint	*13.39	NA	2.35	NA	6.21	1.85	NA	21.45
27035	.....	A	Denervation of hip joint	*16.69	NA	3.00	NA	7.79	2.21	NA	26.69
27036	.....	A	Excision of hip joint/muscle	*12.88	NA	2.57	NA	6.36	1.87	NA	21.11
27040	.....	A	Biopsy of soft tissues	*2.87	1.72	1.31	2.75	2.26	0.11	5.73	5.24
27041	.....	A	Biopsy of soft tissues	*9.89	NA	1.90	NA	4.57	0.44	NA	14.90
27047	.....	A	Remove hip/pelvis lesion	*7.45	2.37	2.19	4.60	4.37	0.32	12.37	12.14
27048	.....	A	Remove hip/pelvis lesion	*6.25	NA	2.60	NA	4.72	0.82	NA	11.79
27049	.....	A	Remove tumor, hip/pelvis	*13.66	NA	3.40	NA	7.55	1.87	NA	23.08
27050	.....	A	Biopsy of sacroiliac joint	*4.36	NA	2.19	NA	3.82	0.90	NA	9.08
27052	.....	A	Biopsy of hip joint	*6.23	NA	2.35	NA	4.58	1.59	NA	12.40
27054	.....	A	Removal of hip joint lining	*8.54	NA	2.71	NA	5.67	2.26	NA	16.47
27060	.....	A	Removal of ischial bursa	*5.43	NA	2.19	NA	4.01	0.68	NA	10.12
27062	.....	A	Remove femur lesion/bursa	*5.37	NA	2.02	NA	3.79	0.70	NA	9.86
27065	.....	A	Removal of hip bone lesion	*5.90	NA	2.60	NA	4.66	0.90	NA	11.46
27066	.....	A	Removal of hip bone lesion	*10.33	NA	3.00	NA	6.20	1.30	NA	17.83
27067	.....	A	Remove/graft hip bone lesion	*13.83	NA	3.00	NA	7.10	1.93	NA	22.86
27070	.....	A	Partial removal of hip bone	*10.72	NA	5.11	NA	8.85	1.21	NA	20.78
27071	.....	A	Partial removal of hip bone	*11.46	NA	5.11	NA	9.06	1.45	NA	21.97
27075	.....	A	Extensive hip surgery	*17.23	NA	3.40	NA	8.43	2.32	NA	27.98
27076	.....	A	Extensive hip surgery	*22.12	NA	3.40	NA	9.57	2.61	NA	34.30
27077	.....	A	Extensive hip surgery	*23.13	NA	3.40	NA	9.93	3.24	NA	36.30
27078	.....	A	Extensive hip surgery	*13.44	NA	3.40	NA	7.46	1.67	NA	22.57
27079	.....	A	Extensive hip surgery	*13.75	NA	3.40	NA	7.52	1.66	NA	22.93
27080	.....	A	Removal of tail bone	*6.39	NA	2.19	NA	4.26	0.87	NA	11.52
27086	.....	A	Remove hip foreign body	*1.87	1.67	1.49	2.46	2.24	0.07	4.40	4.18
27087	.....	A	Remove hip foreign body	*8.54	NA	2.19	NA	4.67	0.60	NA	13.81
27090	.....	A	Removal of hip prosthesis	*11.15	NA	2.35	NA	5.63	1.46	NA	18.24
27091	.....	A	Removal of hip prosthesis	*22.14	NA	2.35	NA	8.41	3.16	NA	33.71
27093	.....	A	Injection for hip x-ray	1.30	4.22	0.09	5.45	0.42	0.11	6.86	1.83

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27095		A	Injection for hip x-ray	1.50	NA	0.09	NA	0.47	0.13	NA	2.10
27097		A	Revision of hip tendon	*8.80	NA	2.35	NA	5.07	1.26	NA	15.13
27098		A	Transfer tendon to pelvis	*8.83	NA	2.35	NA	5.08	1.26	NA	15.17
27100		A	Transfer of abdominal muscle	*11.08	NA	3.00	NA	6.39	1.42	NA	18.89
27105		A	Transfer of spinal muscle	*11.77	NA	2.71	NA	6.18	1.36	NA	19.31
27110		A	Transfer of iliopsoas muscle	*13.26	NA	3.00	NA	6.96	1.86	NA	22.08
27111		A	Transfer of iliopsoas muscle	*12.15	NA	2.71	NA	6.33	1.65	NA	20.13
27120		A	Reconstruction of hip socket	*18.01	NA	2.60	NA	7.76	2.95	NA	28.72
27122		A	Reconstruction of hip socket	*14.98	NA	2.71	NA	7.23	2.94	NA	25.15
27125		A	Partial hip replacement	*14.69	NA	2.62	NA	7.07	3.01	NA	24.77
27130		A	Total hip replacement	*20.12	NA	2.62	NA	8.60	4.58	NA	33.30
27132		A	Total hip replacement	*23.30	NA	2.62	NA	9.41	5.09	NA	37.80
27134		A	Revise hip joint replacement	*28.52	NA	2.60	NA	10.72	5.96	NA	45.20
27137		A	Revise hip joint replacement	*21.17	NA	2.62	NA	8.89	4.82	NA	34.88
27138		A	Revise hip joint replacement	*22.17	NA	2.62	NA	9.05	4.58	NA	35.80
27140		A	Transplant of femur ridge	*12.24	NA	2.35	NA	5.93	1.71	NA	19.88
27146		A	Incision of hip bone	*17.43	NA	3.00	NA	7.77	1.35	NA	26.55
27147		A	Revision of hip bone	*20.58	NA	3.00	NA	8.76	2.76	NA	32.10
27151		A	Incision of hip bones	*22.51	NA	3.00	NA	9.22	2.90	NA	34.63
27156		A	Revision of hip bones	*24.63	NA	3.00	NA	9.72	3.08	NA	37.43
27158		A	Revision of pelvis	*19.74	NA	3.40	NA	9.05	2.64	NA	31.43
27161		A	Incision of neck of femur	*16.71	NA	2.35	NA	7.04	2.31	NA	26.06
27165		A	Incision/fixation of femur	*17.91	NA	2.35	NA	7.37	2.63	NA	27.91
27170		A	Repair/graft femur head/neck	*16.07	NA	2.35	NA	6.97	2.65	NA	25.69
27175		A	Treat slipped epiphysis	*8.46	NA	1.43	NA	3.63	0.18	NA	12.27
27176		A	Treat slipped epiphysis	*12.05	NA	1.92	NA	5.35	1.70	NA	19.10
27177		A	Repair slipped epiphysis	*15.08	NA	1.92	NA	6.09	2.05	NA	23.22
27178		A	Repair slipped epiphysis	*11.99	NA	1.92	NA	5.30	1.55	NA	18.84
27179		A	Revise head/neck of femur	11.69	NA	1.88	NA	1.88	1.83	NA	15.40
27181		A	Repair slipped epiphysis	*14.68	NA	1.92	NA	6.02	2.16	NA	22.86
27185		A	Revision of femur epiphysis	*9.18	NA	2.35	NA	5.07	0.87	NA	15.12
27187		A	Reinforce hip bones	*13.54	NA	2.71	NA	6.87	2.76	NA	23.17
27193		A	Treat pelvic ring fracture	4.64	1.94	1.42	3.46	2.83	0.39	8.49	7.86
27194		A	Treat pelvic ring fracture	8.73	1.94	1.42	4.38	3.75	0.50	13.61	12.98
27200		A	Treat tail bone fracture	*1.84	1.10	0.83	1.78	1.45	0.17	3.79	3.46
27202		A	Repair tail bone fracture	*7.04	NA	2.16	NA	4.37	0.89	NA	12.30
27215		A	Pelvic fracture(s) treatment	9.39	NA	2.46	NA	5.56	2.33	NA	17.28
27216		A	Treat pelvic ring fracture	14.20	NA	3.27	NA	7.24	0.66	NA	22.10
27217		A	Treat pelvic ring fracture	13.19	NA	2.46	NA	6.39	2.33	NA	21.91
27218		A	Treat pelvic ring fracture	18.83	NA	2.46	NA	7.63	2.33	NA	28.79
27220		A	Treat hip socket fracture	*6.18	1.94	1.42	3.85	3.22	0.64	10.67	10.04
27222		A	Treat hip socket fracture	*12.70	NA	1.64	NA	5.01	1.03	NA	18.74
27226		A	Treat hip wall fracture	13.93	NA	2.46	NA	6.60	2.52	NA	23.05
27227		A	Treat hip fracture(s)	*23.45	NA	2.26	NA	8.60	3.20	NA	35.25
27228		A	Treat hip fracture(s)	*27.16	NA	2.26	NA	9.41	3.20	NA	39.77
27230		A	Treat fracture of thigh	*5.50	2.16	1.77	3.93	3.46	0.41	9.84	9.37
27232		A	Treat fracture of thigh	*10.68	NA	1.83	NA	4.90	1.46	NA	17.04
27235		A	Repair of thigh fracture	*12.16	NA	2.07	NA	5.75	2.60	NA	20.51
27236		A	Repair of thigh fracture	*15.60	NA	2.07	NA	6.53	2.71	NA	24.84
27238		A	Treatment of thigh fracture	*5.52	NA	1.77	NA	3.53	0.71	NA	9.76
27240		A	Treatment of thigh fracture	*12.50	NA	1.83	NA	5.31	1.53	NA	19.34
27244		A	Repair of thigh fracture	*15.94	NA	2.07	NA	6.59	2.62	NA	25.15
27245		A	Repair of thigh fracture	18.72	NA	2.07	NA	7.20	2.62	NA	28.54
27246		A	Treatment of thigh fracture	*4.71	2.19	1.77	3.83	3.32	0.60	9.14	8.63
27248		A	Repair of thigh fracture	*10.45	NA	2.07	NA	5.27	2.11	NA	17.83
27250		A	Treat hip dislocation	*6.95	NA	1.77	NA	3.78	0.45	NA	11.18
27252		A	Treat hip dislocation	*10.39	NA	1.61	NA	4.39	0.68	NA	15.46
27253		A	Repair of hip dislocation	*12.92	NA	1.92	NA	5.63	2.11	NA	20.66
27254		A	Repair of hip dislocation	*18.26	NA	2.26	NA	7.25	2.27	NA	27.78
27256		A	Treatment of hip dislocation	*4.12	NA	1.24	NA	2.49	0.31	NA	6.92
27257		A	Treatment of hip dislocation	*5.22	NA	1.21	NA	2.78	0.73	NA	8.73
27258		A	Repair of hip dislocation	*15.43	NA	2.71	NA	7.18	2.25	NA	24.86
27259		A	Repair of hip dislocation	*21.55	NA	2.71	NA	8.64	2.82	NA	33.01
27265		A	Treatment of hip dislocation	*5.05	NA	1.77	NA	3.39	0.54	NA	8.98
27266		A	Treatment of hip dislocation	*7.49	NA	1.77	NA	3.96	0.71	NA	12.16
27275		A	Manipulation of hip joint	*2.27	NA	1.21	NA	2.04	0.30	NA	4.61
27280		A	Fusion of sacroiliac joint	*13.39	NA	3.00	NA	6.97	1.77	NA	22.13
27282		A	Fusion of pubic bones	*11.34	NA	3.00	NA	6.51	1.69	NA	19.54
27284		A	Fusion of hip joint	*16.76	NA	2.71	NA	7.50	2.40	NA	26.66
27286		A	Fusion of hip joint	*16.79	NA	2.71	NA	7.48	2.26	NA	26.53
27290		A	Amputation of leg at hip	*23.28	NA	2.60	NA	9.30	4.70	NA	37.28
27295		A	Amputation of leg at hip	*18.65	NA	2.35	NA	7.60	2.95	NA	29.20
27301		A	Drain thigh/knee lesion	*6.49	4.67	4.36	7.20	6.83	0.40	14.09	13.72
27303		A	Drainage of bone lesion	*8.28	NA	4.36	NA	7.34	0.96	NA	16.58

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27305		A	Incise thigh tendon & fascia	*5.92	NA	2.67	NA	4.70	0.68	NA	11.30
27306		A	Incision of thigh tendon	*4.62	NA	2.25	NA	3.83	0.32	NA	8.77
27307		A	Incision of thigh tendons	*5.80	NA	2.25	NA	4.12	0.48	NA	10.40
27310		A	Exploration of knee joint	*9.27	NA	2.36	NA	5.24	1.51	NA	16.02
27315		A	Partial removal, thigh nerve	*6.97	NA	1.77	NA	3.90	0.96	NA	11.83
27320		A	Partial removal, thigh nerve	*6.30	NA	1.77	NA	3.70	0.73	NA	10.73
27323		A	Biopsy thigh soft tissues	*2.28	1.65	1.36	2.54	2.18	0.13	4.95	4.59
27324		A	Biopsy thigh soft tissues	*4.90	NA	2.25	NA	3.92	0.45	NA	9.27
27327		A	Removal of thigh lesion	*4.47	2.55	2.25	4.17	3.81	0.40	9.04	8.68
27328		A	Removal of thigh lesion	*5.57	NA	2.25	NA	4.13	0.73	NA	10.43
27329		A	Remove tumor, thigh/knee	*14.14	NA	3.53	NA	7.86	2.14	NA	24.14
27330		A	Biopsy knee joint lining	*4.97	NA	1.80	NA	3.55	1.19	NA	9.71
27331		A	Explore/treat knee joint	*5.88	NA	2.09	NA	4.16	1.49	NA	11.53
27332		A	Removal of knee cartilage	*8.27	NA	2.09	NA	4.74	1.73	NA	14.74
27333		A	Removal of knee cartilage	*7.30	NA	2.09	NA	4.70	2.52	NA	14.52
27334		A	Remove knee joint lining	*8.70	NA	2.36	NA	5.18	1.77	NA	15.65
27335		A	Remove knee joint lining	*10.00	NA	2.36	NA	5.52	2.05	NA	17.57
27340		A	Removal of kneecap bursa	*4.18	NA	1.80	NA	3.25	0.62	NA	8.05
27345		A	Removal of knee cyst	*5.92	NA	2.09	NA	4.05	0.95	NA	10.92
27350		A	Removal of kneecap	*8.17	NA	2.10	NA	4.69	1.54	NA	14.40
27355		A	Remove femur lesion	*7.65	NA	2.67	NA	5.20	1.23	NA	14.08
27356		A	Remove femur lesion/graft	*9.48	NA	2.67	NA	5.62	1.34	NA	16.44
27357		A	Remove femur lesion/graft	*10.53	NA	2.67	NA	5.87	1.43	NA	17.83
27358		A	Remove femur lesion/fixation	4.74	NA	0.00	NA	1.20	0.72	NA	6.66
27360		A	Partial removal leg bone(s)	*10.50	NA	5.11	NA	8.84	1.40	NA	20.74
27365		A	Extensive leg surgery	*16.27	NA	2.64	NA	7.31	2.43	NA	26.01
27370		A	Injection for knee x-ray	0.96	4.22	0.09	5.36	0.33	0.05	6.37	1.34
27372		A	Removal of foreign body	*5.07	2.28	1.90	4.01	3.54	0.54	9.62	9.15
27380		A	Repair of kneecap tendon	*7.16	NA	2.13	NA	4.45	1.29	NA	12.90
27381		A	Repair/graft kneecap tendon	*10.34	NA	2.13	NA	5.26	1.82	NA	17.42
27385		A	Repair of thigh muscle	*7.76	NA	2.13	NA	4.61	1.42	NA	13.79
27386		A	Repair/graft of thigh muscle	*10.56	NA	2.41	NA	5.70	2.02	NA	18.28
27390		A	Incision of thigh tendon	*5.33	NA	2.22	NA	4.03	0.71	NA	10.07
27391		A	Incision of thigh tendons	*7.20	NA	2.22	NA	4.48	0.90	NA	12.58
27392		A	Incision of thigh tendons	*9.20	NA	2.65	NA	5.53	1.28	NA	16.01
27393		A	Lengthening of thigh tendon	*6.39	NA	2.22	NA	4.31	0.93	NA	11.63
27394		A	Lengthening of thigh tendons	*8.50	NA	2.65	NA	5.30	0.94	NA	14.74
27395		A	Lengthening of thigh tendons	*11.73	NA	3.07	NA	6.67	1.65	NA	20.05
27396		A	Transplant of thigh tendon	*7.86	NA	2.67	NA	5.22	1.11	NA	14.19
27397		A	Transplants of thigh tendons	*11.28	NA	2.67	NA	6.04	1.45	NA	18.77
27400		A	Revise thigh muscles/tendons	*9.02	NA	2.67	NA	5.50	1.24	NA	15.76
27403		A	Repair of knee cartilage	*8.33	NA	2.09	NA	4.69	1.44	NA	14.46
27405		A	Repair of knee ligament	*8.65	NA	2.36	NA	5.14	1.67	NA	15.46
27407		A	Repair of knee ligament	*10.28	NA	2.36	NA	5.44	1.42	NA	17.14
27409		A	Repair of knee ligaments	*12.90	NA	2.36	NA	6.25	2.48	NA	21.63
27418		A	Repair degenerated kneecap	*10.85	NA	2.36	NA	5.66	1.85	NA	18.36
27420		A	Revision of unstable kneecap	*9.83	NA	2.10	NA	5.09	1.74	NA	16.66
27422		A	Revision of unstable kneecap	*9.78	NA	2.10	NA	5.10	1.83	NA	16.71
27424		A	Revision/removal of kneecap	*9.81	NA	2.10	NA	5.12	1.89	NA	16.82
27425		A	Lateral retinacular release	*5.22	NA	2.09	NA	3.93	1.08	NA	10.23
27427		A	Reconstruction, knee	*9.36	NA	2.10	NA	5.10	2.25	NA	16.71
27428		A	Reconstruction, knee	*14.00	NA	2.36	NA	6.54	2.71	NA	23.25
27429		A	Reconstruction, knee	*15.52	NA	2.36	NA	6.68	1.83	NA	24.03
27430		A	Revision of thigh muscles	*9.67	NA	2.14	NA	5.06	1.50	NA	16.23
27435		A	Incision of knee joint	*9.49	NA	2.09	NA	4.87	1.13	NA	15.49
27437		A	Revise kneecap	*8.46	NA	2.40	NA	5.12	1.55	NA	15.13
27438		A	Revise kneecap with implant	*11.23	NA	2.40	NA	5.86	2.14	NA	19.23
27440		A	Revision of knee joint	*10.43	NA	2.44	NA	5.71	2.10	NA	18.24
27441		A	Revision of knee joint	*10.82	NA	2.44	NA	5.67	1.51	NA	18.00
27442		A	Revision of knee joint	*11.89	NA	2.44	NA	6.24	3.05	NA	21.18
27443		A	Revision of knee joint	*10.93	NA	2.44	NA	6.09	3.34	NA	20.36
27445		A	Revision of knee joint	*17.68	NA	2.44	NA	7.76	4.21	NA	29.65
27446		A	Revision of knee joint	*15.84	NA	2.44	NA	7.29	3.87	NA	27.00
27447		A	Total knee replacement	*21.48	NA	2.44	NA	8.76	4.95	NA	35.19
27448		A	Incision of thigh	*11.06	NA	2.67	NA	6.13	2.09	NA	19.28
27450		A	Incision of thigh	*13.98	NA	2.67	NA	6.83	2.36	NA	23.17
27454		A	Realignment of thigh bone	*17.56	NA	2.67	NA	7.72	2.82	NA	28.10
27455		A	Realignment of knee	*12.82	NA	2.48	NA	6.25	1.95	NA	21.02
27457		A	Realignment of knee	*13.45	NA	2.05	NA	5.91	2.14	NA	21.50
27465		A	Shortening of thigh bone	*13.87	NA	2.67	NA	6.73	2.00	NA	22.60
27466		A	Lengthening of thigh bone	*16.33	NA	3.09	NA	7.84	2.27	NA	26.44
27468		A	Shorten/lengthen thighs	*18.97	NA	3.09	NA	8.52	2.75	NA	30.24
27470		A	Repair of thigh	*16.07	NA	3.09	NA	7.85	2.60	NA	26.52
27472		A	Repair/graft of thigh	*17.72	NA	3.09	NA	8.34	3.16	NA	29.22

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27475		A	Surgery to stop leg growth	*8.64	NA	2.17	NA	4.82	1.27	NA	14.73
27477		A	Surgery to stop leg growth	*9.85	NA	2.17	NA	5.37	2.57	NA	17.79
27479		A	Surgery to stop leg growth	*12.80	NA	2.17	NA	5.86	1.89	NA	20.55
27485		A	Surgery to stop leg growth	*8.84	NA	2.17	NA	4.87	1.30	NA	15.01
27486		A	Revise knee joint replace	*19.27	NA	2.45	NA	8.14	4.26	NA	31.67
27487		A	Revise knee joint replace	*25.27	NA	2.45	NA	9.82	5.97	NA	41.06
27488		A	Removal of knee prosthesis	*15.74	NA	2.45	NA	6.99	2.58	NA	25.31
27495		A	Reinforce thigh	*15.55	NA	3.09	NA	7.79	2.82	NA	26.16
27496		A	Decompression of thigh/knee	4.75	NA	2.24	NA	3.94	0.74	NA	9.43
27497		A	Decompression of thigh/knee	5.81	NA	2.24	NA	4.20	0.91	NA	10.92
27498		A	Decompression of thigh/knee	6.63	NA	2.24	NA	4.41	1.04	NA	12.08
27499		A	Decompression of thigh/knee	7.64	NA	2.24	NA	4.67	1.19	NA	13.50
27500		A	Treatment of thigh fracture	*5.92	3.33	2.10	5.54	4.04	0.82	12.28	10.78
27501		A	Treatment of thigh fracture	5.29	3.77	2.54	5.93	4.43	0.82	12.04	10.54
27502		A	Treatment of thigh fracture	*10.58	NA	2.54	NA	5.68	1.21	NA	17.47
27503		A	Treatment of thigh fracture	9.51	NA	2.54	NA	5.44	1.21	NA	16.16
27506		A	Repair of thigh fracture	*17.45	NA	2.24	NA	7.12	2.56	NA	27.13
27507		A	Treatment of thigh fracture	12.85	NA	2.24	NA	6.11	2.56	NA	21.52
27508		A	Treatment of thigh fracture	*5.83	2.20	1.42	4.10	3.15	0.65	10.58	9.63
27509		A	Treatment of thigh fracture	6.77	NA	2.29	NA	4.42	0.65	NA	11.84
27510		A	Treatment of thigh fracture	*9.13	NA	1.42	NA	3.97	1.09	NA	14.19
27511		A	Treatment of thigh fracture	12.50	NA	2.53	NA	6.38	2.56	NA	21.44
27513		A	Treatment of thigh fracture	*17.92	NA	2.53	NA	7.57	2.56	NA	28.05
27514		A	Repair of thigh fracture	*17.30	NA	2.53	NA	7.42	2.53	NA	27.25
27516		A	Repair of thigh growth plate	*5.37	2.61	1.71	4.51	3.42	0.71	10.59	9.50
27517		A	Repair of thigh growth plate	*8.78	2.61	1.71	5.38	4.29	1.28	15.44	14.35
27519		A	Repair of thigh growth plate	*15.02	NA	2.53	NA	6.82	2.05	NA	23.89
27520		A	Treat kneecap fracture	*2.86	2.20	1.42	3.41	2.45	0.45	6.72	5.76
27524		A	Repair of kneecap fracture	*10.00	NA	1.75	NA	4.69	1.65	NA	16.34
27530		A	Treatment of knee fracture	*3.78	2.20	1.42	3.62	2.67	0.51	7.91	6.96
27532		A	Treatment of knee fracture	*7.30	1.69	1.15	3.86	3.20	0.91	12.07	11.41
27535		A	Treatment of knee fracture	10.36	NA	2.53	NA	5.76	1.88	NA	18.00
27536		A	Repair of knee fracture	*15.65	NA	1.75	NA	5.98	1.88	NA	23.51
27538		A	Treat knee fracture(s)	*4.87	2.61	1.71	4.36	3.27	0.51	9.74	8.65
27540		A	Repair of knee fracture	*13.10	NA	1.75	NA	5.39	1.74	NA	20.23
27550		A	Treat knee dislocation	*5.76	2.51	1.71	4.40	3.43	0.36	10.52	9.55
27552		A	Treat knee dislocation	*7.90	NA	1.96	NA	4.23	0.53	NA	12.66
27556		A	Repair of knee dislocation	*14.41	NA	2.91	NA	7.14	1.95	NA	23.50
27557		A	Repair of knee dislocation	*16.77	NA	2.91	NA	7.76	2.43	NA	26.96
27558		A	Repair of knee dislocation	16.75	NA	2.91	NA	7.75	2.43	NA	26.93
27560		A	Treat kneecap dislocation	*3.82	2.20	1.42	3.55	2.60	0.16	7.53	6.58
27562		A	Treat kneecap dislocation	*5.79	NA	1.61	NA	3.40	0.76	NA	9.95
27566		A	Repair kneecap dislocation	*12.23	NA	1.75	NA	5.18	1.67	NA	19.08
27570		A	Fixation of knee joint	*1.74	NA	1.21	NA	1.92	0.28	NA	3.94
27580		A	Fusion of knee	*19.37	NA	2.59	NA	7.96	2.56	NA	29.89
27590		A	Amputate leg at thigh	*12.03	NA	3.53	NA	7.33	1.80	NA	21.16
27591		A	Amputate leg at thigh	*12.68	NA	3.53	NA	7.54	2.11	NA	22.33
27592		A	Amputate leg at thigh	*10.02	NA	3.53	NA	6.85	1.61	NA	18.48
27594		A	Amputation follow-up surgery	*6.92	NA	2.67	NA	4.92	0.68	NA	12.52
27596		A	Amputation follow-up surgery	*10.60	NA	3.53	NA	6.93	1.42	NA	18.95
27598		A	Amputate lower leg at knee	*10.53	NA	3.08	NA	6.45	1.78	NA	18.76
27600		A	Decompression of lower leg	*5.65	NA	2.21	NA	4.07	0.64	NA	10.36
27601		A	Decompression of lower leg	*5.64	NA	2.21	NA	4.08	0.67	NA	10.39
27602		A	Decompression of lower leg	*7.35	NA	2.21	NA	4.47	0.77	NA	12.59
27603		A	Drain lower leg lesion	*4.94	5.78	3.50	8.21	5.44	0.41	13.56	10.79
27604		A	Drain lower leg bursa	*4.47	4.93	2.66	7.02	4.25	0.14	11.63	8.86
27605		A	Incision of achilles tendon	*2.87	3.65	1.38	5.11	2.34	0.14	8.12	5.35
27606		A	Incision of achilles tendon	*4.14	3.65	1.38	5.43	2.66	0.35	9.92	7.15
27607		A	Treat lower leg bone lesion	*7.97	NA	4.75	NA	7.75	0.98	NA	16.70
27610		A	Explore/treat ankle joint	*8.34	NA	2.80	NA	5.49	1.13	NA	14.96
27612		A	Exploration of ankle joint	*7.33	NA	2.42	NA	4.85	1.30	NA	13.48
27613		A	Biopsy lower leg soft tissue	*2.17	1.44	0.59	2.25	1.22	0.10	4.52	3.49
27614		A	Biopsy lower leg soft tissue	*5.66	4.52	2.25	6.84	4.07	0.38	12.88	10.11
27615		A	Remove tumor, lower leg	*12.56	NA	4.13	NA	8.09	1.42	NA	22.07
27618		A	Remove lower leg lesion	*5.09	4.52	2.25	6.70	3.93	0.32	12.11	9.34
27619		A	Remove lower leg lesion	*8.40	4.93	2.66	8.00	5.23	0.67	17.07	14.30
27620		A	Explore, treat ankle joint	*5.98	NA	2.42	NA	4.48	0.96	NA	11.42
27625		A	Remove ankle joint lining	*8.30	NA	2.80	NA	5.51	1.27	NA	15.08
27626		A	Remove ankle joint lining	*8.91	NA	2.80	NA	5.64	1.25	NA	15.80
27630		A	Removal of tendon lesion	*4.80	4.52	2.25	6.67	3.90	0.46	11.93	9.16
27635		A	Remove lower leg bone lesion	*7.78	NA	3.08	NA	5.73	1.27	NA	14.78
27637		A	Remove/graft leg bone lesion	*9.85	NA	3.08	NA	6.22	1.40	NA	17.47
27638		A	Remove/graft leg bone lesion	*10.57	NA	3.08	NA	6.40	1.52	NA	18.49
27640		A	Partial removal of tibia	*11.37	NA	4.89	NA	8.80	1.57	NA	21.74

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27641	.....	A	Partial removal of fibula	*9.24	NA	4.89	NA	8.24	1.18	NA	18.66
27645	.....	A	Extensive lower leg surgery	*14.17	NA	4.13	NA	8.57	1.98	NA	24.72
27646	.....	A	Extensive lower leg surgery	*12.66	NA	4.13	NA	8.18	1.71	NA	22.55
27647	.....	A	Extensive ankle/heel surgery	*12.24	NA	3.17	NA	6.84	1.35	NA	20.43
27648	.....	A	Injection for ankle x-ray	0.96	4.22	0.09	5.36	0.33	0.05	6.37	1.34
27650	.....	A	Repair achilles tendon	*9.69	NA	2.21	NA	5.13	1.41	NA	16.23
27652	.....	A	Repair/graft achilles tendon	*10.33	NA	2.21	NA	5.30	1.56	NA	17.19
27654	.....	A	Repair of achilles tendon	*10.02	NA	2.66	NA	5.80	1.65	NA	17.47
27656	.....	A	Repair leg fascia defect	*4.57	4.52	2.25	6.63	3.86	0.54	11.74	8.97
27658	.....	A	Repair of leg tendon, each	*4.98	5.35	3.08	7.74	4.97	0.60	13.32	10.55
27659	.....	A	Repair of leg tendon, each	*6.81	5.35	3.08	8.20	5.43	0.86	15.87	13.10
27664	.....	A	Repair of leg tendon, each	*4.59	5.35	3.08	7.64	4.87	0.52	12.75	9.98
27665	.....	A	Repair of leg tendon, each	*5.40	5.35	3.08	7.87	5.10	0.76	14.03	11.26
27675	.....	A	Repair lower leg tendons	*7.18	NA	2.42	NA	4.73	0.94	NA	12.85
27676	.....	A	Repair lower leg tendons	*8.42	NA	2.42	NA	5.05	1.14	NA	14.61
27680	.....	A	Release of lower leg tendon	*5.74	NA	2.42	NA	4.35	0.61	NA	10.70
27681	.....	A	Release of lower leg tendons	*6.82	NA	2.42	NA	4.64	0.86	NA	12.32
27685	.....	A	Revision of lower leg tendon	*6.50	4.93	2.66	7.53	4.76	0.41	14.44	11.67
27686	.....	A	Revise lower leg tendons	*7.46	4.93	2.66	7.84	5.07	0.90	16.20	13.43
27687	.....	A	Revision of calf tendon	*6.24	NA	2.66	NA	4.78	0.76	NA	11.78
27690	.....	A	Revise lower leg tendon	*8.71	NA	2.80	NA	5.52	0.88	NA	15.11
27691	.....	A	Revise lower leg tendon	*9.96	NA	2.80	NA	5.87	1.23	NA	17.06
27692	.....	A	Revise additional leg tendon	1.87	NA	0.00	NA	0.47	0.29	NA	2.63
27695	.....	A	Repair of ankle ligament	*6.51	NA	2.80	NA	5.13	1.32	NA	12.96
27696	.....	A	Repair of ankle ligaments	*8.27	NA	2.80	NA	5.48	1.16	NA	14.91
27698	.....	A	Repair of ankle ligament	*9.36	NA	2.42	NA	5.41	1.86	NA	16.63
27700	.....	A	Revision of ankle joint	*9.29	NA	2.42	NA	5.32	1.51	NA	16.12
27702	.....	A	Reconstruct ankle joint	*13.67	NA	2.42	NA	6.82	3.99	NA	24.48
27703	.....	A	Reconstruction, ankle joint	*15.87	NA	2.42	NA	6.93	2.25	NA	25.05
27704	.....	A	Removal of ankle implant	*7.62	NA	2.42	NA	4.84	0.98	NA	13.44
27705	.....	A	Incision of tibia	*10.38	NA	2.66	NA	5.90	1.76	NA	18.04
27707	.....	A	Incision of fibula	*4.37	NA	2.66	NA	4.37	0.79	NA	9.53
27709	.....	A	Incision of tibia & fibula	*9.95	NA	2.66	NA	5.89	2.14	NA	17.98
27712	.....	A	Realignment of lower leg	*14.25	NA	2.66	NA	6.72	1.63	NA	22.60
27715	.....	A	Revision of lower leg	*14.39	NA	3.08	NA	7.32	1.88	NA	23.59
27720	.....	A	Repair of tibia	*11.79	NA	3.08	NA	6.83	2.25	NA	20.87
27722	.....	A	Repair/graft of tibia	*11.82	NA	3.08	NA	6.70	1.64	NA	20.16
27724	.....	A	Repair/graft of tibia	*14.99	NA	3.08	NA	7.66	2.87	NA	25.52
27725	.....	A	Repair of lower leg	*15.59	NA	3.08	NA	7.50	1.53	NA	24.62
27727	.....	A	Repair of lower leg	*14.01	NA	3.08	NA	7.22	1.84	NA	23.07
27730	.....	A	Repair of tibia epiphysis	*7.41	4.93	2.66	7.82	5.05	0.84	16.07	13.30
27732	.....	A	Repair of fibula epiphysis	*5.32	4.93	2.66	7.35	4.58	0.79	13.46	10.69
27734	.....	A	Repair lower leg epiphyses	*8.48	NA	2.66	NA	5.37	1.23	NA	15.08
27740	.....	A	Repair of leg epiphyses	8.75	4.84	2.00	4.84	2.00	1.36	14.95	12.11
27742	.....	A	Repair of leg epiphyses	*10.30	4.93	2.66	8.60	5.83	1.52	20.42	17.65
27745	.....	A	Reinforce tibia	*10.07	NA	2.66	NA	5.75	1.39	NA	17.21
27750	.....	A	Treatment of tibia fracture	*3.19	2.20	1.42	3.49	2.53	0.50	7.18	6.22
27752	.....	A	Treatment of tibia fracture	*5.84	2.61	1.71	4.64	3.54	0.81	11.29	10.19
27756	.....	A	Repair of tibia fracture	*6.78	NA	3.08	NA	5.61	1.70	NA	14.09
27758	.....	A	Repair of tibia fracture	*11.67	NA	2.65	NA	6.27	2.22	NA	20.16
27759	.....	A	Repair of tibia fracture	12.60	NA	2.65	NA	6.48	2.22	NA	21.30
27760	.....	A	Treatment of ankle fracture	*3.01	2.20	1.42	3.42	2.47	0.37	6.80	5.85
27762	.....	A	Treatment of ankle fracture	*5.25	2.61	1.71	4.44	3.35	0.50	10.19	9.10
27766	.....	A	Repair of ankle fracture	*8.36	NA	1.97	NA	4.50	1.26	NA	14.12
27780	.....	A	Treatment of fibula fracture	*2.65	1.94	1.42	3.00	2.36	0.26	5.91	5.27
27781	.....	A	Treatment of fibula fracture	*4.40	2.30	1.42	3.88	2.80	0.49	8.77	7.69
27784	.....	A	Repair of fibula fracture	*7.11	NA	2.21	NA	4.44	0.87	NA	12.42
27786	.....	A	Treatment of ankle fracture	*2.84	2.20	1.42	3.39	2.43	0.38	6.61	5.65
27788	.....	A	Treatment of ankle fracture	*4.45	2.30	1.42	3.89	2.81	0.50	8.84	7.76
27792	.....	A	Repair of ankle fracture	*7.66	NA	1.97	NA	4.33	1.17	NA	13.16
27808	.....	A	Treatment of ankle fracture	*2.83	2.61	1.71	3.89	2.79	0.39	7.11	6.01
27810	.....	A	Treatment of ankle fracture	*5.13	2.61	1.71	4.48	3.39	0.80	10.41	9.32
27814	.....	A	Repair of ankle fracture	*10.68	NA	2.37	NA	5.58	1.60	NA	17.86
27816	.....	A	Treatment of ankle fracture	*2.89	2.51	1.71	3.81	2.84	0.55	7.25	6.28
27818	.....	A	Treatment of ankle fracture	*5.50	2.61	1.71	4.62	3.52	1.06	11.18	10.08
27822	.....	A	Repair of ankle fracture	*9.20	NA	3.59	NA	6.80	1.88	NA	17.88
27823	.....	A	Repair of ankle fracture	*11.80	NA	3.59	NA	7.41	2.05	NA	21.26
27824	.....	A	Treat lower leg fracture	2.71	2.61	1.71	3.89	2.80	0.55	7.15	6.06
27825	.....	A	Treat lower leg fracture	5.08	2.61	1.71	4.52	3.43	1.06	10.66	9.57
27826	.....	A	Treat lower leg fracture	7.43	NA	3.59	NA	6.41	1.88	NA	15.72
27827	.....	A	Treat lower leg fracture	*14.06	NA	3.59	NA	7.86	1.88	NA	23.80
27828	.....	A	Treat lower leg fracture	*16.23	NA	3.59	NA	8.38	2.05	NA	26.66
27829	.....	A	Treat lower leg joint	4.87	NA	2.89	NA	4.89	1.37	NA	11.13
27830	.....	A	Treat lower leg dislocation	*3.79	2.20	1.42	3.61	2.66	0.46	7.86	6.91

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27831		A	Treat lower leg dislocation	*4.56	NA	1.61	NA	3.09	0.59	NA	8.24
27832		A	Repair lower leg dislocation	*6.49	NA	2.21	NA	4.31	0.89	NA	11.69
27840		A	Treat ankle dislocation	*4.58	NA	1.87	NA	3.33	0.21	NA	8.12
27842		A	Treat ankle dislocation	*6.21	NA	1.28	NA	3.00	0.34	NA	9.55
27846		A	Repair ankle dislocation	*9.79	NA	2.37	NA	5.34	1.37	NA	16.50
27848		A	Repair ankle dislocation	*11.20	NA	2.89	NA	6.27	1.32	NA	18.79
27860		A	Fixation of ankle joint	*2.34	NA	1.21	NA	2.04	0.23	NA	4.61
27870		A	Fusion of ankle joint	*13.91	NA	2.80	NA	6.95	2.22	NA	23.08
27871		A	Fusion of tibiofibular joint	*9.17	NA	2.67	NA	5.53	1.21	NA	15.91
27880		A	Amputation of lower leg	*11.85	NA	3.08	NA	6.70	1.60	NA	20.15
27881		A	Amputation of lower leg	*12.34	NA	3.08	NA	6.86	1.87	NA	21.07
27882		A	Amputation of lower leg	*8.94	NA	4.13	NA	7.30	1.42	NA	17.66
27884		A	Amputation follow-up surgery	*8.21	NA	3.08	NA	5.68	0.61	NA	14.50
27886		A	Amputation follow-up surgery	*9.32	NA	3.08	NA	6.09	1.34	NA	16.75
27888		A	Amputation of foot at ankle	*9.67	NA	2.80	NA	5.90	1.65	NA	17.22
27889		A	Amputation of foot at ankle	*9.98	NA	2.80	NA	5.94	1.55	NA	17.47
27892		A	Decompression of leg	6.03	NA	2.21	NA	4.16	0.64	NA	10.83
27893		A	Decompression of leg	5.99	NA	2.21	NA	4.15	0.67	NA	10.81
27894		A	Decompression of leg	*10.49	NA	2.21	NA	5.16	0.77	NA	16.42
28001		A	Drainage of bursa of foot	*2.73	3.61	1.33	5.01	2.24	0.05	7.79	5.02
28002		A	Treatment of foot infection	*4.62	3.61	1.33	5.48	2.71	0.33	10.43	7.66
28003		A	Treatment of foot infection	*8.41	6.05	3.78	9.35	6.58	0.59	18.35	15.58
28005		A	Treat foot bone lesion	*8.68	NA	3.78	NA	6.64	0.61	NA	15.93
28008		A	Incision of foot fascia	*4.45	4.97	2.70	7.10	4.33	0.29	11.84	9.07
28010		A	Incision of toe tendon	*2.84	4.62	2.33	6.32	3.54	0.33	9.49	6.71
28011		A	Incision of toe tendons	*4.14	4.62	2.33	6.58	3.79	0.19	10.91	8.12
28020		A	Exploration of a foot joint	*5.01	4.62	2.33	6.85	4.06	0.56	12.42	9.63
28022		A	Exploration of a foot joint	*4.67	4.62	2.33	6.72	3.94	0.31	11.70	8.92
28024		A	Exploration of a toe joint	*4.38	4.62	2.33	6.64	3.86	0.24	11.26	8.48
28030		A	Removal of foot nerve	*6.15	NA	1.77	NA	3.60	0.42	NA	10.17
28035		A	Decompression of tibia nerve	*5.09	4.97	2.70	7.37	4.60	0.90	13.36	10.59
28043		A	Excision of foot lesion	*3.54	4.31	2.04	6.07	3.30	0.20	9.81	7.04
28045		A	Excision of foot lesion	*4.72	4.62	2.33	6.76	3.98	0.46	11.94	9.16
28046		A	Resection of tumor, foot	*10.18	5.54	3.26	9.16	6.38	0.79	20.13	17.35
28050		A	Biopsy of foot joint lining	*4.25	4.62	2.33	6.67	3.89	0.53	11.45	8.67
28052		A	Biopsy of foot joint lining	*3.94	4.62	2.33	6.58	3.80	0.43	10.95	8.17
28054		A	Biopsy of toe joint lining	*3.45	4.62	2.33	6.44	3.66	0.28	10.17	7.39
28060		A	Partial removal foot fascia	*5.23	4.97	2.70	7.32	4.55	0.53	13.08	10.31
28062		A	Removal of foot fascia	*6.52	4.97	2.70	7.68	4.91	0.86	15.06	12.29
28070		A	Removal of foot joint lining	*5.10	4.62	2.33	6.85	4.07	0.48	12.43	9.65
28072		A	Removal of foot joint lining	*4.58	4.62	2.33	6.72	3.94	0.42	11.72	8.94
28080		A	Removal of foot lesion	*3.58	4.97	2.70	6.94	4.17	0.45	10.97	8.20
28086		A	Excise foot tendon sheath	*4.78	4.62	2.33	6.77	3.99	0.46	12.01	9.23
28088		A	Excise foot tendon sheath	*3.86	4.62	2.33	6.56	3.78	0.40	10.82	8.04
28090		A	Removal of foot lesion	*4.41	4.62	2.33	6.66	3.87	0.29	11.36	8.57
28092		A	Removal of toe lesions	*3.64	4.62	2.33	6.48	3.70	0.25	10.37	7.59
28100		A	Removal of ankle/heel lesion	*5.66	4.97	2.70	7.42	4.65	0.56	13.64	10.87
28102		A	Remove/graft foot lesion	*7.73	NA	2.70	NA	5.17	0.85	NA	13.75
28103		A	Remove/graft foot lesion	*6.50	4.97	2.70	7.64	4.87	0.69	14.83	12.06
28104		A	Removal of foot lesion	*5.12	4.97	2.70	7.29	4.52	0.49	12.90	10.13
28106		A	Remove/graft foot lesion	*7.16	NA	2.70	NA	5.03	0.79	NA	12.98
28107		A	Remove/graft foot lesion	*5.56	4.97	2.70	7.38	4.61	0.48	13.42	10.65
28108		A	Removal of toe lesions	*4.16	4.62	2.33	6.62	3.84	0.38	11.16	8.38
28110		A	Part removal of metatarsal	*4.08	5.54	3.26	7.74	4.95	0.39	12.21	9.42
28111		A	Part removal of metatarsal	*5.01	5.54	3.26	8.00	5.21	0.65	13.66	10.87
28112		A	Part removal of metatarsal	*4.49	5.54	3.26	7.84	5.06	0.45	12.78	10.00
28113		A	Part removal of metatarsal	*4.79	5.54	3.26	7.91	5.13	0.48	13.18	10.40
28114		A	Removal of metatarsal heads	*9.79	5.70	3.41	9.40	6.62	1.42	20.61	17.83
28116		A	Revision of foot	*7.75	4.62	2.33	7.45	4.67	0.57	15.77	12.99
28118		A	Removal of heel bone	*5.96	4.97	2.70	7.51	4.74	0.66	14.13	11.36
28119		A	Removal of heel spur	*5.39	4.97	2.70	7.37	4.60	0.57	13.33	10.56
28120		A	Part removal of ankle/heel	*5.40	6.04	3.77	8.70	5.93	0.67	14.77	12.00
28122		A	Partial removal of foot bone	*7.29	6.04	3.77	9.08	6.31	0.54	16.91	14.14
28124		A	Partial removal of toe	*4.81	6.04	3.77	8.50	5.73	0.37	13.68	10.91
28126		A	Partial removal of toe	*3.52	5.54	3.26	7.61	4.82	0.36	11.49	8.70
28130		A	Removal of ankle bone	*8.11	NA	2.42	NA	4.93	0.88	NA	13.92
28140		A	Removal of metatarsal	*6.91	4.97	2.70	7.71	4.94	0.62	15.24	12.47
28150		A	Removal of toe	*4.09	5.54	3.26	7.74	4.95	0.38	12.21	9.42
28153		A	Partial removal of toe	*3.66	5.54	3.26	7.64	4.86	0.36	11.66	8.88
28160		A	Partial removal of toe	*3.74	5.54	3.26	7.66	4.88	0.38	11.78	9.00
28171		A	Extensive foot surgery	*9.60	NA	3.26	NA	6.27	0.88	NA	16.75
28173		A	Extensive foot surgery	*8.80	5.54	3.26	8.85	6.06	0.74	18.39	15.60
28175		A	Extensive foot surgery	*6.05	5.54	3.26	8.21	5.43	0.58	14.84	12.06
28190		A	Removal of foot foreign body	*1.96	3.61	1.33	4.84	2.07	0.05	6.85	4.08

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
28192	.....	A	Removal of foot foreign body	*4.64	4.31	2.04	6.32	3.55	0.24	11.20	8.43
28193	.....	A	Removal of foot foreign body	*5.73	4.97	2.70	7.38	4.61	0.30	13.41	10.64
28200	.....	A	Repair of foot tendon	*4.60	4.97	2.70	7.18	4.41	0.50	12.28	9.51
28202	.....	A	Repair/graft of foot tendon	*6.84	4.97	2.70	7.73	4.96	0.77	15.34	12.57
28208	.....	A	Repair of foot tendon	*4.37	4.97	2.70	7.08	4.31	0.28	11.73	8.96
28210	.....	A	Repair/graft of foot tendon	*6.35	4.97	2.70	7.58	4.81	0.60	14.53	11.76
28220	.....	A	Release of foot tendon	*4.53	4.97	2.70	7.15	4.38	0.43	12.11	9.34
28222	.....	A	Release of foot tendons	*5.62	4.97	2.70	7.43	4.66	0.63	13.68	10.91
28225	.....	A	Release of foot tendon	*3.66	4.97	2.70	6.92	4.15	0.25	10.83	8.06
28226	.....	A	Release of foot tendons	*4.53	4.97	2.70	7.14	4.37	0.40	12.07	9.30
28230	.....	A	Incision of foot tendon(s)	*4.24	4.97	2.70	7.04	4.27	0.22	11.50	8.73
28232	.....	A	Incision of toe tendon	*3.39	4.97	2.70	6.84	4.07	0.15	10.38	7.61
28234	.....	A	Incision of foot tendon	*3.37	4.97	2.70	6.83	4.06	0.14	10.34	7.57
28238	.....	A	Revision of foot tendon	*7.73	4.97	2.70	7.94	5.17	0.85	16.52	13.75
28240	.....	A	Release of big toe	*4.36	4.97	2.70	7.07	4.30	0.23	11.66	8.89
28250	.....	A	Revision of foot fascia	*5.92	4.97	2.70	7.47	4.70	0.50	13.89	11.12
28260	.....	A	Release of midfoot joint	*7.96	4.97	2.70	7.91	5.14	0.48	16.35	13.58
28261	.....	A	Revision of foot tendon	*11.73	4.97	2.70	8.76	5.99	0.58	21.07	18.30
28262	.....	A	Revision of foot and ankle	*15.83	5.54	3.26	10.54	7.76	1.44	27.81	25.03
28264	.....	A	Release of midfoot joint	*10.35	5.54	3.26	9.28	6.50	1.17	20.80	18.02
28270	.....	A	Release of foot contracture	*4.76	5.54	3.26	7.85	5.07	0.23	12.84	10.06
28272	.....	A	Release of toe joint, each	*3.80	4.97	2.70	6.93	4.16	0.18	10.91	8.14
28280	.....	A	Fusion of toes	*5.19	4.62	2.33	6.83	4.05	0.30	12.32	9.54
28285	.....	A	Repair of hammertoe	*4.59	5.54	3.26	7.85	5.07	0.39	12.83	10.05
28286	.....	A	Repair of hammertoe	*4.56	5.54	3.26	7.84	5.06	0.38	12.78	10.00
28288	.....	A	Partial removal of foot bone	*4.74	5.54	3.26	7.89	5.11	0.43	13.06	10.28
28290	.....	A	Correction of bunion	*5.66	5.54	3.26	8.13	5.35	0.63	14.42	11.64
28292	.....	A	Correction of bunion	*7.04	5.54	3.26	8.46	5.68	0.74	16.24	13.46
28293	.....	A	Correction of bunion	*9.15	5.54	3.26	8.98	6.19	0.98	19.11	16.32
28294	.....	A	Correction of bunion	*8.56	5.54	3.26	8.82	6.04	0.86	18.24	15.46
28296	.....	A	Correction of bunion	*9.18	5.54	3.26	8.98	6.20	0.98	19.14	16.36
28297	.....	A	Correction of bunion	*9.18	5.54	3.26	9.00	6.22	1.05	19.23	16.45
28298	.....	A	Correction of bunion	*7.94	5.54	3.26	8.67	5.89	0.79	17.40	14.62
28299	.....	A	Correction of bunion	*8.88	5.54	3.26	8.94	6.16	1.08	18.90	16.12
28300	.....	A	Incision of heel bone	*9.54	4.62	2.33	7.89	5.11	0.79	18.22	15.44
28302	.....	A	Incision of ankle bone	*9.55	4.62	2.33	7.96	5.18	1.12	18.63	15.85
28304	.....	A	Incision of midfoot bones	*9.16	4.62	2.33	7.79	5.00	0.70	17.65	14.86
28305	.....	A	Incise/graft midfoot bones	*10.50	4.62	2.33	8.15	5.37	1.03	19.68	16.90
28306	.....	A	Incision of metatarsal	*5.86	4.62	2.33	7.01	4.23	0.47	13.34	10.56
28307	.....	A	Incision of metatarsal	*6.33	4.62	2.33	7.18	4.40	0.76	14.27	11.49
28308	.....	A	Incision of metatarsal	*5.29	4.62	2.33	6.89	4.11	0.50	12.68	9.90
28309	.....	A	Incision of metatarsals	*12.78	NA	2.70	NA	6.31	1.00	NA	20.09
28310	.....	A	Revision of big toe	*5.43	5.54	3.26	8.04	5.26	0.42	13.89	11.11
28312	.....	A	Revision of toe	*4.55	5.54	3.26	7.85	5.07	0.45	12.85	10.07
28313	.....	A	Repair deformity of toe	*5.01	5.54	3.26	7.92	5.14	0.31	13.24	10.46
28315	.....	A	Removal of sesamoid bone	*4.86	4.87	2.59	7.09	4.31	0.41	12.36	9.58
28320	.....	A	Repair of foot bones	*9.18	NA	2.33	NA	5.08	1.03	NA	15.29
28322	.....	A	Repair of metatarsals	*8.34	4.62	2.33	7.57	4.79	0.52	16.43	13.65
28340	.....	A	Resect enlarged toe tissue	*6.98	4.97	2.70	7.79	5.02	0.91	15.68	12.91
28341	.....	A	Resect enlarged toe	*8.41	4.97	2.70	8.11	5.34	0.96	17.48	14.71
28344	.....	A	Repair extra toe(s)	*4.26	4.62	2.33	6.69	3.91	0.60	11.55	8.77
28345	.....	A	Repair webbed toe(s)	*5.92	4.97	2.70	7.52	4.75	0.73	14.17	11.40
28360	.....	A	Reconstruct cleft foot	*13.34	NA	3.26	NA	7.32	1.95	NA	22.61
28400	.....	A	Treatment of heel fracture	*2.16	2.76	1.97	3.93	2.96	0.40	6.49	5.52
28405	.....	A	Treatment of heel fracture	*4.57	2.85	1.97	4.61	3.53	0.58	9.76	8.68
28406	.....	A	Treatment of heel fracture	*6.31	NA	2.57	NA	4.72	0.93	NA	11.96
28415	.....	A	Repair of heel fracture	*15.97	NA	3.59	NA	8.18	1.39	NA	25.54
28420	.....	A	Repair/graft heel fracture	*16.64	NA	3.59	NA	8.37	1.63	NA	26.64
28430	.....	A	Treatment of ankle fracture	*2.09	2.51	1.71	3.59	2.62	0.35	6.03	5.06
28435	.....	A	Treatment of ankle fracture	*3.40	2.61	1.71	4.03	2.94	0.50	7.93	6.84
28436	.....	A	Treatment of ankle fracture	*4.71	NA	2.57	NA	4.31	0.68	NA	9.70
28445	.....	A	Repair of ankle fracture	*9.33	NA	2.70	NA	5.64	1.40	NA	16.37
28450	.....	A	Treat midfoot fracture, each	*1.90	2.61	1.71	3.65	2.56	0.25	5.80	4.71
28455	.....	A	Treat midfoot fracture, each	*3.09	2.85	1.97	4.23	3.15	0.34	7.66	6.58
28456	.....	A	Repair midfoot fracture	*2.68	NA	2.57	NA	3.80	0.38	NA	6.86
28465	.....	A	Repair midfoot fracture,each	*7.01	NA	2.89	NA	5.24	0.81	NA	13.06
28470	.....	A	Treat metatarsal fracture	1.76	2.20	1.42	3.12	2.16	0.23	5.11	4.15
28475	.....	A	Treat metatarsal fracture	2.74	2.61	1.71	3.85	2.75	0.30	6.89	5.79
28476	.....	A	Repair metatarsal fracture	*3.38	NA	2.57	NA	3.97	0.45	NA	7.80
28485	.....	A	Repair metatarsal fracture	*5.71	NA	3.59	NA	5.75	0.60	NA	12.06
28490	.....	A	Treat big toe fracture	*1.09	1.37	1.10	1.93	1.60	0.10	3.12	2.79
28495	.....	A	Treat big toe fracture	*1.58	1.55	1.10	2.26	1.72	0.13	3.97	3.43
28496	.....	A	Repair big toe fracture	*2.33	4.90	2.21	6.55	3.27	0.31	9.19	5.91
28505	.....	A	Repair big toe fracture	*3.81	7.12	2.89	9.61	4.46	0.43	13.85	8.70

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
28510		A	Treatment of toe fracture	*1.09	1.37	1.10	1.92	1.60	0.09	3.10	2.78
28515		A	Treatment of toe fracture	*1.46	1.55	1.10	2.23	1.69	0.11	3.80	3.26
28525		A	Repair of toe fracture	*3.32	7.12	2.89	9.47	4.32	0.29	13.08	7.93
28530		A	Treat sesamoid bone fracture	*1.06	2.20	1.42	2.94	1.98	0.10	4.10	3.14
28531		A	Treat sesamoid bone fracture	2.01	7.12	2.89	9.19	4.04	0.32	11.52	6.37
28540		A	Treat foot dislocation	*2.04	2.51	1.71	3.52	2.55	0.06	5.62	4.65
28545		A	Treat foot dislocation	*2.45	2.75	1.96	3.92	2.95	0.14	6.51	5.54
28546		A	Treat foot dislocation	*3.20	4.90	2.21	6.77	3.49	0.45	10.42	7.14
28555		A	Repair foot dislocation	*6.30	7.12	2.89	10.22	5.07	0.73	17.25	12.10
28570		A	Treat foot dislocation	*1.66	2.51	1.71	3.46	2.49	0.17	5.29	4.32
28575		A	Treat foot dislocation	*3.31	2.75	1.96	4.17	3.20	0.42	7.90	6.93
28576		A	Treat foot dislocation	3.75	4.90	2.21	6.89	3.61	0.42	11.06	7.78
28585		A	Repair foot dislocation	*7.99	7.12	2.89	10.55	5.40	0.55	19.09	13.94
28600		A	Treat foot dislocation	*1.89	2.51	1.71	3.49	2.52	0.08	5.46	4.49
28605		A	Treat foot dislocation	*2.71	2.75	1.96	4.02	3.05	0.34	7.07	6.10
28606		A	Treat foot dislocation	*4.90	4.90	2.21	7.17	3.89	0.55	12.62	9.34
28615		A	Repair foot dislocation	*7.77	NA	2.89	NA	5.40	0.78	NA	13.95
28630		A	Treat toe dislocation	*1.70	1.37	1.10	2.06	1.74	0.11	3.87	3.55
28635		A	Treat toe dislocation	*1.91	1.56	1.18	2.36	1.90	0.18	4.45	3.99
28636		A	Treat toe dislocation	*2.77	3.81	1.11	5.34	2.05	0.42	8.53	5.24
28645		A	Repair toe dislocation	*4.22	5.89	2.16	8.19	3.64	0.38	12.79	8.24
28660		A	Treat toe dislocation	*1.23	1.88	1.22	2.58	1.77	0.06	3.87	3.06
28665		A	Treat toe dislocation	*1.92	1.56	1.18	2.35	1.89	0.11	4.38	3.92
28666		A	Treat toe dislocation	*2.66	3.81	1.11	5.32	2.02	0.40	8.38	5.08
28675		A	Repair of toe dislocation	*2.92	5.89	2.16	7.91	3.36	0.41	11.24	6.69
28705		A	Fusion of foot bones	*15.21	NA	2.70	NA	7.14	2.35	NA	24.70
28715		A	Fusion of foot bones	*13.10	NA	2.70	NA	6.58	1.89	NA	21.57
28725		A	Fusion of foot bones	*11.61	NA	2.70	NA	6.15	1.44	NA	19.20
28730		A	Fusion of foot bones	*10.76	NA	2.70	NA	5.94	1.33	NA	18.03
28735		A	Fusion of foot bones	*10.85	NA	2.70	NA	5.97	1.37	NA	18.19
28737		A	Revision of foot bones	*9.64	NA	2.70	NA	5.65	1.13	NA	16.42
28740		A	Fusion of foot bones	*8.02	4.97	2.70	7.98	5.21	0.72	16.72	13.95
28750		A	Fusion of big toe joint	*7.30	4.97	2.70	7.84	5.07	0.82	15.96	13.19
28755		A	Fusion of big toe joint	*4.74	4.97	2.70	7.20	4.43	0.45	12.39	9.62
28760		A	Fusion of big toe joint	*7.75	4.97	2.70	7.90	5.13	0.65	16.30	13.53
28800		A	Amputation of midfoot	*8.21	NA	2.70	NA	5.35	1.19	NA	14.75
28805		A	Amputation thru metatarsal	*8.39	NA	2.70	NA	5.39	1.21	NA	14.99
28810		A	Amputation toe & metatarsal	*6.21	NA	2.70	NA	4.82	0.75	NA	11.78
28820		A	Amputation of toe	*4.41	4.97	2.70	7.13	4.36	0.46	12.00	9.23
28825		A	Partial amputation of toe	*3.59	4.97	2.70	6.94	4.17	0.41	10.94	8.17
29000		A	Application of body cast	2.25	1.92	0.15	2.87	0.73	0.21	5.33	3.19
29010		A	Application of body cast	2.06	1.92	0.15	2.86	0.71	0.34	5.26	3.11
29015		A	Application of body cast	2.41	1.92	0.15	2.94	0.79	0.33	5.68	3.53
29020		A	Application of body cast	2.11	1.92	0.15	2.85	0.70	0.23	5.19	3.04
29025		A	Application of body cast	2.40	1.92	0.15	2.89	0.74	0.14	5.43	3.28
29035		A	Application of body cast	1.77	1.92	0.15	2.79	0.64	0.32	4.88	2.73
29040		A	Application of body cast	2.22	1.92	0.15	2.89	0.74	0.30	5.41	3.26
29044		A	Application of body cast	2.12	2.27	0.15	3.31	0.73	0.34	5.77	3.19
29046		A	Application of body cast	2.41	2.27	0.15	3.38	0.79	0.36	6.15	3.56
29049		A	Application of figure eight	0.89	1.15	0.15	1.61	0.39	0.06	2.56	1.34
29055		A	Application of shoulder cast	1.78	1.57	0.15	2.34	0.61	0.17	4.29	2.56
29058		A	Application of shoulder cast	1.31	1.15	0.15	1.71	0.49	0.09	3.11	1.89
29065		A	Application of long arm cast	0.87	1.15	0.15	1.62	0.41	0.13	2.62	1.41
29075		A	Application of forearm cast	0.77	1.15	0.15	1.59	0.38	0.10	2.46	1.25
29085		A	Apply hand/wrist cast	0.87	1.15	0.15	1.61	0.39	0.08	2.56	1.34
29105		A	Apply long arm splint	0.87	0.92	0.15	1.33	0.39	0.08	2.28	1.34
29125		A	Apply forearm splint	0.59	0.92	0.15	1.26	0.33	0.05	1.90	0.97
29126		A	Apply forearm splint	0.77	0.92	0.15	1.30	0.37	0.06	2.13	1.20
29130		A	Application of finger splint	0.50	0.47	0.15	0.69	0.30	0.02	1.21	0.82
29131		A	Application of finger splint	0.55	0.47	0.15	0.70	0.32	0.06	1.31	0.93
29200		A	Strapping of chest	0.65	0.63	0.15	0.92	0.34	0.03	1.60	1.02
29220		A	Strapping of low back	0.64	0.63	0.15	0.92	0.34	0.05	1.61	1.03
29240		A	Strapping of shoulder	0.71	0.63	0.15	0.93	0.35	0.03	1.67	1.09
29260		A	Strapping of elbow or wrist	0.55	0.54	0.15	0.79	0.31	0.03	1.37	0.89
29280		A	Strapping of hand or finger	0.51	0.53	0.15	0.76	0.30	0.02	1.29	0.83
29305		A	Application of hip cast	2.03	1.84	0.15	2.76	0.70	0.31	5.10	3.04
29325		A	Application of hip casts	2.32	1.84	0.15	2.82	0.76	0.28	5.42	3.36
29345		A	Application of long leg cast	1.40	1.20	0.15	1.81	0.53	0.16	3.37	2.09
29355		A	Application of long leg cast	1.53	1.29	0.15	1.95	0.56	0.17	3.65	2.26
29358		A	Apply long leg cast brace	1.43	1.15	0.15	1.79	0.57	0.33	3.55	2.33
29365		A	Application of long leg cast	1.18	1.29	0.15	1.87	0.48	0.14	3.19	1.80
29405		A	Apply short leg cast	0.86	1.24	0.15	1.73	0.40	0.12	2.71	1.38
29425		A	Apply short leg cast	1.01	1.24	0.15	1.77	0.44	0.14	2.92	1.59
29435		A	Apply short leg cast	1.18	1.29	0.15	1.88	0.48	0.18	3.24	1.84

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
29440		A	Addition of walker to cast	0.57	0.71	0.15	1.00	0.32	0.03	1.60	0.92
29445		A	Apply rigid leg cast	1.78	1.29	0.15	2.03	0.64	0.28	4.09	2.70
29450		A	Application of leg cast	1.02	1.24	0.15	1.75	0.42	0.04	2.81	1.48
29505		A	Application long leg splint	0.69	1.02	0.15	1.41	0.35	0.07	2.17	1.11
29515		A	Application lower leg splint	0.73	1.02	0.15	1.42	0.36	0.06	2.21	1.15
29520		A	Strapping of hip	0.54	0.63	0.15	0.89	0.31	0.03	1.46	0.88
29530		A	Strapping of knee	0.57	0.54	0.15	0.79	0.32	0.05	1.41	0.94
29540		A	Strapping of ankle	0.51	0.54	0.15	0.78	0.30	0.03	1.32	0.84
29550		A	Strapping of toes	0.47	0.50	0.15	0.72	0.30	0.03	1.22	0.80
29580		A	Application of paste boot	0.57	0.67	0.15	0.95	0.32	0.04	1.56	0.93
29590		A	Application of foot splint	0.76	0.47	0.15	0.74	0.36	0.03	1.53	1.15
29700		A	Removal/revision of cast	0.57	0.47	0.15	0.71	0.32	0.05	1.33	0.94
29705		A	Removal/revision of cast	0.76	0.47	0.15	0.75	0.36	0.05	1.56	1.17
29710		A	Removal/revision of cast	1.34	0.47	0.15	0.88	0.50	0.07	2.29	1.91
29715		A	Removal/revision of cast	0.94	1.15	0.15	1.64	0.42	0.12	2.70	1.48
29720		A	Repair of body cast	0.68	0.79	0.15	1.13	0.34	0.04	1.85	1.06
29730		A	Windowing of cast	0.75	0.47	0.15	0.74	0.36	0.04	1.53	1.15
29740		A	Wedging of cast	1.12	0.71	0.15	1.13	0.44	0.06	2.31	1.62
29750		A	Wedging of clubfoot cast	1.26	0.71	0.15	1.16	0.48	0.07	2.49	1.81
29800		A	Jaw arthroscopy/surgery	5.28	NA	2.71	NA	4.56	0.46	NA	10.30
29804		A	Jaw arthroscopy/surgery	7.99	NA	4.67	NA	7.76	1.46	NA	17.21
29815		A	Shoulder arthroscopy	*5.89	NA	2.12	NA	4.04	0.76	NA	10.69
29819		A	Shoulder arthroscopy/surgery	*7.62	NA	2.51	NA	5.10	1.73	NA	14.45
29820		A	Shoulder arthroscopy/surgery	*7.07	NA	2.51	NA	4.98	1.73	NA	13.78
29821		A	Shoulder arthroscopy/surgery	*7.72	NA	2.51	NA	5.21	2.13	NA	15.06
29822		A	Shoulder arthroscopy/surgery	*7.43	NA	2.51	NA	5.06	1.74	NA	14.23
29823		A	Shoulder arthroscopy/surgery	*8.17	NA	2.51	NA	5.35	2.32	NA	15.84
29825		A	Shoulder arthroscopy/surgery	*7.62	NA	2.51	NA	5.17	2.05	NA	14.84
29826		A	Shoulder arthroscopy/surgery	*8.99	NA	2.51	NA	5.53	2.31	NA	16.83
29830		A	Elbow arthroscopy	*5.76	NA	1.55	NA	3.33	0.83	NA	9.92
29834		A	Elbow arthroscopy/surgery	*6.28	NA	1.76	NA	3.73	0.96	NA	10.97
29835		A	Elbow arthroscopy/surgery	*6.48	NA	1.76	NA	3.79	0.99	NA	11.26
29836		A	Elbow arthroscopy/surgery	*7.55	NA	1.76	NA	4.05	1.15	NA	12.75
29837		A	Elbow arthroscopy/surgery	*6.87	NA	1.76	NA	3.89	1.06	NA	11.82
29838		A	Elbow arthroscopy/surgery	*7.71	NA	1.76	NA	4.09	1.14	NA	12.94
29840		A	Wrist arthroscopy	*5.54	NA	2.45	NA	4.31	0.54	NA	10.39
29843		A	Wrist arthroscopy/surgery	*6.01	NA	2.45	NA	4.50	0.91	NA	11.42
29844		A	Wrist arthroscopy/surgery	*6.37	NA	2.45	NA	4.58	0.95	NA	11.90
29845		A	Wrist arthroscopy/surgery	*7.52	NA	2.45	NA	4.88	1.15	NA	13.55
29846		A	Wrist arthroscopy/surgery	*6.75	NA	3.45	NA	6.17	2.20	NA	15.12
29847		A	Wrist arthroscopy/surgery	*7.08	NA	3.45	NA	5.97	0.97	NA	14.02
29848		A	Wrist arthroscopy/surgery	*5.44	NA	2.45	NA	4.31	0.62	NA	10.37
29850		A	Knee arthroscopy/surgery	7.96	NA	2.31	NA	4.94	1.74	NA	14.64
29851		A	Knee arthroscopy/surgery	12.38	NA	2.31	NA	5.91	1.74	NA	20.03
29855		A	Tibial arthroscopy/surgery	9.48	NA	2.28	NA	5.27	1.88	NA	16.63
29856		A	Tibial arthroscopy/surgery	13.28	NA	2.28	NA	6.10	1.88	NA	21.26
29870		A	Knee arthroscopy, diagnostic	*5.07	NA	1.75	NA	3.39	0.64	NA	9.10
29871		A	Knee arthroscopy/drainage	*6.55	NA	2.31	NA	4.46	0.96	NA	11.97
29874		A	Knee arthroscopy/surgery	*7.05	NA	2.04	NA	4.36	1.52	NA	12.93
29875		A	Knee arthroscopy/surgery	*6.31	NA	2.04	NA	4.22	1.61	NA	12.14
29876		A	Knee arthroscopy/surgery	*7.92	NA	2.31	NA	4.98	1.95	NA	14.85
29877		A	Knee arthroscopy/surgery	*7.35	NA	2.04	NA	4.49	1.81	NA	13.65
29879		A	Knee arthroscopy/surgery	*8.04	NA	2.04	NA	4.73	2.19	NA	14.96
29880		A	Knee arthroscopy/surgery	*8.50	NA	2.04	NA	4.83	2.22	NA	15.55
29881		A	Knee arthroscopy/surgery	*7.76	NA	2.04	NA	4.58	1.82	NA	14.16
29882		A	Knee arthroscopy/surgery	*8.65	NA	2.04	NA	4.80	1.90	NA	15.35
29883		A	Knee arthroscopy/surgery	*9.46	NA	2.04	NA	5.17	2.80	NA	17.43
29884		A	Knee arthroscopy/surgery	*7.33	NA	2.31	NA	4.77	1.56	NA	13.66
29885		A	Knee arthroscopy/surgery	*9.09	NA	2.31	NA	5.11	1.35	NA	15.55
29886		A	Knee arthroscopy/surgery	*7.54	NA	2.31	NA	4.72	1.12	NA	13.38
29887		A	Knee arthroscopy/surgery	*9.04	NA	2.31	NA	5.17	1.71	NA	15.92
29888		A	Knee arthroscopy/surgery	*13.90	NA	2.31	NA	6.56	3.18	NA	23.64
29889		A	Knee arthroscopy/surgery	*15.13	NA	2.31	NA	6.50	1.68	NA	23.31
29894		A	Ankle arthroscopy/surgery	*7.21	NA	2.42	NA	4.86	1.47	NA	13.54
29895		A	Ankle arthroscopy/surgery	*6.99	NA	2.42	NA	4.82	1.51	NA	13.32
29897		A	Ankle arthroscopy/surgery	*7.18	NA	2.42	NA	4.92	1.77	NA	13.87
29898		A	Ankle arthroscopy/surgery	*8.32	NA	2.42	NA	5.20	1.91	NA	15.43
30000		A	Drainage of nose lesion	*1.43	0.96	0.66	1.49	1.13	0.05	2.97	2.61
30020		A	Drainage of nose lesion	*1.43	0.96	0.66	1.49	1.13	0.06	2.98	2.62
30100		A	Intranasal biopsy	0.94	0.50	0.13	0.83	0.38	0.08	1.85	1.40
30110		A	Removal of nose polyp(s)	*1.63	1.00	0.93	1.60	1.52	0.14	3.37	3.29
30115		A	Removal of nose polyp(s)	*4.35	NA	1.42	NA	2.75	0.30	NA	7.40
30117		A	Removal of intranasal lesion	*3.16	1.32	1.02	2.37	2.00	0.31	5.84	5.47
30118		A	Removal of intranasal lesion	*9.69	NA	1.78	NA	4.50	0.92	NA	15.11

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
30120		A	Revision of nose	*5.27	1.56	1.56	3.27	3.27	1.00	9.54	9.54
30124		A	Removal of nose lesion	*3.10	NA	1.42	NA	2.44	0.16	NA	5.70
30125		A	Removal of nose lesion	*7.16	NA	1.75	NA	3.86	0.73	NA	11.75
30130		A	Removal of turbinate bones	*3.38	NA	1.42	NA	2.50	0.17	NA	6.05
30140		A	Removal of turbinate bones	*3.43	NA	1.75	NA	2.96	0.34	NA	6.73
30150		A	Partial removal of nose	*9.14	NA	1.82	NA	4.46	1.07	NA	14.67
30160		A	Removal of nose	*9.58	NA	1.82	NA	4.70	1.73	NA	16.01
30200		A	Injection treatment of nose	0.78	0.49	0.13	0.78	0.34	0.04	1.60	1.16
30210		A	Nasal sinus therapy	*1.08	0.92	0.92	1.36	1.36	0.03	2.47	2.47
30220		A	Insert nasal septal button	*1.54	0.95	0.93	1.53	1.50	0.16	3.23	3.20
30300		A	Remove nasal foreign body	*1.04	1.03	0.46	1.49	0.80	0.05	2.58	1.89
30310		A	Remove nasal foreign body	*1.96	NA	0.69	NA	1.31	0.18	NA	3.45
30320		A	Remove nasal foreign body	*4.52	NA	1.65	NA	3.10	0.43	NA	8.05
30400		R	Reconstruction of nose	*9.83	NA	1.82	NA	4.67	1.36	NA	15.86
30410		R	Reconstruction of nose	*12.98	NA	1.82	NA	5.51	2.01	NA	20.50
30420		R	Reconstruction of nose	*15.88	NA	1.82	NA	6.19	2.22	NA	24.29
30430		R	Revision of nose	*7.21	NA	1.75	NA	3.86	0.66	NA	11.73
30435		R	Revision of nose	*11.71	NA	1.82	NA	5.03	1.10	NA	17.84
30450		R	Revision of nose	*18.65	NA	1.82	NA	6.51	0.91	NA	26.07
30460		A	Revision of nose	9.48	NA	1.82	NA	4.50	0.93	NA	14.91
30462		A	Revision of nose	18.98	NA	1.82	NA	6.79	1.87	NA	27.64
30520		A	Repair of nasal septum	*5.70	NA	1.65	NA	3.47	0.96	NA	10.13
30540		A	Repair nasal defect	*7.75	NA	1.78	NA	4.02	0.70	NA	12.47
30545		A	Repair nasal defect	*11.38	NA	1.78	NA	4.87	0.93	NA	17.18
30560		A	Release of nasal adhesions	*1.26	0.95	0.69	1.44	1.13	0.06	2.76	2.45
30580		A	Repair upper jaw fistula	*6.69	1.95	1.78	3.96	3.76	0.57	11.22	11.02
30600		A	Repair mouth/nose fistula	*6.02	1.76	1.62	3.55	3.37	0.36	9.93	9.75
30620		A	Intranasal reconstruction	*5.97	NA	1.78	NA	3.72	1.10	NA	10.79
30630		A	Repair nasal septum defect	*7.12	NA	1.78	NA	3.89	0.71	NA	11.72
30801		A	Cauterization inner nose	1.02	1.09	1.09	1.56	1.56	0.05	2.63	2.63
30802		A	Cauterization inner nose	1.98	1.09	1.09	1.79	1.79	0.11	3.88	3.88
30901		A	Control of nosebleed	1.21	0.91	0.13	1.38	0.44	0.06	2.65	1.71
30903		A	Control of nosebleed	1.54	0.99	0.13	1.56	0.52	0.08	3.18	2.14
30905		A	Control of nosebleed	1.97	2.02	0.16	2.93	0.67	0.17	5.07	2.81
30906		A	Repeat control of nosebleed	2.45	2.02	0.16	3.02	0.76	0.11	5.58	3.32
30915		A	Ligation nasal sinus artery	*7.20	NA	1.81	NA	3.90	0.52	NA	11.62
30920		A	Ligation upper jaw artery	*9.83	NA	1.77	NA	4.60	1.32	NA	15.75
30930		A	Therapy fracture of nose	*1.26	NA	1.09	NA	1.62	0.08	NA	2.96
31000		A	Irrigation maxillary sinus	*1.15	1.00	1.00	1.48	1.48	0.05	2.68	2.68
31002		A	Irrigation sphenoid sinus	*1.91	NA	1.09	NA	1.76	0.05	NA	3.72
31020		A	Exploration maxillary sinus	*2.94	1.62	1.36	2.68	2.36	0.29	5.91	5.59
31030		A	Exploration maxillary sinus	*5.92	1.40	1.02	3.19	2.73	0.86	9.97	9.51
31032		A	Explore sinus,remove polyps	*6.57	NA	1.75	NA	3.79	0.99	NA	11.35
31040		A	Exploration behind upper jaw	*9.42	NA	1.78	NA	4.43	0.86	NA	14.71
31050		A	Exploration sphenoid sinus	*5.28	NA	1.43	NA	3.04	0.64	NA	8.96
31051		A	Sphenoid sinus surgery	*7.11	NA	1.62	NA	3.72	0.85	NA	11.68
31070		A	Exploration of frontal sinus	*4.28	NA	1.65	NA	3.06	0.50	NA	7.84
31075		A	Exploration of frontal sinus	*9.16	NA	1.82	NA	4.47	1.10	NA	14.73
31080		A	Removal of frontal sinus	*11.42	NA	1.82	NA	4.97	1.12	NA	17.51
31081		A	Removal of frontal sinus	*12.75	NA	1.82	NA	5.30	1.30	NA	19.35
31084		A	Removal of frontal sinus	*13.51	NA	1.82	NA	5.54	1.62	NA	20.67
31085		A	Removal of frontal sinus	*14.20	NA	1.82	NA	5.72	1.76	NA	21.68
31086		A	Removal of frontal sinus	*12.86	NA	1.82	NA	5.29	1.15	NA	19.30
31087		A	Removal of frontal sinus	*13.10	NA	1.82	NA	5.38	1.33	NA	19.81
31090		A	Exploration of sinuses	*9.53	NA	2.01	NA	5.00	2.12	NA	16.65
31200		A	Removal of ethmoid sinus	*4.97	NA	1.78	NA	3.37	0.48	NA	8.82
31201		A	Removal of ethmoid sinus	*8.37	NA	1.78	NA	4.17	0.75	NA	13.29
31205		A	Removal of ethmoid sinus	*10.24	NA	1.78	NA	4.59	0.81	NA	15.64
31225		A	Removal of upper jaw	*19.23	NA	2.58	NA	7.87	2.37	NA	29.47
31230		A	Removal of upper jaw	*21.94	NA	2.58	NA	8.49	2.48	NA	32.91
31231		A	Nasal endoscopy, dx	1.10	0.83	0.10	1.28	0.40	0.15	2.53	1.65
31233		A	Nasal/sinus endoscopy, dx	2.18	0.84	0.10	1.56	0.67	0.31	4.05	3.16
31235		A	Nasal/sinus endoscopy, dx	2.64	0.84	0.10	1.65	0.76	0.26	4.55	3.66
31237		A	Nasal/sinus endoscopy, surg	2.98	0.86	0.10	1.78	0.86	0.37	5.13	4.21
31238		A	Nasal/sinus endoscopy, surg	3.26	0.95	0.10	1.97	0.94	0.45	5.68	4.65
31239		A	Nasal/sinus endoscopy, surg	*8.70	NA	1.36	NA	3.82	1.18	NA	13.70
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	0.10	NA	0.78	0.37	NA	3.76
31254		A	Revision of ethmoid sinus	4.65	NA	0.10	NA	1.29	0.69	NA	6.63
31255		A	Removal of ethmoid sinus	6.96	NA	0.10	NA	1.90	1.14	NA	10.00
31256		A	Exploration maxillary sinus	3.29	NA	0.10	NA	0.93	0.41	NA	4.63
31267		A	Endoscopy, maxillary sinus	5.46	NA	0.10	NA	1.50	0.81	NA	7.77
31276		A	Sinus surgical endoscopy	8.85	NA	0.10	NA	2.22	0.73	NA	11.80
31287		A	Nasal/sinus endoscopy, surg	3.92	NA	0.10	NA	1.13	0.65	NA	5.70
31288		A	Nasal/sinus endoscopy, surg	4.58	NA	0.10	NA	1.30	0.78	NA	6.66

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
31290	.....	A	Nasal/sinus endoscopy, surg	*17.24	NA	1.36	NA	5.82	1.80	NA	24.86
31291	.....	A	Nasal/sinus endoscopy, surg	*18.19	NA	1.36	NA	6.05	1.88	NA	26.12
31292	.....	A	Nasal/sinus endoscopy, surg	*14.76	NA	1.36	NA	5.20	1.45	NA	21.41
31293	.....	A	Nasal/sinus endoscopy, surg	*16.21	NA	1.36	NA	5.55	1.59	NA	23.35
31294	.....	A	Nasal/sinus endoscopy, surg	*19.06	NA	1.36	NA	6.23	1.83	NA	27.12
31300	.....	A	Removal of larynx lesion	*14.29	NA	5.31	NA	9.88	1.28	NA	25.45
31320	.....	A	Diagnostic incision larynx	*5.26	NA	5.31	NA	7.73	0.48	NA	13.47
31360	.....	A	Removal of larynx	*17.08	NA	5.31	NA	10.69	2.19	NA	29.96
31365	.....	A	Removal of larynx	*24.16	NA	5.31	NA	12.44	3.10	NA	39.70
31367	.....	A	Partial removal of larynx	*21.86	NA	6.36	NA	12.95	1.88	NA	36.69
31368	.....	A	Partial removal of larynx	*27.09	NA	7.42	NA	15.65	3.06	NA	45.80
31370	.....	A	Partial removal of larynx	*21.38	NA	6.36	NA	12.85	1.88	NA	36.11
31375	.....	A	Partial removal of larynx	*20.21	NA	5.31	NA	11.24	1.56	NA	33.01
31380	.....	A	Partial removal of larynx	*20.21	NA	5.31	NA	11.31	1.88	NA	33.40
31382	.....	A	Partial removal of larynx	*20.52	NA	6.36	NA	12.64	1.78	NA	34.94
31390	.....	A	Removal of larynx & pharynx	*27.53	NA	7.42	NA	15.96	4.05	NA	47.54
31395	.....	A	Reconstruct larynx & pharynx	*31.09	NA	9.53	NA	19.39	4.42	NA	54.90
31400	.....	A	Revision of larynx	*10.31	NA	5.31	NA	8.93	0.91	NA	20.15
31420	.....	A	Removal of epiglottis	*10.22	NA	5.31	NA	8.89	0.84	NA	19.95
31500	.....	A	Insert emergency airway	2.33	NA	0.05	NA	0.60	0.14	NA	3.07
31502	.....	A	Change of windpipe airway	0.65	0.85	0.10	1.19	0.28	0.07	1.91	1.00
31505	.....	A	Diagnostic laryngoscopy	0.61	0.83	0.10	1.15	0.27	0.05	1.81	0.93
31510	.....	A	Laryngoscopy with biopsy	1.92	0.89	0.10	1.52	0.56	0.07	3.51	2.55
31511	.....	A	Remove foreign body, larynx	2.16	0.91	0.10	1.60	0.62	0.10	3.86	2.88
31512	.....	A	Removal of larynx lesion	2.07	0.89	0.10	1.58	0.62	0.20	3.85	2.89
31513	.....	A	Injection into vocal cord	2.10	NA	0.10	NA	0.67	0.38	NA	3.15
31515	.....	A	Laryngoscopy for aspiration	1.80	0.75	0.10	1.34	0.55	0.14	3.28	2.49
31520	.....	A	Diagnostic laryngoscopy	2.56	NA	0.10	NA	0.72	0.18	NA	3.46
31525	.....	A	Diagnostic laryngoscopy	2.63	0.75	0.10	1.54	0.75	0.23	4.40	3.61
31526	.....	A	Diagnostic laryngoscopy	2.57	NA	0.10	NA	0.77	0.38	NA	3.72
31527	.....	A	Laryngoscopy for treatment	3.27	NA	0.10	NA	0.91	0.30	NA	4.48
31528	.....	A	Laryngoscopy and dilatation	2.37	NA	0.10	NA	0.71	0.30	NA	3.38
31529	.....	A	Laryngoscopy and dilatation	2.68	NA	0.10	NA	0.77	0.25	NA	3.70
31530	.....	A	Operative laryngoscopy	3.39	NA	0.10	NA	0.95	0.39	NA	4.73
31531	.....	A	Operative laryngoscopy	3.59	NA	0.10	NA	1.04	0.60	NA	5.23
31535	.....	A	Operative laryngoscopy	3.16	NA	0.10	NA	0.92	0.45	NA	4.53
31536	.....	A	Operative laryngoscopy	3.56	NA	0.10	NA	1.03	0.59	NA	5.18
31540	.....	A	Operative laryngoscopy	4.13	NA	0.10	NA	1.16	0.61	NA	5.90
31541	.....	A	Operative laryngoscopy	4.53	NA	0.10	NA	1.28	0.75	NA	6.56
31560	.....	A	Operative laryngoscopy	5.46	NA	0.10	NA	1.43	0.51	NA	7.40
31561	.....	A	Operative laryngoscopy	6.00	NA	0.10	NA	1.68	1.08	NA	8.76
31570	.....	A	Laryngoscopy with injection	3.87	0.75	0.10	1.89	1.10	0.60	6.36	5.57
31571	.....	A	Laryngoscopy with injection	4.27	NA	0.10	NA	1.21	0.69	NA	6.17
31575	.....	A	Diagnostic laryngoscopy	1.10	0.84	0.10	1.30	0.40	0.17	2.57	1.67
31576	.....	A	Laryngoscopy with biopsy	1.97	0.45	0.10	1.05	0.63	0.33	3.35	2.93
31577	.....	A	Remove foreign body, larynx	2.47	0.47	0.10	1.19	0.75	0.37	4.03	3.59
31578	.....	A	Removal of larynx lesion	2.84	0.48	0.10	1.31	0.85	0.48	4.63	4.17
31579	.....	A	Diagnostic laryngoscopy	2.26	0.91	0.10	1.66	0.68	0.26	4.18	3.20
31580	.....	A	Revision of larynx	*12.38	NA	5.31	NA	9.54	1.63	NA	23.55
31582	.....	A	Revision of larynx	*21.62	NA	5.31	NA	11.63	1.94	NA	35.19
31584	.....	A	Repair of larynx fracture	*19.64	NA	4.91	NA	10.58	1.34	NA	31.56
31585	.....	A	Repair of larynx fracture	*4.64	NA	3.77	NA	5.70	0.40	NA	10.74
31586	.....	A	Repair of larynx fracture	*8.03	NA	4.91	NA	7.90	0.71	NA	16.64
31587	.....	A	Revision of larynx	*11.99	NA	4.13	NA	7.83	0.79	NA	20.61
31588	.....	A	Revision of larynx	*13.11	NA	5.31	NA	9.60	1.16	NA	23.87
31590	.....	A	Reinnervate larynx	*6.97	NA	4.98	NA	7.74	0.62	NA	15.33
31595	.....	A	Larynx nerve surgery	*8.34	NA	3.95	NA	6.81	0.74	NA	15.89
31600	.....	A	Incision of windpipe	3.62	NA	0.16	NA	1.13	0.65	NA	5.40
31601	.....	A	Incision of windpipe	4.45	NA	0.16	NA	1.32	0.66	NA	6.43
31603	.....	A	Incision of windpipe	4.15	NA	0.16	NA	1.25	0.66	NA	6.06
31605	.....	A	Incision of windpipe	3.58	NA	0.16	NA	1.09	0.50	NA	5.17
31610	.....	A	Incision of windpipe	*8.76	NA	4.04	NA	7.05	0.92	NA	16.73
31611	.....	A	Surgery/speech prosthesis	*5.64	NA	4.25	NA	6.64	1.04	NA	13.32
31612	.....	A	Puncture/clear windpipe	0.91	1.18	0.11	1.67	0.36	0.12	2.70	1.39
31613	.....	A	Repair windpipe opening	*4.59	NA	4.09	NA	6.05	0.28	NA	10.92
31614	.....	A	Repair windpipe opening	*7.12	NA	5.10	NA	7.94	0.73	NA	15.79
31615	.....	A	Visualization of windpipe	2.09	1.84	0.16	2.75	0.70	0.22	5.06	3.01
31622	.....	A	Diagnostic bronchoscopy	2.80	1.81	0.16	2.89	0.89	0.34	6.03	4.03
31625	.....	A	Bronchoscopy with biopsy	3.37	1.81	0.16	3.02	1.01	0.35	6.74	4.73
31628	.....	A	Bronchoscopy with biopsy	3.81	1.81	0.16	3.12	1.12	0.38	7.31	5.31
31629	.....	A	Bronchoscopy with biopsy	3.37	NA	0.16	NA	1.01	0.34	NA	4.72
31630	.....	A	Bronchoscopy with repair	3.82	NA	0.16	NA	1.15	0.50	NA	5.47
31631	.....	A	Bronchoscopy with dilation	4.37	NA	0.16	NA	1.26	0.48	NA	6.11
31635	.....	A	Remove foreign body, airway	3.68	NA	0.16	NA	1.12	0.53	NA	5.33

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
31640		A	Bronchoscopy & remove lesion	4.94	NA	0.16	NA	1.43	0.67	NA	7.04
31641		A	Bronchoscopy, treat blockage	5.03	NA	0.16	NA	1.49	0.85	NA	7.37
31645		A	Bronchoscopy, clear airways	3.16	NA	0.16	NA	0.96	0.30	NA	4.42
31646		A	Bronchoscopy,reclear airways	2.72	NA	0.16	NA	0.85	0.27	NA	3.84
31656		A	Bronchoscopy,inject for xray	2.17	NA	0.16	NA	0.74	0.31	NA	3.22
31700		A	Insertion of airway catheter	1.34	1.84	0.16	2.58	0.53	0.17	4.09	2.04
31708		A	Instill airway contrast dye	1.41	NA	0.10	NA	0.45	0.09	NA	1.95
31710		A	Insertion of airway catheter	1.30	NA	0.16	NA	0.51	0.12	NA	1.93
31715		A	Injection for bronchus x-ray	1.11	NA	0.16	NA	0.45	0.04	NA	1.60
31717		A	Bronchial brush biopsy	2.12	1.84	0.16	2.73	0.68	0.06	4.91	2.86
31720		A	Clearance of airways	1.06	1.08	0.11	1.57	0.39	0.09	2.72	1.54
31725		A	Clearance of airways	1.96	NA	0.11	NA	0.60	0.15	NA	2.71
31730		A	Intro windpipe wire/tube	2.85	1.01	0.11	1.90	0.81	0.23	4.98	3.89
31750		A	Repair of windpipe	*13.02	NA	5.14	NA	9.35	1.09	NA	23.46
31755		A	Repair of windpipe	*15.93	NA	6.32	NA	11.51	1.44	NA	28.88
31760		A	Repair of windpipe	*22.35	NA	2.42	NA	8.41	2.55	NA	33.31
31766		A	Reconstruction of windpipe	*30.43	NA	2.42	NA	9.87	1.12	NA	41.42
31770		A	Repair/graft of bronchus	*22.51	NA	2.85	NA	8.86	2.08	NA	33.45
31775		A	Reconstruct bronchus	*23.54	NA	2.85	NA	9.06	1.92	NA	34.52
31780		A	Reconstruct windpipe	*17.72	NA	2.39	NA	7.26	2.08	NA	27.06
31781		A	Reconstruct windpipe	*23.53	NA	2.50	NA	8.63	1.96	NA	34.12
31785		A	Remove windpipe lesion	*17.23	NA	2.42	NA	6.99	1.17	NA	25.39
31786		A	Remove windpipe lesion	*23.98	NA	2.47	NA	8.75	2.24	NA	34.97
31800		A	Repair of windpipe injury	*7.43	NA	2.42	NA	4.75	0.76	NA	12.94
31805		A	Repair of windpipe injury	*13.13	NA	2.47	NA	6.19	1.41	NA	20.73
31820		A	Closure of windpipe lesion	*4.49	3.42	3.42	5.26	5.26	0.46	10.21	10.21
31825		A	Repair of windpipe defect	*6.81	4.44	4.44	7.03	7.03	0.58	14.42	14.42
31830		A	Revise windpipe scar	*4.50	3.42	3.42	5.25	5.25	0.42	10.17	10.17
32000		A	Drainage of chest	1.54	2.01	0.11	2.80	0.49	0.08	4.42	2.11
32002		A	Treatment of collapsed lung	2.19	NA	0.11	NA	0.66	0.22	NA	3.07
32005		A	Treat lung lining chemically	2.19	NA	0.16	NA	0.71	0.15	NA	3.05
32020		A	Insertion of chest tube	3.98	NA	0.16	NA	1.16	0.43	NA	5.57
32035		A	Exploration of chest	*8.67	NA	2.39	NA	5.09	1.25	NA	15.01
32036		A	Exploration of chest	*9.68	NA	2.39	NA	5.33	1.32	NA	16.33
32095		A	Biopsy through chest wall	*8.36	NA	2.39	NA	5.07	1.45	NA	14.88
32100		A	Exploration/biopsy of chest	*11.84	NA	2.39	NA	5.97	2.10	NA	19.91
32110		A	Explore/repair chest	*13.62	NA	2.47	NA	6.43	2.01	NA	22.06
32120		A	Re-exploration of chest	*11.54	NA	2.39	NA	5.82	1.72	NA	19.08
32124		A	Explore chest,free adhesions	*12.72	NA	2.39	NA	6.19	2.21	NA	21.12
32140		A	Removal of lung lesion(s)	*13.93	NA	2.39	NA	6.50	2.42	NA	22.85
32141		A	Remove/treat lung lesions	*14.00	NA	2.47	NA	6.63	2.53	NA	23.16
32150		A	Removal of lung lesion(s)	*14.15	NA	2.39	NA	6.46	2.01	NA	22.62
32151		A	Remove lung foreign body	*14.21	NA	2.39	NA	6.33	1.37	NA	21.91
32160		A	Open chest heart massage	*9.30	NA	2.39	NA	5.29	1.52	NA	16.11
32200		A	Drainage of lung lesion	*15.29	NA	2.39	NA	6.47	0.93	NA	22.69
32215		A	Treat chest lining	*11.33	NA	2.39	NA	5.68	1.28	NA	18.29
32220		A	Release of lung	*19.27	NA	2.47	NA	7.89	3.01	NA	30.17
32225		A	Partial release of lung	*13.96	NA	2.47	NA	6.56	2.28	NA	22.80
32310		A	Removal of chest lining	*13.44	NA	2.47	NA	6.41	2.10	NA	21.95
32320		A	Free/remove chest lining	*20.54	NA	2.47	NA	8.25	3.40	NA	32.19
32400		A	Needle biopsy chest lining	1.76	NA	0.16	NA	0.61	0.12	NA	2.49
32402		A	Open biopsy chest lining	*7.56	NA	2.39	NA	4.87	1.34	NA	13.77
32405		A	Biopsy, lung or mediastinum	1.93	1.61	0.16	2.42	0.66	0.18	4.53	2.77
32420		A	Puncture/clear lung	2.18	NA	0.11	NA	0.64	0.13	NA	2.95
32440		A	Removal of lung	*21.02	NA	2.42	NA	8.34	3.55	NA	32.91
32442		A	Sleeve pneumonectomy	*26.24	NA	2.47	NA	9.52	3.50	NA	39.26
32445		A	Removal of lung	*25.09	NA	2.47	NA	9.35	3.88	NA	38.32
32480		A	Partial removal of lung	*18.32	NA	2.39	NA	7.64	3.23	NA	29.19
32482		A	Bilobectomy	*19.71	NA	2.39	NA	7.94	3.23	NA	30.88
32484		A	Segmentectomy	*20.69	NA	2.39	NA	8.16	3.23	NA	32.08
32486		A	Sleeve lobectomy	*23.92	NA	2.42	NA	8.90	3.23	NA	36.05
32488		A	Completion pneumonectomy	*25.71	NA	2.42	NA	9.35	3.46	NA	38.52
32491		N	Lung volume reduction	+*25.06	NA	2.35	NA	9.02	3.02	NA	37.10
32500		A	Partial removal of lung	*14.30	NA	2.39	NA	6.61	2.56	NA	23.47
32501		A	Repair bronchus (add-on)	4.69	NA	0.00	NA	1.18	0.70	NA	6.57
32520		A	Remove lung & revise chest	*21.68	NA	2.39	NA	8.53	3.93	NA	34.14
32522		A	Remove lung & revise chest	*24.20	NA	2.42	NA	9.18	4.19	NA	37.57
32525		A	Remove lung & revise chest	*26.50	NA	2.42	NA	9.77	4.61	NA	40.88
32540		A	Removal of lung lesion	*14.64	NA	2.47	NA	6.66	2.05	NA	23.35
32601		A	Thoracoscopy, diagnostic	5.46	NA	0.16	NA	1.52	0.57	NA	7.55
32602		A	Thoracoscopy, diagnostic	5.96	NA	0.16	NA	1.64	0.64	NA	8.24
32603		A	Thoracoscopy, diagnostic	7.81	NA	0.16	NA	2.03	0.57	NA	10.41
32604		A	Thoracoscopy, diagnostic	8.78	NA	0.16	NA	2.26	0.64	NA	11.68
32605		A	Thoracoscopy, diagnostic	6.93	NA	0.16	NA	1.84	0.57	NA	9.34

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
32606		A	Thoracoscopy, diagnostic	8.40	NA	0.16	NA	2.18	0.64	NA	11.22
32650		A	Thoracoscopy, surgical	*10.75	NA	2.30	NA	5.44	1.28	NA	17.47
32651		A	Thoracoscopy, surgical	*12.91	NA	2.30	NA	6.13	2.28	NA	21.32
32652		A	Thoracoscopy, surgical	*18.66	NA	2.37	NA	7.64	3.01	NA	29.31
32653		A	Thoracoscopy, surgical	*12.87	NA	2.37	NA	6.15	2.01	NA	21.03
32654		A	Thoracoscopy, surgical	*12.44	NA	1.84	NA	5.41	2.01	NA	19.86
32655		A	Thoracoscopy, surgical	*13.10	NA	2.37	NA	6.32	2.53	NA	21.95
32656		A	Thoracoscopy, surgical	*12.91	NA	2.30	NA	6.15	2.36	NA	21.42
32657		A	Thoracoscopy, surgical	*13.65	NA	2.30	NA	6.36	2.56	NA	22.57
32658		A	Thoracoscopy, surgical	*11.63	NA	2.30	NA	5.91	2.52	NA	20.06
32659		A	Thoracoscopy, surgical	*11.59	NA	2.30	NA	5.92	2.61	NA	20.12
32660		A	Thoracoscopy, surgical	*17.43	NA	2.30	NA	7.41	3.56	NA	28.40
32661		A	Thoracoscopy, surgical	*13.25	NA	2.30	NA	6.03	1.47	NA	20.75
32662		A	Thoracoscopy, surgical	*16.44	NA	2.30	NA	7.01	2.74	NA	26.19
32663		A	Thoracoscopy, surgical	*18.47	NA	2.30	NA	7.56	3.23	NA	29.26
32664		A	Thoracoscopy, surgical	*14.20	NA	2.30	NA	6.36	2.04	NA	22.60
32665		A	Thoracoscopy, surgical	*15.54	NA	2.30	NA	6.79	2.64	NA	24.97
32800		A	Repair lung hernia	*13.69	NA	2.39	NA	6.26	1.58	NA	21.53
32810		A	Close chest after drainage	*13.05	NA	2.39	NA	6.04	1.19	NA	20.28
32815		A	Close bronchial fistula	*23.15	NA	2.42	NA	8.60	2.62	NA	34.37
32820		A	Reconstruct injured chest	*21.48	NA	2.42	NA	8.37	3.24	NA	33.09
32851		A	Lung transplant, single	*38.63	NA	4.30	NA	14.80	4.99	NA	58.42
32852		A	Lung transplant w/bypass	*41.80	NA	4.30	NA	15.58	5.41	NA	62.79
32853		A	Lung transplant, double	*47.81	NA	4.30	NA	17.08	6.24	NA	71.13
32854		A	Lung transplant w/bypass	*50.98	NA	2.39	NA	15.55	6.67	NA	73.20
32900		A	Removal of rib(s)	*20.27	NA	2.39	NA	7.72	1.63	NA	29.62
32905		A	Revise & repair chest wall	*20.75	NA	2.39	NA	8.03	2.60	NA	31.38
32906		A	Revise & repair chest wall	*26.77	NA	2.47	NA	9.51	2.92	NA	39.20
32940		A	Revision of lung	*19.43	NA	2.39	NA	7.56	1.75	NA	28.74
32960		A	Therapeutic pneumothorax	1.84	0.91	0.11	1.54	0.57	0.13	3.51	2.54
33010		A	Drainage of heart sac	2.24	NA	0.11	NA	0.66	0.14	NA	3.04
33011		A	Repeat drainage of heart sac	2.24	NA	0.11	NA	0.65	0.12	NA	3.01
33015		A	Incision of heart sac	*6.80	NA	0.84	NA	2.64	0.62	NA	10.06
33020		A	Incision of heart sac	*12.61	NA	1.94	NA	5.67	2.52	NA	20.80
33025		A	Incision of heart sac	*12.09	NA	1.94	NA	5.58	2.61	NA	20.28
33030		A	Partial removal of heart sac	*18.71	NA	2.45	NA	7.94	3.92	NA	30.57
33031		A	Partial removal of heart sac	*21.79	NA	2.45	NA	8.30	2.50	NA	32.59
33050		A	Removal of heart sac lesion	*14.36	NA	2.39	NA	6.39	1.47	NA	22.22
33120		A	Removal of heart lesion	*24.56	NA	2.90	NA	10.05	5.17	NA	39.78
33130		A	Removal of heart lesion	*21.39	NA	2.45	NA	8.15	2.22	NA	31.76
33200		A	Insertion of heart pacemaker	*12.48	NA	2.54	NA	6.24	1.90	NA	20.62
33201		A	Insertion of heart pacemaker	*10.18	NA	2.54	NA	5.69	1.67	NA	17.54
33206		A	Insertion of heart pacemaker	*6.67	NA	1.50	NA	3.58	1.34	NA	11.59
33207		A	Insertion of heart pacemaker	*8.04	NA	1.50	NA	3.88	1.33	NA	13.25
33208		A	Insertion of heart pacemaker	*8.13	NA	1.50	NA	3.94	1.54	NA	13.61
33210		A	Insertion of heart electrode	3.30	NA	0.16	NA	0.98	0.27	NA	4.55
33211		A	Insertion of heart electrode	3.40	NA	0.16	NA	1.00	0.27	NA	4.67
33212		A	Insertion of pulse generator	*5.52	NA	0.94	NA	2.54	0.88	NA	8.94
33213		A	Insertion of pulse generator	*6.37	NA	0.94	NA	2.73	0.88	NA	9.98
33214		A	Upgrade of pacemaker system	*7.75	NA	1.50	NA	3.76	1.06	NA	12.57
33216		A	Revision implanted electrode	*5.39	NA	1.50	NA	3.13	0.55	NA	9.07
33217		A	Insert/revise electrode	*5.75	NA	1.50	NA	3.21	0.55	NA	9.51
33218		A	Repair pacemaker electrodes	*5.44	NA	0.94	NA	2.47	0.62	NA	8.53
33220		A	Repair pacemaker electrode	*5.52	NA	0.94	NA	2.49	0.62	NA	8.63
33222		A	Pacemaker aicd pocket	*4.96	NA	0.65	NA	2.10	1.01	NA	8.07
33223		A	Pacemaker aicd pocket	*6.46	NA	1.77	NA	3.80	1.01	NA	11.27
33233		A	Removal of pacemaker system	*3.29	NA	0.63	NA	1.50	0.05	NA	4.84
33234		A	Removal of pacemaker system	*7.82	NA	0.63	NA	2.53	0.23	NA	10.58
33235		A	Removal pacemaker electrode	*9.40	NA	0.63	NA	2.90	0.33	NA	12.63
33236		A	Remove electrode/thoracotomy	*12.60	NA	2.54	NA	5.99	0.62	NA	19.21
33237		A	Remove electrode/thoracotomy	*13.71	NA	2.54	NA	6.34	1.13	NA	21.18
33238		A	Remove electrode/thoracotomy	*15.22	NA	2.23	NA	6.49	2.01	NA	23.72
33240		A	Insert/replace pulse gener	*7.60	NA	1.42	NA	3.58	0.88	NA	12.06
33241		A	Remove pulse generator only	*3.24	NA	1.42	NA	2.53	0.43	NA	6.20
33242		A	Repair pulse generator/leads	*6.17	NA	1.77	NA	3.85	1.54	NA	11.56
33243		A	Remove generator/thoracotomy	*22.64	NA	0.98	NA	6.49	1.54	NA	30.67
33244		A	Remove generator	*8.97	NA	1.77	NA	4.46	1.54	NA	14.97
33245		A	Implant heart defibrillator	*14.30	NA	2.54	NA	6.74	2.36	NA	23.40
33246		A	Implant heart defibrillator	*20.71	NA	2.54	NA	8.33	3.19	NA	32.23
33247		A	Insert/replace leads	*10.21	NA	1.46	NA	4.53	2.36	NA	17.10
33249		A	Insert/replace leads/gener	*13.28	NA	1.77	NA	5.77	3.19	NA	22.24
33250		A	Ablate heart dysrhythm focus	*21.85	NA	2.45	NA	7.96	0.86	NA	30.67
33251		A	Ablate heart dysrhythm focus	*24.88	NA	2.45	NA	9.13	3.21	NA	37.22
33253		A	Reconstruct atria	*31.06	NA	2.40	NA	10.66	4.26	NA	45.98

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
33261		A	Ablate heart dysrhythm focus	*24.88	NA	2.45	NA	9.03	2.73	NA	36.64
33300		A	Repair of heart wound	*17.92	NA	2.45	NA	7.48	2.60	NA	28.00
33305		A	Repair of heart wound	*21.44	NA	2.45	NA	8.35	3.07	NA	32.86
33310		A	Exploratory heart surgery	*18.51	NA	2.45	NA	7.46	1.93	NA	27.90
33315		A	Exploratory heart surgery	*22.37	NA	2.45	NA	8.44	2.57	NA	33.38
33320		A	Repair major blood vessel(s)	*16.79	NA	2.45	NA	7.21	2.51	NA	26.51
33321		A	Repair major vessel	*20.20	NA	2.45	NA	8.20	3.61	NA	32.01
33322		A	Repair major blood vessel(s)	*20.62	NA	2.45	NA	8.29	3.61	NA	32.52
33330		A	Insert major vessel graft	*21.43	NA	2.49	NA	8.15	1.93	NA	31.51
33332		A	Insert major vessel graft	*23.96	NA	2.49	NA	8.80	2.39	NA	35.15
33335		A	Insert major vessel graft	*30.01	NA	2.49	NA	10.13	2.39	NA	42.53
33400		A	Repair of aortic valve	*25.34	NA	2.84	NA	9.64	2.83	NA	37.81
33401		A	Valvuloplasty, open	*23.91	NA	2.87	NA	9.36	2.83	NA	36.10
33403		A	Valvuloplasty, w/cp bypass	*24.89	NA	2.87	NA	9.58	2.83	NA	37.30
33404		A	Prepare heart-aorta conduit	*28.54	NA	2.87	NA	10.98	5.59	NA	45.11
33405		A	Replacement of aortic valve	*30.61	NA	2.45	NA	10.85	5.33	NA	46.79
33406		A	Replacement, aortic valve	*32.30	NA	2.45	NA	11.69	7.45	NA	51.44
33411		A	Replacement of aortic valve	*32.47	NA	2.45	NA	11.73	7.45	NA	51.65
33412		A	Replacement of aortic valve	*34.79	NA	2.87	NA	12.76	7.45	NA	55.00
33413		A	Replacement, aortic valve	*35.24	NA	3.32	NA	13.35	7.23	NA	55.82
33414		A	Repair, aortic valve	*30.35	NA	2.87	NA	11.78	7.45	NA	49.58
33415		A	Revision, subvalvular tissue	*27.15	NA	2.84	NA	10.58	5.33	NA	43.06
33416		A	Revise ventricle muscle	*30.35	NA	2.45	NA	10.72	4.99	NA	46.06
33417		A	Repair of aortic valve	*28.53	NA	2.84	NA	11.07	6.18	NA	45.78
33420		A	Revision of mitral valve	*22.70	NA	2.45	NA	8.49	2.45	NA	33.64
33422		A	Revision of mitral valve	*25.94	NA	2.45	NA	10.08	6.45	NA	42.47
33425		A	Repair of mitral valve	*27.00	NA	2.45	NA	10.08	5.42	NA	42.50
33426		A	Repair of mitral valve	*31.03	NA	2.49	NA	11.10	5.80	NA	47.93
33427		A	Repair of mitral valve	*33.72	NA	2.49	NA	11.80	6.30	NA	51.82
33430		A	Replacement of mitral valve	*31.43	NA	2.49	NA	11.25	6.11	NA	48.79
33460		A	Revision of tricuspid valve	*23.60	NA	2.45	NA	9.19	4.73	NA	37.52
33463		A	Valvuloplasty, tricuspid	*25.62	NA	2.45	NA	9.90	5.95	NA	41.47
33464		A	Valvuloplasty, tricuspid	*27.33	NA	2.45	NA	10.27	5.95	NA	43.55
33465		A	Replace tricuspid valve	*28.79	NA	2.45	NA	10.59	5.95	NA	45.33
33468		A	Revision of tricuspid valve	*30.12	NA	3.39	NA	12.11	6.30	NA	48.53
33470		A	Revision of pulmonary valve	19.52	NA	2.82	NA	2.82	2.45	NA	24.79
33471		A	Valvotomy, pulmonary valve	*22.25	NA	2.87	NA	9.00	2.83	NA	34.08
33472		A	Revision of pulmonary valve	*22.25	NA	2.87	NA	9.00	2.83	NA	34.08
33474		A	Revision of pulmonary valve	20.91	NA	2.82	NA	2.82	2.83	NA	26.56
33475		A	Replacement, pulmonary valve	*28.41	NA	2.84	NA	11.03	6.11	NA	45.55
33476		A	Revision of heart chamber	*25.77	NA	2.33	NA	9.58	4.99	NA	40.34
33478		A	Revision of heart chamber	*26.74	NA	2.33	NA	9.89	5.42	NA	42.05
33500		A	Repair heart vessel fistula	*25.55	NA	2.33	NA	9.58	5.20	NA	40.33
33501		A	Repair heart vessel fistula	16.14	NA	2.33	NA	6.93	2.51	NA	25.58
33502		A	Coronary artery correction	*21.04	NA	3.39	NA	9.30	2.51	NA	32.85
33503		A	Coronary artery graft	*21.78	NA	3.39	NA	10.05	5.20	NA	37.03
33504		A	Coronary artery graft	*24.66	NA	3.39	NA	10.68	5.20	NA	40.54
33505		A	Repair artery w/tunnel	*26.84	NA	3.39	NA	11.34	6.03	NA	44.21
33506		A	Repair artery, translocation	*26.71	NA	3.39	NA	11.31	6.03	NA	44.05
33510		A	CABG, vein, single	*25.12	NA	2.45	NA	9.62	5.20	NA	39.94
33511		A	CABG, vein, two	*27.40	NA	2.45	NA	10.23	5.71	NA	43.34
33512		A	CABG, vein, three	*29.67	NA	2.45	NA	10.84	6.22	NA	46.73
33513		A	CABG, vein, four	*31.95	NA	2.45	NA	11.45	6.73	NA	50.13
33514		A	CABG, vein, five	*34.29	NA	2.45	NA	12.08	7.23	NA	53.60
33516		A	CABG, vein, six+	*36.65	NA	2.45	NA	12.71	7.74	NA	57.10
33517		A	CABG, artery-vein, single	2.27	NA	0.13	NA	0.77	0.50	NA	3.54
33518		A	CABG, artery-vein, two	4.55	NA	0.13	NA	1.38	1.02	NA	6.95
33519		A	CABG, artery-vein, three	6.82	NA	0.13	NA	1.99	1.52	NA	10.33
33521		A	CABG, artery-vein, four	9.10	NA	0.13	NA	2.60	2.03	NA	13.73
33522		A	CABG, artery-vein, five	11.37	NA	0.13	NA	3.21	2.54	NA	17.12
33523		A	CABG, artery-vein, six+	13.65	NA	0.13	NA	3.82	3.05	NA	20.52
33530		A	Coronary artery, bypass/reop	5.86	NA	0.00	NA	1.76	2.18	NA	9.80
33533		A	CABG, arterial, single	24.00	NA	2.45	NA	9.41	5.36	NA	38.77
33534		A	CABG, arterial, two	26.99	NA	2.33	NA	10.08	6.03	NA	43.10
33535		A	CABG, arterial, three	29.98	NA	2.33	NA	10.88	6.70	NA	47.56
33536		A	CABG, arterial, four+	32.96	NA	2.33	NA	11.68	7.37	NA	52.01
33542		A	Removal of heart lesion	*28.85	NA	2.90	NA	11.07	5.53	NA	45.45
33545		A	Repair of heart damage	*36.78	NA	2.94	NA	13.02	6.28	NA	56.08
33572		A	Open coronary endarterectomy	4.45	NA	0.00	NA	1.11	0.63	NA	6.19
33600		A	Closure of valve	*29.51	NA	3.39	NA	11.94	6.11	NA	47.56
33602		A	Closure of valve	*28.54	NA	3.39	NA	11.56	5.33	NA	45.43
33606		A	Anastomosis/artery-aorta	29.28	NA	2.82	NA	2.82	7.45	NA	39.55
33608		A	Repair anomaly w/conduit	*31.09	NA	2.87	NA	11.95	7.45	NA	50.49
33610		A	Repair by enlargement	*30.61	NA	3.39	NA	12.47	7.45	NA	50.53

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33611		A	Repair double ventricle	*32.30	NA	2.84	NA	12.17	7.45	NA	51.92
33612		A	Repair double ventricle	*33.26	NA	2.87	NA	12.42	7.45	NA	53.13
33615		A	Repair (simple fontan)	*32.06	NA	3.39	NA	12.79	7.45	NA	52.30
33617		A	Repair by modified fontan	*34.03	NA	3.42	NA	13.26	7.45	NA	54.74
33619		A	Repair single ventricle	*37.57	NA	4.01	NA	14.89	8.04	NA	60.50
33641		A	Repair heart septum defect	*21.39	NA	2.04	NA	8.24	4.87	NA	34.50
33645		A	Revision of heart veins	*24.82	NA	2.33	NA	9.35	4.87	NA	39.04
33647		A	Repair heart septum defects	*28.73	NA	2.84	NA	11.13	6.28	NA	46.14
33660		A	Repair of heart defects	*25.54	NA	2.84	NA	10.25	5.42	NA	41.21
33665		A	Repair of heart defects	*28.60	NA	2.84	NA	10.92	5.42	NA	44.94
33670		A	Repair of heart chambers	*32.73	NA	2.87	NA	12.30	7.45	NA	52.48
33681		A	Repair heart septum defect	*27.67	NA	2.84	NA	10.90	6.28	NA	44.85
33684		A	Repair heart septum defect	*29.65	NA	2.84	NA	11.34	6.28	NA	47.27
33688		A	Repair heart septum defect	*30.62	NA	2.84	NA	11.55	6.28	NA	48.45
33690		A	Reinforce pulmonary artery	*19.55	NA	2.84	NA	8.69	4.29	NA	32.53
33692		A	Repair of heart defects	*30.75	NA	2.84	NA	11.83	7.45	NA	50.03
33694		A	Repair of heart defects	*31.73	NA	2.87	NA	12.09	7.45	NA	51.27
33697		A	Repair of heart defects	*33.71	NA	2.84	NA	12.48	7.45	NA	53.64
33702		A	Repair of heart defects	*26.54	NA	2.84	NA	10.45	5.33	NA	42.32
33710		A	Repair of heart defects	28.35	NA	2.79	NA	2.79	6.28	NA	37.42
33720		A	Repair of heart defect	*26.56	NA	2.84	NA	10.45	5.33	NA	42.34
33722		A	Repair of heart defect	27.34	NA	2.79	NA	2.79	5.33	NA	35.46
33730		A	Repair heart-vein defect(s)	*31.67	NA	2.87	NA	12.07	7.45	NA	51.19
33732		A	Repair heart-vein defect	*28.16	NA	2.84	NA	10.82	5.42	NA	44.40
33735		A	Revision of heart chamber	*21.39	NA	2.87	NA	9.26	4.87	NA	35.52
33736		A	Revision of heart chamber	*23.52	NA	2.87	NA	9.72	4.87	NA	38.11
33737		A	Revision of heart chamber	*21.76	NA	2.87	NA	9.34	4.87	NA	35.97
33750		A	Major vessel shunt	*21.41	NA	2.87	NA	9.13	4.29	NA	34.83
33755		A	Major vessel shunt	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33762		A	Major vessel shunt	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33764		A	Major vessel shunt & graft	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33766		A	Major vessel shunt	*22.76	NA	2.84	NA	9.39	4.29	NA	36.44
33767		A	Atrial septectomy/septostomy	*24.50	NA	2.84	NA	9.90	4.87	NA	39.27
33770		A	Repair great vessels defect	*33.29	NA	2.87	NA	12.43	7.45	NA	53.17
33771		A	Repair great vessels defect	*34.65	NA	2.87	NA	12.73	7.45	NA	54.83
33774		A	Repair great vessels defect	*30.98	NA	2.87	NA	11.48	5.42	NA	47.88
33775		A	Repair great vessels defect	*32.20	NA	2.87	NA	11.74	5.42	NA	49.36
33776		A	Repair great vessels defect	*34.04	NA	2.87	NA	12.34	6.28	NA	52.66
33777		A	Repair great vessels defect	*33.46	NA	2.87	NA	12.02	5.42	NA	50.90
33778		A	Repair great vessels defect	*35.82	NA	2.91	NA	13.01	7.37	NA	56.20
33779		A	Repair great vessels defect	*36.21	NA	2.91	NA	13.10	7.37	NA	56.68
33780		A	Repair great vessels defect	*36.94	NA	2.91	NA	13.26	7.37	NA	57.57
33781		A	Repair great vessels defect	*36.45	NA	2.91	NA	13.15	7.37	NA	56.97
33786		A	Repair arterial trunk	*34.84	NA	2.87	NA	12.77	7.45	NA	55.06
33788		A	Revision of pulmonary artery	*26.62	NA	2.87	NA	10.47	5.20	NA	42.29
33800		A	Aortic suspension	15.18	NA	2.84	NA	7.34	2.51	NA	25.03
33802		A	Repair vessel defect	*17.66	NA	2.84	NA	8.27	4.29	NA	30.22
33803		A	Repair vessel defect	*19.60	NA	2.84	NA	8.70	4.29	NA	32.59
33813		A	Repair septal defect	*20.65	NA	2.84	NA	8.93	4.29	NA	33.87
33814		A	Repair septal defect	*25.77	NA	2.84	NA	10.28	5.33	NA	41.38
33820		A	Revise major vessel	*16.29	NA	2.33	NA	7.35	4.29	NA	27.93
33822		A	Revise major vessel	*17.32	NA	2.84	NA	8.20	4.29	NA	29.81
33824		A	Revise major vessel	*19.52	NA	2.45	NA	8.20	4.29	NA	32.01
33840		A	Remove aorta constriction	19.52	NA	2.79	NA	2.79	5.59	NA	27.90
33845		A	Remove aorta constriction	*22.12	NA	2.84	NA	9.54	5.59	NA	37.25
33851		A	Remove aorta constriction	*21.27	NA	2.84	NA	9.35	5.59	NA	36.21
33852		A	Repair septal defect	*23.71	NA	2.84	NA	9.88	5.59	NA	39.18
33853		A	Repair septal defect	*31.72	NA	2.84	NA	12.05	7.45	NA	51.22
33860		A	Ascending aorta graft	*33.96	NA	2.49	NA	11.82	6.18	NA	51.96
33861		A	Ascending aorta graft	*34.52	NA	2.49	NA	11.95	6.18	NA	52.65
33863		A	Ascending aorta graft	*36.47	NA	2.49	NA	12.37	6.18	NA	55.02
33870		A	Transverse aortic arch graft	*40.31	NA	2.49	NA	13.62	8.04	NA	61.97
33875		A	Thoracic aorta graft	*33.06	NA	2.49	NA	11.50	5.59	NA	50.15
33877		A	Thoracoabdominal graft	*42.60	NA	3.54	NA	15.48	8.38	NA	66.46
33910		A	Remove lung artery emboli	*24.59	NA	2.49	NA	9.02	2.77	NA	36.38
33915		A	Remove lung artery emboli	*21.02	NA	2.45	NA	8.07	2.22	NA	31.31
33916		A	Surgery of great vessel	*25.83	NA	2.87	NA	9.91	3.43	NA	39.17
33917		A	Repair pulmonary artery	*24.50	NA	2.84	NA	10.21	6.30	NA	41.01
33918		A	Repair pulmonary atresia	*26.45	NA	2.84	NA	10.40	5.20	NA	42.05
33919		A	Repair pulmonary atresia	*32.67	NA	2.87	NA	12.29	7.45	NA	52.41
33920		A	Repair pulmonary atresia	*31.95	NA	2.87	NA	12.13	7.45	NA	51.53
33922		A	Transect pulmonary artery	*23.52	NA	2.87	NA	9.27	2.83	NA	35.62
33924		A	Remove pulmonary shunt	5.50	NA	0.00	NA	1.38	0.78	NA	7.66
33935		R	Transplantation, heart/lung	*60.96	NA	4.30	NA	21.56	13.54	NA	96.06

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
33945		R	Transplantation of heart	*42.10	NA	4.30	NA	16.88	11.05	NA	70.03
33960		A	External circulation assist	19.36	NA	0.16	NA	4.65	0.94	NA	24.95
33961		A	External circulation assist	10.93	NA	0.16	NA	2.80	0.94	NA	14.67
33970		A	Aortic circulation assist	6.75	NA	0.16	NA	1.90	1.00	NA	9.65
33971		A	Aortic circulation assist	*9.69	NA	2.04	NA	4.81	0.91	NA	15.41
33973		A	Insert balloon device	9.76	NA	0.16	NA	2.56	1.00	NA	13.32
33974		A	Remove intra-aortic balloon	*14.41	NA	2.45	NA	6.34	0.91	NA	21.66
33975		A	Implant ventricular device	*21.60	NA	3.50	NA	9.61	2.77	NA	33.98
33976		A	Implant ventricular device	*29.10	NA	3.52	NA	11.49	3.78	NA	44.37
33977		A	Remove ventricular device	*19.29	NA	2.07	NA	7.28	2.43	NA	29.00
33978		A	Remove ventricular device	*21.73	NA	2.14	NA	7.98	2.77	NA	32.48
34001		A	Removal of artery clot	*12.91	NA	1.49	NA	5.05	1.87	NA	19.83
34051		A	Removal of artery clot	*15.21	NA	1.49	NA	5.49	1.59	NA	22.29
34101		A	Removal of artery clot	*9.97	NA	1.49	NA	4.37	1.71	NA	16.05
34111		A	Removal of arm artery clot	*8.07	NA	1.49	NA	3.93	1.59	NA	13.59
34151		A	Removal of artery clot	15.23	NA	1.49	NA	5.67	2.39	NA	23.29
34201		A	Removal of artery clot	*9.13	NA	1.49	NA	4.20	1.78	NA	15.11
34203		A	Removal of leg artery clot	*12.21	NA	1.55	NA	4.94	1.72	NA	18.87
34401		A	Removal of vein clot	*12.86	NA	1.31	NA	4.72	1.39	NA	18.97
34421		A	Removal of vein clot	*9.93	NA	1.20	NA	3.97	1.51	NA	15.41
34451		A	Removal of vein clot	*14.44	NA	1.31	NA	5.23	2.14	NA	21.81
34471		A	Removal of vein clot	*10.18	NA	1.31	NA	3.95	0.55	NA	14.68
34490		A	Removal of vein clot	*7.60	NA	1.59	NA	3.94	1.54	NA	13.08
34501		A	Repair valve, femoral vein	*10.93	NA	1.46	NA	4.36	0.86	NA	16.15
34502		A	Reconstruct, vena cava	*26.95	NA	1.28	NA	8.27	3.64	NA	38.86
34510		A	Transposition of vein valve	*13.25	NA	1.46	NA	4.91	1.04	NA	19.20
34520		A	Cross-over vein graft	*13.74	NA	1.29	NA	4.83	1.09	NA	19.66
34530		A	Leg vein fusion	*17.61	NA	1.29	NA	5.75	1.44	NA	24.80
35001		A	Repair defect of artery	*19.64	NA	1.29	NA	6.58	3.18	NA	29.40
35002		A	Repair artery rupture, neck	*21.00	NA	1.41	NA	6.84	2.41	NA	30.25
35005		A	Repair defect of artery	*18.12	NA	1.29	NA	6.03	2.19	NA	26.34
35011		A	Repair defect of artery	*11.65	NA	1.31	NA	4.76	2.76	NA	19.17
35013		A	Repair artery rupture, arm	*17.40	NA	1.31	NA	6.08	3.03	NA	26.51
35021		A	Repair defect of artery	*19.65	NA	1.41	NA	6.69	3.06	NA	29.40
35022		A	Repair artery rupture, chest	*23.18	NA	1.29	NA	7.27	2.80	NA	33.25
35045		A	Repair defect of arm artery	*11.26	NA	1.90	NA	5.32	2.50	NA	19.08
35081		A	Repair defect of artery	*28.01	NA	1.51	NA	8.89	4.18	NA	41.08
35082		A	Repair artery rupture, aorta	*36.35	NA	1.51	NA	10.81	4.59	NA	51.75
35091		A	Repair defect of artery	*35.40	NA	1.51	NA	10.52	4.25	NA	50.17
35092		A	Repair artery rupture, aorta	*38.39	NA	1.42	NA	11.28	5.21	NA	54.88
35102		A	Repair defect of artery	*30.76	NA	1.51	NA	9.52	4.32	NA	44.60
35103		A	Repair artery rupture, groin	*33.57	NA	1.31	NA	10.10	5.21	NA	48.88
35111		A	Repair defect of artery	*16.43	NA	1.31	NA	6.01	3.70	NA	26.14
35112		A	Repair artery rupture,spleen	*18.69	NA	1.31	NA	6.18	2.22	NA	27.09
35121		A	Repair defect of artery	*25.99	NA	1.51	NA	8.33	3.66	NA	37.98
35122		A	Repair artery rupture, belly	*33.45	NA	1.31	NA	9.80	3.96	NA	47.21
35131		A	Repair defect of artery	*18.55	NA	1.51	NA	6.59	3.15	NA	28.29
35132		A	Repair artery rupture, groin	*21.95	NA	1.31	NA	7.19	3.58	NA	32.72
35141		A	Repair defect of artery	*14.46	NA	1.42	NA	5.53	2.88	NA	22.87
35142		A	Repair artery rupture, thigh	*15.86	NA	1.42	NA	5.91	3.24	NA	25.01
35151		A	Repair defect of artery	*17.00	NA	1.31	NA	5.97	2.94	NA	25.91
35152		A	Repair artery rupture, knee	*16.70	NA	1.31	NA	5.69	1.95	NA	24.34
35161		A	Repair defect of artery	*18.76	NA	1.31	NA	6.40	3.15	NA	28.31
35162		A	Repair artery rupture	*19.78	NA	1.31	NA	6.72	3.58	NA	30.08
35180		A	Repair blood vessel lesion	*13.62	NA	1.29	NA	4.89	1.48	NA	19.99
35182		A	Repair blood vessel lesion	*17.74	NA	1.31	NA	5.84	1.61	NA	25.19
35184		A	Repair blood vessel lesion	*12.25	NA	1.31	NA	4.72	1.96	NA	18.93
35188		A	Repair blood vessel lesion	*14.28	NA	1.31	NA	5.08	1.59	NA	20.95
35189		A	Repair blood vessel lesion	*18.43	NA	1.31	NA	6.12	2.21	NA	26.76
35190		A	Repair blood vessel lesion	*12.75	NA	1.31	NA	4.86	2.14	NA	19.75
35201		A	Repair blood vessel lesion	*9.99	NA	1.29	NA	4.19	1.94	NA	16.12
35206		A	Repair blood vessel lesion	*9.25	NA	1.90	NA	4.78	2.03	NA	16.06
35207		A	Repair blood vessel lesion	*10.15	NA	1.90	NA	4.96	1.93	NA	17.04
35211		A	Repair blood vessel lesion	*22.12	NA	2.45	NA	8.39	2.59	NA	33.10
35216		A	Repair blood vessel lesion	*18.75	NA	2.49	NA	7.59	2.08	NA	28.42
35221		A	Repair blood vessel lesion	*16.42	NA	1.31	NA	5.68	2.20	NA	24.30
35226		A	Repair blood vessel lesion	*9.06	NA	1.42	NA	4.14	1.95	NA	15.15
35231		A	Repair blood vessel lesion	*12.00	NA	1.29	NA	4.84	2.91	NA	19.75
35236		A	Repair blood vessel lesion	*10.54	NA	1.90	NA	5.18	2.56	NA	18.28
35241		A	Repair blood vessel lesion	*23.12	NA	2.49	NA	8.66	2.60	NA	34.38
35246		A	Repair blood vessel lesion	*19.84	NA	2.49	NA	7.85	2.15	NA	29.84
35251		A	Repair blood vessel lesion	*17.49	NA	1.31	NA	5.85	1.88	NA	25.22
35256		A	Repair blood vessel lesion	*11.38	NA	1.42	NA	4.74	2.39	NA	18.51
35261		A	Repair blood vessel lesion	*11.63	NA	1.29	NA	4.71	2.66	NA	19.00

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
35266		A	Repair blood vessel lesion	*10.30	NA	1.90	NA	5.09	2.41	NA	17.80
35271		A	Repair blood vessel lesion	*22.12	NA	2.49	NA	8.44	2.56	NA	33.12
35276		A	Repair blood vessel lesion	*18.75	NA	2.49	NA	7.63	2.26	NA	28.64
35281		A	Repair blood vessel lesion	*16.48	NA	1.31	NA	5.95	3.37	NA	25.80
35286		A	Repair blood vessel lesion	*11.87	NA	1.42	NA	4.84	2.33	NA	19.04
35301		A	Rechanneling of artery	*18.70	NA	1.29	NA	6.29	2.81	NA	27.80
35311		A	Rechanneling of artery	*23.85	NA	1.41	NA	7.95	4.61	NA	36.41
35321		A	Rechanneling of artery	*11.97	NA	1.31	NA	4.81	2.69	NA	19.47
35331		A	Rechanneling of artery	*23.52	NA	1.51	NA	7.57	2.66	NA	33.75
35341		A	Rechanneling of artery	*25.11	NA	1.51	NA	8.11	3.53	NA	36.75
35351		A	Rechanneling of artery	*20.11	NA	1.31	NA	6.66	2.97	NA	29.74
35355		A	Rechanneling of artery	*16.09	NA	1.51	NA	6.02	2.99	NA	25.10
35361		A	Rechanneling of artery	*23.59	NA	1.51	NA	7.86	3.88	NA	35.33
35363		A	Rechanneling of artery	*24.66	NA	1.51	NA	8.20	4.40	NA	37.26
35371		A	Rechanneling of artery	*11.64	NA	1.31	NA	4.70	2.50	NA	18.84
35372		A	Rechanneling of artery	*13.56	NA	1.42	NA	5.20	2.28	NA	21.04
35381		A	Rechanneling of artery	*15.81	NA	1.55	NA	5.94	2.71	NA	24.46
35390		A	Reoperation, carotid	3.19	NA	0.00	NA	0.78	0.39	NA	4.36
35450		A	Repair arterial blockage	10.07	NA	0.16	NA	2.71	1.38	NA	14.16
35452		A	Repair arterial blockage	6.91	NA	0.16	NA	1.85	0.61	NA	9.37
35454		A	Repair arterial blockage	6.04	NA	0.16	NA	1.86	1.53	NA	9.43
35456		A	Repair arterial blockage	7.35	NA	0.16	NA	2.18	1.69	NA	11.22
35458		A	Repair arterial blockage	9.49	NA	0.16	NA	2.68	1.83	NA	14.00
35459		A	Repair arterial blockage	8.63	NA	0.16	NA	2.46	1.69	NA	12.78
35460		A	Repair venous blockage	6.04	NA	0.16	NA	1.68	0.74	NA	8.46
35470		A	Repair arterial blockage	8.63	NA	0.16	NA	2.46	1.69	NA	12.78
35471		A	Repair arterial blockage	10.07	NA	0.16	NA	2.71	1.38	NA	14.16
35472		A	Repair arterial blockage	6.91	NA	0.16	NA	1.90	0.85	NA	9.66
35473		A	Repair arterial blockage	6.04	NA	0.16	NA	1.86	1.53	NA	9.43
35474		A	Repair arterial blockage	7.36	NA	0.16	NA	2.18	1.69	NA	11.23
35475		R	Repair arterial blockage	9.49	NA	0.16	NA	2.68	1.83	NA	14.00
35476		A	Repair venous blockage	6.04	NA	0.16	NA	1.68	0.74	NA	8.46
35480		A	Atherectomy, open	11.08	NA	0.16	NA	2.93	1.38	NA	15.39
35481		A	Atherectomy, open	7.61	NA	0.16	NA	2.00	0.61	NA	10.22
35482		A	Atherectomy, open	6.65	NA	0.16	NA	1.99	1.53	NA	10.17
35483		A	Atherectomy, open	8.10	NA	0.16	NA	2.34	1.69	NA	12.13
35484		A	Atherectomy, open	10.44	NA	0.16	NA	2.89	1.83	NA	15.16
35485		A	Atherectomy, open	9.49	NA	0.16	NA	2.51	1.06	NA	13.06
35490		A	Atherectomy, percutaneous	11.08	NA	0.16	NA	2.93	1.38	NA	15.39
35491		A	Atherectomy, percutaneous	7.61	NA	0.16	NA	2.00	0.61	NA	10.22
35492		A	Atherectomy, percutaneous	6.65	NA	0.16	NA	1.99	1.53	NA	10.17
35493		A	Atherectomy, percutaneous	8.10	NA	0.16	NA	2.34	1.69	NA	12.13
35494		A	Atherectomy, percutaneous	10.44	NA	0.16	NA	2.89	1.83	NA	15.16
35495		A	Atherectomy, percutaneous	9.49	NA	0.16	NA	2.51	1.06	NA	13.06
35501		A	Artery bypass graft	*19.19	NA	1.29	NA	6.55	3.49	NA	29.23
35506		A	Artery bypass graft	*19.67	NA	1.29	NA	6.68	3.64	NA	29.99
35507		A	Artery bypass graft	*19.67	NA	1.29	NA	6.68	3.61	NA	29.96
35508		A	Artery bypass graft	*18.65	NA	1.29	NA	6.41	3.43	NA	28.49
35509		A	Artery bypass graft	*18.07	NA	1.29	NA	6.39	3.92	NA	28.38
35511		A	Artery bypass graft	*16.83	NA	1.31	NA	5.71	1.92	NA	24.46
35515		A	Artery bypass graft	*18.65	NA	1.29	NA	6.10	2.01	NA	26.76
35516		A	Artery bypass graft	*16.32	NA	1.31	NA	5.95	3.54	NA	25.81
35518		A	Artery bypass graft	*15.42	NA	1.31	NA	5.72	3.38	NA	24.52
35521		A	Artery bypass graft	*16.17	NA	1.51	NA	6.11	3.34	NA	25.62
35526		A	Artery bypass graft	*20.00	NA	1.41	NA	6.63	2.44	NA	29.07
35531		A	Artery bypass graft	*25.61	NA	1.51	NA	8.30	3.90	NA	37.81
35533		A	Artery bypass graft	*20.52	NA	1.51	NA	7.30	4.43	NA	32.25
35536		A	Artery bypass graft	*23.11	NA	1.51	NA	7.81	4.17	NA	35.09
35541		A	Artery bypass graft	*25.80	NA	1.51	NA	8.29	3.65	NA	37.74
35546		A	Artery bypass graft	*25.54	NA	1.51	NA	8.37	4.26	NA	38.17
35548		A	Artery bypass graft	*21.57	NA	1.51	NA	7.36	3.65	NA	32.58
35549		A	Artery bypass graft	*23.35	NA	1.51	NA	7.89	4.26	NA	35.50
35551		A	Artery bypass graft	*26.67	NA	1.51	NA	8.53	3.87	NA	39.07
35556		A	Artery bypass graft	*21.76	NA	1.51	NA	7.42	3.71	NA	32.89
35558		A	Artery bypass graft	*14.04	NA	1.54	NA	5.66	3.23	NA	22.93
35560		A	Artery bypass graft	*23.56	NA	1.51	NA	7.86	3.93	NA	35.35
35563		A	Artery bypass graft	*15.14	NA	1.31	NA	5.29	1.70	NA	22.13
35565		A	Artery bypass graft	*15.14	NA	1.31	NA	5.69	3.51	NA	24.34
35566		A	Artery bypass graft	*26.92	NA	3.04	NA	10.49	4.08	NA	41.49
35571		A	Artery bypass graft	*18.58	NA	2.60	NA	8.09	3.87	NA	30.54
35582		A	Vein bypass graft	*27.13	NA	1.31	NA	8.62	4.89	NA	40.64
35583		A	Vein bypass graft	*22.37	NA	1.31	NA	7.41	4.13	NA	33.91
35585		A	Vein bypass graft	*28.39	NA	2.39	NA	10.15	4.63	NA	43.17
35587		A	Vein bypass graft	*19.05	NA	1.31	NA	6.68	4.13	NA	29.86

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
35601		A	Artery bypass graft	*17.50	NA	1.29	NA	6.14	3.33	NA	26.97
35606		A	Artery bypass graft	*18.71	NA	1.29	NA	6.45	3.51	NA	28.67
35612		A	Artery bypass graft	*15.76	NA	1.31	NA	5.78	3.30	NA	24.84
35616		A	Artery bypass graft	*15.70	NA	1.29	NA	5.77	3.42	NA	24.89
35621		A	Artery bypass graft	*14.54	NA	1.51	NA	5.86	3.80	NA	24.20
35623		A	Bypass graft, not vein	*16.62	NA	1.51	NA	5.89	1.88	NA	24.39
35626		A	Artery bypass graft	*23.63	NA	1.29	NA	7.65	4.08	NA	35.36
35631		A	Artery bypass graft	*24.60	NA	1.51	NA	8.01	3.57	NA	36.18
35636		A	Artery bypass graft	*22.46	NA	1.31	NA	7.06	2.45	NA	31.97
35641		A	Artery bypass graft	*24.57	NA	1.51	NA	8.11	4.08	NA	36.76
35642		A	Artery bypass graft	*17.98	NA	1.29	NA	6.00	2.20	NA	26.18
35645		A	Artery bypass graft	*17.47	NA	1.29	NA	5.85	2.05	NA	25.37
35646		A	Artery bypass graft	*25.81	NA	1.51	NA	8.53	4.73	NA	39.07
35650		A	Artery bypass graft	*14.36	NA	1.31	NA	5.53	3.56	NA	23.45
35651		A	Artery bypass graft	*25.04	NA	1.51	NA	8.35	4.69	NA	38.08
35654		A	Artery bypass graft	*18.61	NA	1.31	NA	6.65	4.42	NA	29.68
35656		A	Artery bypass graft	*19.53	NA	1.31	NA	6.67	3.60	NA	29.80
35661		A	Artery bypass graft	*13.18	NA	1.31	NA	5.21	3.30	NA	21.69
35663		A	Artery bypass graft	*14.17	NA	1.51	NA	5.77	3.80	NA	23.74
35665		A	Artery bypass graft	*15.40	NA	1.51	NA	5.99	3.57	NA	24.96
35666		A	Artery bypass graft	*19.19	NA	2.74	NA	8.42	4.00	NA	31.61
35671		A	Artery bypass graft	*14.80	NA	1.31	NA	5.74	4.08	NA	24.62
35681		A	Artery bypass graft	8.05	NA	0.00	NA	2.53	3.52	NA	14.10
35691		A	Arterial transposition	16.70	NA	1.29	NA	6.07	3.81	NA	26.58
35693		A	Arterial transposition	14.01	NA	1.31	NA	5.09	1.91	NA	21.01
35694		A	Arterial transposition	*18.44	NA	1.29	NA	6.09	2.17	NA	26.70
35695		A	Arterial transposition	17.81	NA	1.29	NA	5.95	2.17	NA	25.93
35700		A	Reoperation, bypass graft	3.08	NA	0.00	NA	0.76	0.38	NA	4.22
35701		A	Exploration, carotid artery	*5.55	NA	1.31	NA	3.09	1.25	NA	9.89
35721		A	Exploration, femoral artery	*5.28	NA	1.42	NA	3.13	1.11	NA	9.52
35741		A	Exploration popliteal artery	*5.37	NA	1.59	NA	3.37	1.15	NA	9.89
35761		A	Exploration of artery/vein	*5.37	NA	1.59	NA	3.36	1.14	NA	9.87
35800		A	Explore neck vessels	*7.02	NA	1.31	NA	3.35	0.97	NA	11.34
35820		A	Explore chest vessels	*12.88	NA	0.63	NA	3.90	1.43	NA	18.21
35840		A	Explore abdominal vessels	*9.77	NA	1.31	NA	4.06	1.44	NA	15.27
35860		A	Explore limb vessels	*5.55	NA	1.31	NA	3.07	1.15	NA	9.77
35870		A	Repair vessel graft defect	*22.17	NA	1.31	NA	7.00	2.47	NA	31.64
35875		A	Removal of clot in graft	*10.01	NA	1.90	NA	4.86	1.65	NA	16.52
35876		A	Removal of clot in graft	*13.67	NA	1.90	NA	5.67	1.65	NA	20.99
35901		A	Excision, graft, neck	*8.19	NA	1.90	NA	4.42	1.46	NA	14.07
35903		A	Excision, graft, extremity	*9.39	NA	1.90	NA	4.69	1.46	NA	15.54
35905		A	Excision, graft, thorax	*18.19	NA	2.73	NA	7.63	1.46	NA	27.28
35907		A	Excision, graft, abdomen	*19.24	NA	1.31	NA	6.14	1.46	NA	26.84
36000		A	Place needle in vein	0.18	0.29	0.05	0.40	0.11	0.04	0.62	0.33
36005		A	Injection, venography	0.95	5.21	0.09	6.56	0.33	0.04	7.55	1.32
36010		A	Place catheter in vein	2.43	NA	0.16	NA	0.80	0.31	NA	3.54
36011		A	Place catheter in vein	3.14	NA	0.16	NA	0.93	0.22	NA	4.29
36012		A	Place catheter in vein	3.52	NA	0.16	NA	1.04	0.32	NA	4.88
36013		A	Place catheter in artery	2.52	NA	0.16	NA	0.82	0.31	NA	3.65
36014		A	Place catheter in artery	3.02	NA	0.16	NA	0.92	0.27	NA	4.21
36015		A	Place catheter in artery	3.52	NA	0.16	NA	1.04	0.32	NA	4.88
36100		A	Establish access to artery	3.02	NA	0.16	NA	0.93	0.32	NA	4.27
36120		A	Establish access to artery	2.01	NA	0.16	NA	0.70	0.30	NA	3.01
36140		A	Establish access to artery	2.01	NA	0.16	NA	0.69	0.24	NA	2.94
36145		A	Artery to vein shunt	2.01	NA	0.16	NA	0.75	0.49	NA	3.25
36160		A	Establish access to aorta	2.52	NA	0.16	NA	0.83	0.35	NA	3.70
36200		A	Place catheter in aorta	3.02	NA	0.16	NA	0.92	0.28	NA	4.22
36215		A	Place catheter in artery	4.68	NA	0.16	NA	1.27	0.23	NA	6.18
36216		A	Place catheter in artery	5.28	NA	0.16	NA	1.41	0.27	NA	6.96
36217		A	Place catheter in artery	6.30	NA	0.16	NA	1.65	0.32	NA	8.27
36218		A	Place catheter in artery	1.01	NA	0.01	NA	0.24	0.05	NA	1.30
36245		A	Place catheter in artery	4.68	NA	0.16	NA	1.28	0.26	NA	6.22
36246		A	Place catheter in artery	5.28	NA	0.16	NA	1.41	0.27	NA	6.96
36247		A	Place catheter in artery	6.30	NA	0.16	NA	1.65	0.32	NA	8.27
36248		A	Place catheter in artery	1.01	NA	0.01	NA	0.24	0.05	NA	1.30
36260		A	Insertion of infusion pump	*9.71	NA	1.90	NA	4.75	1.41	NA	15.87
36261		A	Revision of infusion pump	*5.45	NA	1.38	NA	2.96	0.42	NA	8.83
36262		A	Removal of infusion pump	*4.02	NA	1.21	NA	2.45	0.40	NA	6.87
36400		A	Drawing blood	0.18	0.30	0.05	0.40	0.10	0.01	0.59	0.29
36405		A	Drawing blood	0.18	0.30	0.05	0.41	0.11	0.03	0.62	0.32
36406		A	Drawing blood	0.18	0.30	0.05	0.40	0.10	0.01	0.59	0.29
36410		A	Drawing blood	0.18	0.29	0.05	0.39	0.11	0.02	0.59	0.31
36420		A	Establish access to vein	1.01	NA	0.05	NA	0.29	0.05	NA	1.35
36425		A	Establish access to vein	0.76	0.27	0.05	0.50	0.23	0.01	1.27	1.00

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
36430		A	Blood transfusion service	0.00	1.87	0.14	2.30	0.19	0.07	2.37	0.26
36440		A	Blood transfusion service	1.03	NA	0.14	NA	0.41	0.07	NA	1.51
36450		A	Exchange transfusion service	2.23	NA	0.14	NA	0.70	0.18	NA	3.11
36455		A	Exchange transfusion service	2.43	NA	0.14	NA	0.75	0.22	NA	3.40
36460		A	Transfusion service, fetal	6.59	NA	0.16	NA	1.88	1.09	NA	9.56
36470		A	Injection therapy of vein	1.02	1.43	0.36	1.97	0.67	0.04	3.03	1.73
36471		A	Injection therapy of veins	*1.57	1.11	0.44	1.71	0.89	0.05	3.33	2.51
36481		A	Insertion of catheter, vein	6.99	NA	0.01	NA	1.68	0.61	NA	9.28
36488		A	Insertion of catheter, vein	1.35	NA	0.05	NA	0.39	0.14	NA	1.88
36489		A	Insertion of catheter, vein	1.22	0.66	0.05	1.11	0.37	0.17	2.50	1.76
36490		A	Insertion of catheter, vein	1.67	NA	0.05	NA	0.47	0.20	NA	2.34
36491		A	Insertion of catheter, vein	1.43	NA	0.05	NA	0.45	0.32	NA	2.20
36493		A	Repositioning of cvc	1.21	NA	0.05	NA	0.36	0.16	NA	1.73
36500		A	Insertion of catheter, vein	3.52	NA	0.05	NA	0.84	0.01	NA	4.37
36510		A	Insertion of catheter, vein	1.09	NA	0.05	NA	0.31	0.02	NA	1.42
36520		A	Plasma and/or cell exchange	1.74	NA	0.14	NA	0.58	0.12	NA	2.44
36522		A	Photopheresis	1.67	2.26	0.14	3.20	0.62	0.37	5.24	2.66
36530		R	Insertion of infusion pump	4.83	NA	1.30	NA	2.87	1.02	NA	8.72
36531		R	Revision of infusion pump	4.80	NA	1.30	NA	2.70	0.27	NA	7.77
36532		R	Removal of infusion pump	3.23	NA	0.66	NA	1.60	0.37	NA	5.20
36533		A	Insertion of access port	*5.32	3.18	1.30	5.23	2.94	0.85	11.40	9.11
36534		A	Revision of access port	2.73	NA	0.66	NA	1.45	0.21	NA	4.39
36535		A	Removal of access port	2.22	1.28	1.06	2.13	1.86	0.38	4.73	4.46
36600		A	Withdrawal of arterial blood	0.32	0.24	0.05	0.37	0.14	0.02	0.71	0.48
36620		A	Insertion catheter, artery	1.15	NA	0.16	NA	0.48	0.14	NA	1.77
36625		A	Insertion catheter, artery	2.11	NA	0.05	NA	0.56	0.18	NA	2.85
36640		A	Insertion catheter, artery	2.10	NA	0.16	NA	0.75	0.40	NA	3.25
36660		A	Insertion catheter, artery	1.40	NA	0.05	NA	0.38	0.04	NA	1.82
36680		A	Insert needle, bone cavity	1.20	NA	0.13	NA	0.45	0.10	NA	1.75
36800		A	Insertion of cannula	2.43	NA	0.16	NA	0.79	0.28	NA	3.50
36810		A	Insertion of cannula	3.97	NA	0.16	NA	1.23	0.74	NA	5.94
36815		A	Insertion of cannula	2.62	NA	0.16	NA	0.93	0.70	NA	4.25
36821		A	Artery-vein fusion	*8.93	NA	1.59	NA	4.21	1.46	NA	14.60
36822		A	Insertion of cannula(s)	*5.42	NA	2.33	NA	4.20	0.77	NA	10.39
36825		A	Artery-vein graft	*9.84	NA	1.59	NA	4.58	2.21	NA	16.63
36830		A	Artery-vein graft	*12.00	NA	1.56	NA	5.05	2.36	NA	19.41
36832		A	Revise artery-vein fistula	*6.45	NA	1.59	NA	3.87	2.38	NA	12.70
36834		A	Repair A-V aneurysm	9.32	NA	1.31	NA	4.01	1.66	NA	14.99
36835		A	Artery to vein shunt	*7.15	NA	1.59	NA	3.68	0.79	NA	11.62
36860		A	Cannula declotting	2.01	3.18	0.16	4.41	0.73	0.43	6.85	3.17
36861		A	Cannula declotting	2.52	NA	0.16	NA	0.97	1.01	NA	4.50
37140		A	Revision of circulation	*23.60	NA	1.31	NA	7.50	3.34	NA	34.44
37145		A	Revision of circulation	*24.61	NA	1.51	NA	7.61	1.72	NA	33.94
37160		A	Revision of circulation	*21.60	NA	1.31	NA	7.16	3.79	NA	32.55
37180		A	Revision of circulation	*24.61	NA	1.31	NA	7.60	2.76	NA	34.97
37181		A	Splice spleen/kidney veins	*26.68	NA	1.31	NA	8.22	3.52	NA	38.42
37200		A	Transcatheter biopsy	4.56	NA	0.16	NA	1.23	0.13	NA	5.92
37201		A	Transcatheter therapy infuse	5.00	NA	0.16	NA	1.43	0.64	NA	7.07
37202		A	Transcatheter therapy infuse	5.68	NA	0.16	NA	1.55	0.50	NA	7.73
37203		A	Transcatheter retrieval	5.03	NA	0.16	NA	1.40	0.45	NA	6.88
37204		A	Transcatheter occlusion	18.14	NA	0.16	NA	4.52	1.60	NA	24.26
37205		A	Transcatheter stent	8.28	NA	0.16	NA	2.10	0.42	NA	10.80
37206		A	Transcatheter stent	4.13	NA	0.00	NA	0.95	0.21	NA	5.29
37207		A	Transcatheter stent	8.28	NA	0.16	NA	2.10	0.42	NA	10.80
37208		A	Transcatheter stent	4.13	NA	0.00	NA	0.95	0.21	NA	5.29
37209		A	Exchange arterial catheter	2.27	NA	0.16	NA	0.72	0.11	NA	3.10
37250		A	Intravascular us	1.51	NA	0.00	NA	0.36	0.13	NA	2.00
37251		A	Intravascular us	1.15	NA	0.00	NA	0.27	0.10	NA	1.52
37565		A	Ligation of neck vein	*4.44	NA	0.89	NA	2.22	0.74	NA	7.40
37600		A	Ligation of neck artery	*4.57	NA	1.29	NA	2.75	0.80	NA	8.12
37605		A	Ligation of neck artery	*6.19	NA	1.29	NA	3.16	1.04	NA	10.39
37606		A	Ligation of neck artery	*6.28	NA	1.29	NA	3.11	0.72	NA	10.11
37607		A	Ligation of fistula	*6.16	NA	0.87	NA	2.56	0.71	NA	9.43
37609		A	Temporal artery procedure	*2.30	3.24	1.20	4.54	2.05	0.38	7.22	4.73
37615		A	Ligation of neck artery	*5.73	NA	2.49	NA	4.53	1.11	NA	11.37
37616		A	Ligation of chest artery	*16.49	NA	2.50	NA	6.84	0.83	NA	24.16
37617		A	Ligation of abdomen artery	*15.95	NA	2.50	NA	6.87	1.54	NA	24.36
37618		A	Ligation of extremity artery	*4.84	NA	1.54	NA	3.17	1.06	NA	9.07
37620		A	Revision of major vein	*10.56	NA	0.65	NA	3.43	1.48	NA	15.47
37650		A	Revision of major vein	*5.13	NA	1.19	NA	2.69	0.52	NA	8.34
37660		A	Revision of major vein	*10.61	NA	1.60	NA	4.51	1.07	NA	16.19
37700		A	Revise leg vein	*3.73	NA	1.32	NA	2.59	0.73	NA	7.05
37720		A	Removal of leg vein	*5.66	NA	1.27	NA	3.02	1.04	NA	9.72
37730		A	Removal of leg veins	*7.33	NA	1.46	NA	3.69	1.40	NA	12.42

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
37735		A	Removal of leg veins/lesion	*10.53	NA	1.46	NA	4.45	1.68	NA	16.66
37760		A	Revision of leg veins	*10.47	NA	1.45	NA	4.39	1.52	NA	16.38
37780		A	Revision of leg vein	*3.84	NA	1.19	NA	2.37	0.35	NA	6.56
37785		A	Revise secondary varicosity	*3.88	1.09	1.09	2.22	2.22	0.18	6.28	6.28
37788		A	Revascularization, penis	*22.01	NA	2.80	NA	8.56	1.48	NA	32.05
37790		A	Penile venous occlusion	*8.34	NA	2.22	NA	4.66	0.55	NA	13.55
38100		A	Removal of spleen, total	*13.01	NA	1.39	NA	4.94	1.81	NA	19.76
38101		A	Removal of spleen, partial	*13.74	NA	1.39	NA	5.03	1.51	NA	20.28
38102		A	Removal of spleen, total	4.80	NA	0.00	NA	1.18	0.58	NA	6.56
38115		A	Repair of ruptured spleen	*14.19	NA	1.39	NA	5.12	1.49	NA	20.80
38200		A	Injection for spleen x-ray	2.64	NA	0.16	NA	0.81	0.15	NA	3.60
38230		R	Bone marrow collection	*4.54	NA	0.78	NA	2.00	0.21	NA	6.75
38231		R	Stem cell collection	1.50	NA	0.30	NA	0.71	0.08	NA	2.29
38240		R	Bone marrow/stem transplant	2.24	NA	0.16	NA	0.72	0.14	NA	3.10
38241		R	Bone marrow/stem transplant	2.24	NA	0.16	NA	0.72	0.13	NA	3.09
38300		A	Drainage lymph node lesion	*1.53	2.08	1.18	2.89	1.80	0.10	4.52	3.43
38305		A	Drainage lymph node lesion	*4.61	2.85	1.91	4.57	3.41	0.36	9.54	8.38
38308		A	Incision of lymph channels	*4.95	NA	1.49	NA	3.00	0.45	NA	8.40
38380		A	Thoracic duct procedure	*7.46	NA	1.86	NA	4.07	0.76	NA	12.29
38381		A	Thoracic duct procedure	*12.88	NA	2.39	NA	6.07	1.50	NA	20.45
38382		A	Thoracic duct procedure	*10.08	NA	3.64	NA	6.89	1.13	NA	18.10
38500		A	Biopsy/removal,lymph node(s)	*2.88	1.08	1.03	2.02	1.95	0.31	5.21	5.14
38505		A	Needle biopsy, lymph node(s)	1.14	1.57	0.16	2.20	0.49	0.17	3.51	1.80
38510		A	Biopsy/removal,lymph node(s)	*4.14	NA	1.64	NA	3.01	0.45	NA	7.60
38520		A	Biopsy/removal,lymph node(s)	*5.12	NA	1.64	NA	3.24	0.56	NA	8.92
38525		A	Biopsy/removal,lymph node(s)	*4.66	NA	1.64	NA	3.14	0.53	NA	8.33
38530		A	Biopsy/removal,lymph node(s)	*6.13	NA	1.64	NA	3.48	0.65	NA	10.26
38542		A	Explore deep node(s), neck	*5.91	NA	1.64	NA	3.42	0.59	NA	9.92
38550		A	Removal neck/armpit lesion	*6.73	NA	1.64	NA	3.61	0.63	NA	10.97
38555		A	Removal neck/armpit lesion	*14.27	NA	2.02	NA	5.89	1.38	NA	21.54
38562		A	Removal, pelvic lymph nodes	*10.49	NA	1.72	NA	4.66	1.20	NA	16.35
38564		A	Removal, abdomen lymph nodes	*10.83	NA	1.72	NA	4.80	1.51	NA	17.14
38700		A	Removal of lymph nodes, neck	*8.24	NA	5.25	NA	8.49	1.31	NA	18.04
38720		A	Removal of lymph nodes, neck	*13.61	NA	5.25	NA	9.82	2.04	NA	25.47
38724		A	Removal of lymph nodes, neck	*14.54	NA	5.25	NA	10.02	2.00	NA	26.56
38740		A	Remove armpit lymph nodes	*6.77	NA	1.62	NA	3.68	1.00	NA	11.45
38745		A	Remove armpits lymph nodes	*8.84	NA	2.34	NA	5.18	1.76	NA	15.78
38746		A	Remove thoracic lymph nodes	4.39	NA	0.00	NA	1.08	0.53	NA	6.00
38747		A	Remove abdominal lymph nodes	4.89	NA	0.00	NA	1.20	0.59	NA	6.68
38760		A	Remove groin lymph nodes	*8.74	NA	1.64	NA	4.21	1.35	NA	14.30
38765		A	Remove groin lymph nodes	*16.06	NA	2.69	NA	7.33	2.42	NA	25.81
38770		A	Remove pelvis lymph nodes	*13.23	NA	1.72	NA	5.38	1.73	NA	20.34
38780		A	Remove abdomen lymph nodes	*16.59	NA	1.72	NA	6.42	3.13	NA	26.14
38790		A	Injection for lymphatic x-ray	1.29	7.65	0.16	9.65	0.52	0.19	11.13	2.00
38794		A	Access thoracic lymph duct	*4.45	NA	1.63	NA	3.05	0.38	NA	7.88
39000		A	Exploration of chest	*6.10	NA	2.39	NA	4.49	1.08	NA	11.67
39010		A	Exploration of chest	*11.79	NA	2.39	NA	5.96	2.08	NA	19.83
39200		A	Removal chest lesion	*13.62	NA	2.39	NA	6.37	2.14	NA	22.13
39220		A	Removal chest lesion	*17.42	NA	2.39	NA	7.35	2.83	NA	27.60
39400		A	Visualization of chest	*5.61	NA	2.30	NA	4.24	0.95	NA	10.80
39501		A	Repair diaphragm laceration	*13.19	NA	1.55	NA	5.24	2.10	NA	20.53
39502		A	Repair paraesophageal hernia	*16.33	NA	1.55	NA	6.00	2.45	NA	24.78
39503		A	Repair of diaphragm hernia	*34.85	NA	1.55	NA	10.17	2.94	NA	47.96
39520		A	Repair of diaphragm hernia	*16.10	NA	3.22	NA	7.99	2.46	NA	26.55
39530		A	Repair of diaphragm hernia	*15.41	NA	2.86	NA	7.46	2.71	NA	25.58
39531		A	Repair of diaphragm hernia	*16.42	NA	2.82	NA	7.43	1.80	NA	25.65
39540		A	Repair of diaphragm hernia	*13.32	NA	2.82	NA	6.91	2.51	NA	22.74
39541		A	Repair of diaphragm hernia	*14.41	NA	2.82	NA	7.12	2.37	NA	23.90
39545		A	Revision of diaphragm	*13.37	NA	2.82	NA	6.66	1.31	NA	21.34
40490		A	Biopsy of lip	1.22	1.21	0.16	1.76	0.48	0.07	3.05	1.77
40500		A	Partial excision of lip	*4.28	2.05	1.75	3.64	3.28	0.94	8.86	8.50
40510		A	Partial excision of lip	*4.70	2.61	2.04	4.39	3.70	0.83	9.92	9.23
40520		A	Partial excision of lip	*4.67	2.61	2.04	4.35	3.66	0.68	9.70	9.01
40525		A	Reconstruct lip with flap	*7.55	NA	2.05	NA	4.46	1.43	NA	13.44
40527		A	Reconstruct lip with flap	*9.13	NA	2.05	NA	4.86	1.65	NA	15.64
40530		A	Partial removal of lip	*5.40	2.04	1.71	3.83	3.43	0.74	9.97	9.57
40650		A	Repair lip	*3.64	1.95	1.71	3.31	3.03	0.65	7.60	7.32
40652		A	Repair lip	*4.26	2.31	2.05	3.93	3.60	0.79	8.98	8.65
40654		A	Repair lip	*5.31	2.35	2.05	4.25	3.88	1.00	10.56	10.19
40700		A	Repair cleft lip/nasal	*12.79	NA	2.05	NA	5.58	1.28	NA	19.65
40701		A	Repair cleft lip/nasal	*15.85	NA	2.05	NA	6.32	1.62	NA	23.79
40702		A	Repair cleft lip/nasal	*13.04	NA	2.05	NA	5.59	1.10	NA	19.73
40720		A	Repair cleft lip/nasal	*13.55	NA	2.05	NA	5.86	1.79	NA	21.20
40761		A	Repair cleft lip/nasal	*14.72	NA	2.05	NA	6.10	1.74	NA	22.56

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
40800		A	Drainage of mouth lesion	1.12	1.23	1.09	1.76	1.59	0.07	2.95	2.78
40801		A	Drainage of mouth lesion	2.48	1.26	0.90	2.12	1.67	0.16	4.76	4.31
40804		A	Removal foreign body, mouth	1.19	1.27	1.16	1.83	1.69	0.06	3.08	2.94
40805		A	Removal foreign body, mouth	2.64	1.46	1.16	2.42	2.06	0.30	5.36	5.00
40806		A	Incision of lip fold	0.31	0.64	0.16	0.86	0.27	0.03	1.20	0.61
40808		A	Biopsy of mouth lesion	0.91	1.23	1.16	1.72	1.63	0.08	2.71	2.62
40810		A	Excision of mouth lesion	1.26	1.55	1.16	2.19	1.72	0.11	3.56	3.09
40812		A	Excise/repair mouth lesion	2.26	1.60	1.16	2.48	1.94	0.14	4.88	4.34
40814		A	Excise/repair mouth lesion	3.27	2.24	1.75	3.52	2.92	0.32	7.11	6.51
40816		A	Excision of mouth lesion	3.52	2.41	1.71	3.79	2.93	0.33	7.64	6.78
40818		A	Excise oral mucosa for graft	2.26	2.19	1.75	3.21	2.68	0.20	5.67	5.14
40819		A	Excise lip or cheek fold	2.26	2.15	1.75	3.15	2.66	0.14	5.55	5.06
40820		A	Treatment of mouth lesion	1.23	1.26	1.16	1.82	1.70	0.06	3.11	2.99
40830		A	Repair mouth laceration	1.71	1.26	1.16	1.93	1.81	0.07	3.71	3.59
40831		A	Repair mouth laceration	2.41	1.31	1.16	2.18	1.99	0.21	4.80	4.61
40840		R	Reconstruction of mouth	*8.73	2.04	1.71	4.56	4.16	0.73	14.02	13.62
40842		R	Reconstruction of mouth	*8.73	1.99	1.71	4.49	4.16	0.73	13.95	13.62
40843		R	Reconstruction of mouth	*12.10	2.13	1.71	5.47	4.96	1.03	18.60	18.09
40844		R	Reconstruction of mouth	*16.01	2.13	1.71	6.40	5.89	1.36	23.77	23.26
40845		R	Reconstruction of mouth	*18.58	2.55	2.05	7.60	6.99	1.93	28.11	27.50
41000		A	Drainage of mouth lesion	*1.30	1.23	0.90	1.81	1.40	0.08	3.19	2.78
41005		A	Drainage of mouth lesion	*1.26	1.23	0.90	1.79	1.38	0.07	3.12	2.71
41006		A	Drainage of mouth lesion	*3.24	1.83	1.49	2.97	2.55	0.11	6.32	5.90
41007		A	Drainage of mouth lesion	*3.10	1.86	1.49	3.02	2.56	0.30	6.42	5.96
41008		A	Drainage of mouth lesion	*3.37	1.86	1.49	3.04	2.58	0.11	6.52	6.06
41009		A	Drainage of mouth lesion	*3.59	1.86	1.49	3.13	2.67	0.34	7.06	6.60
41010		A	Incision of tongue fold	*1.06	1.83	1.75	2.48	2.38	0.04	3.58	3.48
41015		A	Drainage of mouth lesion	*3.96	1.96	1.49	3.27	2.70	0.10	7.33	6.76
41016		A	Drainage of mouth lesion	*4.07	1.91	1.49	3.30	2.79	0.38	7.75	7.24
41017		A	Drainage of mouth lesion	*4.07	1.91	1.49	3.24	2.74	0.14	7.45	6.95
41018		A	Drainage of mouth lesion	*5.10	1.91	1.49	3.52	3.01	0.38	9.00	8.49
41100		A	Biopsy of tongue	*1.63	1.23	1.16	1.88	1.79	0.08	3.59	3.50
41105		A	Biopsy of tongue	*1.42	1.23	1.16	1.84	1.75	0.12	3.38	3.29
41108		A	Biopsy of floor of mouth	*1.05	1.14	1.08	1.64	1.57	0.09	2.78	2.71
41110		A	Excision of tongue lesion	*1.51	1.55	1.16	2.25	1.78	0.15	3.91	3.44
41112		A	Excision of tongue lesion	*2.73	1.82	1.44	2.87	2.40	0.23	5.83	5.36
41113		A	Excision of tongue lesion	*3.19	1.90	1.71	3.10	2.87	0.37	6.66	6.43
41114		A	Excision of tongue lesion	*8.47	NA	1.71	NA	4.10	0.73	NA	13.30
41115		A	Excision of tongue fold	*1.74	1.50	1.16	2.24	1.83	0.17	4.15	3.74
41116		A	Excision of mouth lesion	*2.44	1.82	1.44	2.82	2.34	0.27	5.53	5.05
41120		A	Partial removal of tongue	*9.77	NA	2.05	NA	4.83	0.88	NA	15.48
41130		A	Partial removal of tongue	*11.15	NA	2.05	NA	5.19	1.14	NA	17.48
41135		A	Tongue and neck surgery	*23.09	NA	2.05	NA	8.13	2.64	NA	33.86
41140		A	Removal of tongue	*25.50	NA	2.36	NA	9.00	2.45	NA	36.95
41145		A	Tongue removal; neck surgery	*30.06	NA	2.70	NA	10.52	2.95	NA	43.53
41150		A	Tongue, mouth, jaw surgery	*23.04	NA	2.70	NA	8.88	2.46	NA	34.38
41153		A	Tongue, mouth, neck surgery	*23.77	NA	2.70	NA	9.16	3.03	NA	35.96
41155		A	Tongue, jaw, & neck surgery	*27.72	NA	2.70	NA	10.19	3.75	NA	41.66
41250		A	Repair tongue laceration	*1.91	1.26	0.90	1.98	1.54	0.11	4.00	3.56
41251		A	Repair tongue laceration	*2.27	1.31	0.90	2.15	1.64	0.21	4.63	4.12
41252		A	Repair tongue laceration	*2.97	1.31	0.90	2.31	1.80	0.26	5.54	5.03
41500		A	Fixation of tongue	*3.71	NA	1.44	NA	2.62	0.26	NA	6.59
41510		A	Tongue to lip surgery	*3.42	NA	2.04	NA	3.33	0.45	NA	7.20
41520		A	Reconstruction, tongue fold	*2.73	1.54	1.44	2.53	2.41	0.28	5.54	5.42
41800		A	Drainage of gum lesion	1.12	1.23	0.90	1.76	1.35	0.07	2.95	2.54
41805		A	Removal foreign body, gum	1.19	1.26	1.16	1.82	1.69	0.08	3.09	2.96
41806		A	Removal foreign body, jawbone	2.64	1.31	1.16	2.21	2.03	0.15	5.00	4.82
41822		R	Excision of gum lesion	2.26	1.60	1.09	2.50	1.88	0.25	5.01	4.39
41823		R	Excision of gum lesion	3.15	1.93	1.44	3.11	2.52	0.34	6.60	6.01
41825		A	Excision of gum lesion	1.26	1.55	1.16	2.19	1.72	0.14	3.59	3.12
41826		A	Excision of gum lesion	2.26	1.55	1.16	2.42	1.95	0.18	4.86	4.39
41827		A	Excision of gum lesion	3.27	1.93	1.44	3.15	2.55	0.38	6.80	6.20
41828		R	Excision of gum lesion	3.04	1.66	1.16	2.76	2.15	0.33	6.13	5.52
41830		R	Removal of gum tissue	3.30	1.50	1.16	2.63	2.22	0.36	6.29	5.88
41872		R	Repair gum	2.44	1.64	1.44	2.59	2.34	0.27	5.30	5.05
41874		R	Repair tooth socket	2.94	1.40	1.16	2.42	2.13	0.32	5.68	5.39
42000		A	Drainage mouth roof lesion	*1.23	1.22	0.90	1.77	1.38	0.06	3.06	2.67
42100		A	Biopsy roof of mouth	*1.31	1.14	1.08	1.70	1.62	0.08	3.09	3.01
42104		A	Excision lesion, mouth roof	*1.64	1.26	1.16	1.94	1.81	0.17	3.75	3.62
42106		A	Excision lesion, mouth roof	*2.10	1.55	1.16	2.39	1.92	0.21	4.70	4.23
42107		A	Excision lesion, mouth roof	*4.44	2.03	1.44	3.55	2.83	0.50	8.49	7.77
42120		A	Remove palate/lesion	*6.17	NA	1.71	NA	3.66	1.01	NA	10.84
42140		A	Excision of uvula	*1.62	1.54	1.44	2.26	2.14	0.15	4.03	3.91
42145		A	Repair, palate, pharynx/uvula	*8.05	NA	1.71	NA	4.17	1.45	NA	13.67

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
42160		A	Treatment mouth roof lesion	*1.80	1.30	1.16	2.02	1.85	0.16	3.98	3.81
42180		A	Repair palate	*2.50	1.31	0.90	2.21	1.70	0.26	4.97	4.46
42182		A	Repair palate	*3.83	1.38	0.90	2.60	2.02	0.38	6.81	6.23
42200		A	Reconstruct cleft palate	*12.00	NA	2.05	NA	5.31	0.85	NA	18.16
42205		A	Reconstruct cleft palate	*9.59	NA	1.71	NA	4.36	0.79	NA	14.74
42210		A	Reconstruct cleft palate	*14.50	NA	2.05	NA	5.88	0.95	NA	21.33
42215		A	Reconstruct cleft palate	*8.82	NA	2.05	NA	4.62	0.86	NA	14.30
42220		A	Reconstruct cleft palate	*7.02	NA	1.71	NA	3.80	0.81	NA	11.63
42225		A	Reconstruct cleft palate	*9.54	NA	2.05	NA	4.82	1.08	NA	15.44
42226		A	Lengthening of palate	*10.01	NA	2.05	NA	4.88	0.86	NA	15.75
42227		A	Lengthening of palate	*9.52	NA	1.71	NA	4.26	0.38	NA	14.16
42235		A	Repair palate	*7.87	NA	1.71	NA	3.92	0.49	NA	12.28
42260		A	Repair nose to lip fistula	*9.80	2.04	1.71	4.73	4.33	0.44	14.97	14.57
42280		A	Preparation, palate mold	*1.54	0.84	0.84	1.39	1.39	0.17	3.10	3.10
42281		A	Insertion, palate prosthesis	*1.93	0.84	0.84	1.47	1.47	0.15	3.55	3.55
42300		A	Drainage of salivary gland	*1.93	1.12	0.88	1.82	1.52	0.12	3.87	3.57
42305		A	Drainage of salivary gland	*6.07	NA	1.46	NA	3.17	0.27	NA	9.51
42310		A	Drainage of salivary gland	*1.56	1.10	0.88	1.71	1.44	0.12	3.39	3.12
42320		A	Drainage of salivary gland	*2.35	1.15	0.88	1.97	1.63	0.22	4.54	4.20
42325		A	Create salivary cyst drain	*2.75	1.41	1.33	2.36	2.27	0.20	5.31	5.22
42326		A	Create salivary cyst drain	*3.78	1.76	1.33	3.05	2.53	0.33	7.16	6.64
42330		A	Removal of salivary stone	*2.21	1.13	1.13	1.89	1.89	0.12	4.22	4.22
42335		A	Removal of salivary stone	*3.31	1.42	1.42	2.51	2.51	0.27	6.09	6.09
42340		A	Removal of salivary stone	*4.60	1.78	1.71	3.28	3.19	0.45	8.33	8.24
42400		A	Biopsy of salivary gland	0.78	0.43	0.16	0.71	0.39	0.10	1.59	1.27
42405		A	Biopsy of salivary gland	*3.29	1.16	1.14	2.18	2.15	0.19	5.66	5.63
42408		A	Excision of salivary cyst	*4.54	1.78	1.71	3.25	3.16	0.38	8.17	8.08
42409		A	Drainage of salivary cyst	*2.81	1.40	1.40	2.38	2.38	0.30	5.49	5.49
42410		A	Excise parotid gland/lesion	*9.34	NA	2.00	NA	4.68	0.92	NA	14.94
42415		A	Excise parotid gland/lesion	*16.89	NA	2.00	NA	6.50	1.68	NA	25.07
42420		A	Excise parotid gland/lesion	*19.59	NA	2.00	NA	7.14	1.87	NA	28.60
42425		A	Excise parotid gland/lesion	*13.02	NA	2.00	NA	5.60	1.43	NA	20.05
42426		A	Excise parotid gland/lesion	*21.26	NA	2.00	NA	7.79	3.21	NA	32.26
42440		A	Excision submaxillary gland	*6.97	NA	1.42	NA	3.47	0.99	NA	11.43
42450		A	Excision sublingual gland	*4.62	2.11	1.71	3.66	3.18	0.35	8.63	8.15
42500		A	Repair salivary duct	*4.30	2.10	1.71	3.61	3.14	0.50	8.41	7.94
42505		A	Repair salivary duct	*6.18	2.16	1.71	4.18	3.63	0.86	11.22	10.67
42507		A	Parotid duct diversion	*6.11	NA	1.71	NA	3.57	0.67	NA	10.35
42508		A	Parotid duct diversion	*9.10	NA	2.00	NA	4.63	0.94	NA	14.67
42509		A	Parotid duct diversion	*11.54	NA	2.00	NA	5.23	1.23	NA	18.00
42510		A	Parotid duct diversion	*8.15	NA	1.70	NA	4.04	0.84	NA	13.03
42550		A	Injection for salivary x-ray	1.25	4.01	0.09	5.18	0.39	0.04	6.47	1.68
42600		A	Closure of salivary fistula	*4.82	2.12	1.71	3.74	3.24	0.46	9.02	8.52
42650		A	Dilation of salivary duct	0.77	0.51	0.16	0.80	0.38	0.04	1.61	1.19
42660		A	Dilation of salivary duct	1.13	0.53	0.16	0.91	0.46	0.06	2.10	1.65
42665		A	Ligation of salivary duct	*2.53	1.72	1.42	2.71	2.34	0.25	5.49	5.12
42700		A	Drainage of tonsil abscess	*1.62	1.26	0.90	1.92	1.47	0.10	3.64	3.19
42720		A	Drainage of throat abscess	*5.42	1.38	1.16	2.91	2.65	0.22	8.55	8.29
42725		A	Drainage of throat abscess	*10.72	NA	1.71	NA	4.55	0.53	NA	15.80
42800		A	Biopsy of throat	*1.39	1.17	1.13	1.75	1.70	0.08	3.22	3.17
42802		A	Biopsy of throat	*1.54	1.23	1.16	1.87	1.78	0.12	3.53	3.44
42804		A	Biopsy of upper nose/throat	*1.24	1.22	1.16	1.79	1.72	0.13	3.16	3.09
42806		A	Biopsy of upper nose/throat	*1.58	1.31	1.16	1.98	1.80	0.16	3.72	3.54
42808		A	Excise pharynx lesion	*2.30	1.64	1.16	2.57	1.98	0.29	5.16	4.57
42809		A	Remove pharynx foreign body	*1.81	1.31	0.90	2.02	1.51	0.08	3.91	3.40
42810		A	Excision of neck cyst	*3.33	2.19	1.75	3.50	2.97	0.47	7.30	6.77
42815		A	Excision of neck cyst	*7.23	NA	1.71	NA	3.92	1.12	NA	12.27
42820		A	Remove tonsils and adenoids	*3.91	NA	1.16	NA	2.34	0.32	NA	6.57
42821		A	Remove tonsils and adenoids	*4.29	NA	1.16	NA	2.46	0.46	NA	7.21
42825		A	Removal of tonsils	*3.42	NA	1.16	NA	2.24	0.33	NA	5.99
42826		A	Removal of tonsils	*3.38	NA	1.16	NA	2.25	0.43	NA	6.06
42830		A	Removal of adenoids	*2.57	NA	0.90	NA	1.72	0.27	NA	4.56
42831		A	Removal of adenoids	*2.71	NA	0.90	NA	1.74	0.25	NA	4.70
42835		A	Removal of adenoids	*2.30	NA	1.16	NA	1.94	0.10	NA	4.34
42836		A	Removal of adenoids	*3.18	NA	1.16	NA	2.18	0.31	NA	5.67
42842		A	Extensive surgery of throat	*8.76	NA	1.71	NA	4.17	0.73	NA	13.66
42844		A	Extensive surgery of throat	*14.31	NA	2.05	NA	5.91	1.27	NA	21.49
42845		A	Extensive surgery of throat	*24.29	NA	2.36	NA	8.69	2.22	NA	35.20
42860		A	Excision of tonsil tags	*2.22	NA	1.16	NA	1.95	0.21	NA	4.38
42870		A	Excision of lingual tonsil	*5.40	NA	1.75	NA	3.38	0.26	NA	9.04
42890		A	Partial removal of pharynx	*12.94	NA	2.05	NA	5.56	1.03	NA	19.53
42892		A	Revision of pharyngeal walls	*15.83	NA	2.05	NA	6.24	1.27	NA	23.34
42894		A	Revision of pharyngeal walls	*22.88	NA	2.36	NA	8.29	1.83	NA	33.00
42900		A	Repair throat wound	*5.25	NA	0.90	NA	2.35	0.48	NA	8.08

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
42950		A	Reconstruction of throat	*8.10	NA	1.71	NA	4.10	1.10	NA	13.30
42953		A	Repair throat, esophagus	*8.96	NA	2.05	NA	4.66	0.93	NA	14.55
42955		A	Surgical opening of throat	*7.39	NA	1.75	NA	3.85	0.43	NA	11.67
42960		A	Control throat bleeding	*2.33	NA	0.86	NA	1.58	0.12	NA	4.03
42961		A	Control throat bleeding	*5.59	NA	1.44	NA	3.02	0.19	NA	8.80
42962		A	Control throat bleeding	*7.14	NA	1.44	NA	3.46	0.68	NA	11.28
42970		A	Control nose/throat bleeding	*5.43	NA	1.13	NA	2.59	0.10	NA	8.12
42971		A	Control nose/throat bleeding	*6.21	NA	1.44	NA	3.19	0.34	NA	9.74
42972		A	Control nose/throat bleeding	*7.20	NA	1.13	NA	3.12	0.73	NA	11.05
43020		A	Incision of esophagus	*8.09	NA	1.71	NA	4.01	0.71	NA	12.81
43030		A	Throat muscle surgery	*7.69	NA	1.71	NA	4.04	1.21	NA	12.94
43045		A	Incision of esophagus	*20.12	NA	1.55	NA	6.81	2.36	NA	29.29
43100		A	Excision of esophagus lesion	*9.19	NA	1.55	NA	4.11	0.95	NA	14.25
43101		A	Excision of esophagus lesion	*16.24	NA	1.55	NA	5.86	1.88	NA	23.98
43107		A	Removal of esophagus	*28.79	NA	1.88	NA	9.57	4.42	NA	42.78
43108		A	Removal of esophagus	*34.19	NA	1.88	NA	10.83	4.77	NA	49.79
43112		A	Removal of esophagus	*31.22	NA	1.88	NA	10.06	4.22	NA	45.50
43113		A	Removal of esophagus	*35.27	NA	1.88	NA	11.07	4.77	NA	51.11
43116		A	Partial removal of esophagus	*31.22	NA	1.88	NA	10.18	4.77	NA	46.17
43117		A	Partial removal of esophagus	*30.02	NA	2.82	NA	11.06	4.77	NA	45.85
43118		A	Partial removal of esophagus	*33.20	NA	2.82	NA	11.76	4.77	NA	49.73
43121		A	Partial removal of esophagus	*29.19	NA	2.82	NA	10.75	4.19	NA	44.13
43122		A	Parital removal of esophagus	*29.11	NA	1.88	NA	9.59	4.19	NA	42.89
43123		A	Partial removal of esophagus	*33.20	NA	1.88	NA	10.62	4.77	NA	48.59
43124		A	Removal of esophagus	*27.32	NA	1.88	NA	9.25	4.42	NA	40.99
43130		A	Removal of esophagus pouch	*11.75	NA	1.55	NA	4.81	1.60	NA	18.16
43135		A	Removal of esophagus pouch	*16.10	NA	2.82	NA	7.44	2.17	NA	25.71
43200		A	Esophagus endoscopy	1.59	3.08	0.14	4.16	0.58	0.26	6.01	2.43
43202		A	Esophagus endoscopy, biopsy	1.89	3.09	0.14	4.25	0.66	0.31	6.45	2.86
43204		A	Esophagus endoscopy & inject	3.77	NA	0.14	NA	1.08	0.36	NA	5.21
43205		A	Esophagus endoscopy/ligation	3.79	NA	0.14	NA	1.04	0.18	NA	5.01
43215		A	Esophagus endoscopy	2.60	NA	0.14	NA	0.84	0.46	NA	3.90
43216		A	Esophagus endoscopy/lesion	2.40	NA	0.14	NA	0.78	0.37	NA	3.55
43217		A	Esophagus endoscopy	2.90	NA	0.14	NA	0.89	0.37	NA	4.16
43219		A	Esophagus endoscopy	2.80	NA	0.14	NA	0.86	0.34	NA	4.00
43220		A	Esophagus endoscopy, dilation	2.10	NA	0.14	NA	0.69	0.27	NA	3.06
43226		A	Esophagus endoscopy, dilation	2.34	NA	0.14	NA	0.74	0.26	NA	3.34
43227		A	Esophagus endoscopy, repair	3.60	NA	0.14	NA	1.04	0.34	NA	4.98
43228		A	Esophagus endoscopy, ablation	3.77	NA	0.14	NA	1.08	0.38	NA	5.23
43234		A	Upper GI endoscopy, exam	2.01	1.73	0.14	2.62	0.68	0.30	4.93	2.99
43235		A	Upper gi endoscopy, diagnosis	2.39	3.08	0.14	4.34	0.76	0.29	7.02	3.44
43239		A	Upper GI endoscopy, biopsy	2.69	3.09	0.14	4.43	0.84	0.33	7.45	3.86
43241		A	Upper GI endoscopy with tube	2.59	NA	0.14	NA	0.82	0.38	NA	3.79
43243		A	Upper GI endoscopy & inject.	4.57	NA	0.14	NA	1.26	0.39	NA	6.22
43244		A	Upper GI endoscopy/ligation	4.59	NA	0.14	NA	1.27	0.41	NA	6.27
43245		A	Operative upper GI endoscopy	3.39	NA	0.14	NA	1.00	0.40	NA	4.79
43246		A	Place gastrostomy tube	4.33	NA	0.14	NA	1.23	0.51	NA	6.07
43247		A	Operative upper GI endoscopy	3.39	NA	0.14	NA	1.00	0.38	NA	4.77
43248		A	Upper GI endoscopy/guidewire	3.15	NA	0.14	NA	0.94	0.35	NA	4.44
43249		A	Esophagus endoscopy, dilation	2.90	NA	0.14	NA	0.87	0.30	NA	4.07
43250		A	Upper GI endoscopy/tumor	3.20	NA	0.14	NA	0.97	0.43	NA	4.60
43251		A	Operative upper GI endoscopy	3.70	NA	0.14	NA	1.08	0.43	NA	5.21
43255		A	Operative upper GI endoscopy	4.40	NA	0.14	NA	1.22	0.38	NA	6.00
43258		A	Operative upper GI endoscopy	4.55	NA	0.14	NA	1.25	0.38	NA	6.18
43259		A	Endoscopic ultrasound exam	4.89	NA	0.14	NA	1.32	0.35	NA	6.56
43260		A	Endoscopy, bile duct/pancreas	5.96	NA	0.14	NA	1.56	0.39	NA	7.91
43261		A	Endoscopy, bile duct/pancreas	6.27	NA	0.14	NA	1.63	0.39	NA	8.29
43262		A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.92	0.58	NA	9.89
43263		A	Endoscopy, bile duct/pancreas	6.19	NA	0.14	NA	1.61	0.38	NA	8.18
43264		A	Endoscopy, bile duct/pancreas	8.90	NA	0.14	NA	2.26	0.61	NA	11.77
43265		A	Endoscopy, bile duct/pancreas	8.90	NA	0.14	NA	2.23	0.49	NA	11.62
43267		A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.90	0.48	NA	9.77
43268		A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.92	0.56	NA	9.87
43269		A	Endoscopy, bile duct/pancreas	6.04	NA	0.14	NA	1.61	0.51	NA	8.16
43271		A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.90	0.50	NA	9.79
43272		A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.88	0.42	NA	9.69
43300		A	Repair of esophagus	*9.14	NA	2.29	NA	5.17	1.70	NA	16.01
43305		A	Repair esophagus and fistula	*17.15	NA	2.39	NA	7.07	1.78	NA	26.00
43310		A	Repair of esophagus	*25.39	NA	2.82	NA	9.71	3.23	NA	38.33
43312		A	Repair esophagus and fistula	*28.42	NA	3.17	NA	10.59	2.30	NA	41.31
43320		A	Fuse esophagus & stomach	*16.07	NA	1.55	NA	5.86	2.05	NA	23.98
43324		A	Revise esophagus & stomach	*16.58	NA	1.55	NA	6.07	2.53	NA	25.18
43325		A	Revise esophagus & stomach	*16.17	NA	1.55	NA	5.93	2.29	NA	24.39
43326		A	Revise esophagus & stomach	*15.91	NA	1.55	NA	5.76	1.75	NA	23.42

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
43330		A	Repair of esophagus	*15.94	NA	1.55	NA	5.90	2.39	NA	24.23
43331		A	Repair of esophagus	*16.23	NA	2.82	NA	7.57	2.64	NA	26.44
43340		A	Fuse esophagus & intestine	*15.81	NA	1.88	NA	6.31	2.52	NA	24.64
43341		A	Fuse esophagus & intestine	*16.81	NA	1.88	NA	6.32	1.56	NA	24.69
43350		A	Surgical opening, esophagus	*12.72	NA	1.55	NA	4.93	1.15	NA	18.80
43351		A	Surgical opening, esophagus	*14.79	NA	2.82	NA	7.02	1.53	NA	23.34
43352		A	Surgical opening, esophagus	*12.30	NA	1.55	NA	4.90	1.47	NA	18.67
43360		A	Gastrointestinal repair	26.06	NA	2.82	NA	10.07	4.19	NA	40.32
43361		A	Gastrointestinal repair	29.67	NA	1.88	NA	9.84	4.77	NA	44.28
43400		A	Ligate esophagus veins	*17.09	NA	1.79	NA	6.29	1.63	NA	25.01
43401		A	Esophagus surgery for veins	*17.81	NA	1.79	NA	6.51	1.93	NA	26.25
43405		A	Ligate/staple esophagus	*16.13	NA	1.55	NA	6.00	2.64	NA	24.77
43410		A	Repair esophagus wound	*10.86	NA	2.82	NA	6.16	1.54	NA	18.56
43415		A	Repair esophagus wound	*17.06	NA	1.55	NA	6.18	2.52	NA	25.76
43420		A	Repair esophagus opening	*11.57	NA	1.55	NA	4.59	0.78	NA	16.94
43425		A	Repair esophagus opening	*16.95	NA	2.82	NA	7.53	1.71	NA	26.19
43450		A	Dilate esophagus	1.38	0.72	0.14	1.20	0.49	0.05	2.63	1.92
43453		A	Dilate esophagus	1.51	NA	0.14	NA	0.53	0.11	NA	2.15
43456		A	Dilate esophagus	2.57	NA	0.14	NA	0.79	0.24	NA	3.60
43458		A	Dilation of esophagus	3.06	NA	0.14	NA	0.90	0.27	NA	4.23
43460		A	Pressure treatment esophagus	3.80	NA	0.16	NA	1.06	0.15	NA	5.01
43500		A	Surgical opening of stomach	*8.44	NA	1.21	NA	3.59	1.20	NA	13.23
43501		A	Surgical repair of stomach	*15.31	NA	1.47	NA	5.54	1.83	NA	22.68
43502		A	Surgical repair of stomach	*17.67	NA	1.47	NA	6.06	1.83	NA	25.56
43510		A	Surgical opening of stomach	*9.99	NA	1.76	NA	4.54	0.94	NA	15.47
43520		A	Incision of pyloric muscle	*7.63	NA	1.47	NA	3.65	0.87	NA	12.15
43600		A	Biopsy of stomach	1.91	NA	0.14	NA	0.60	0.05	NA	2.56
43605		A	Biopsy of stomach	*9.15	NA	1.21	NA	3.77	1.29	NA	14.21
43610		A	Excision of stomach lesion	*11.15	NA	1.47	NA	4.61	1.71	NA	17.47
43611		A	Excision of stomach lesion	*13.63	NA	1.51	NA	5.20	1.71	NA	20.54
43620		A	Removal of stomach	*22.54	NA	1.76	NA	7.79	3.19	NA	33.52
43621		A	Removal of stomach	*23.06	NA	1.76	NA	7.90	3.19	NA	34.15
43622		A	Removal of stomach	*24.41	NA	1.76	NA	8.19	3.19	NA	35.79
43631		A	Removal of stomach, partial	*19.66	NA	1.47	NA	6.68	2.66	NA	29.00
43632		A	Removal stomach, partial	*19.66	NA	1.47	NA	6.68	2.66	NA	29.00
43633		A	Removal stomach, partial	*20.10	NA	1.47	NA	6.77	2.66	NA	29.53
43634		A	Removal stomach, partial	*21.86	NA	1.47	NA	7.58	4.57	NA	34.01
43635		A	Partial removal of stomach	2.06	NA	0.00	NA	0.51	0.26	NA	2.83
43638		A	Partial removal of stomach	*21.76	NA	1.47	NA	7.15	2.73	NA	31.64
43639		A	Removal stomach, partial	*22.25	NA	1.47	NA	7.26	2.73	NA	32.24
43640		A	Vagotomy & pylorus repair	*14.81	NA	1.47	NA	5.51	2.19	NA	22.51
43641		A	Vagotomy & pylorus repair	*15.03	NA	1.47	NA	5.56	2.18	NA	22.77
43750		A	Place gastrostomy tube	*4.49	NA	0.28	NA	1.44	0.56	NA	6.49
43760		A	Change gastrostomy tube	1.10	0.94	0.14	1.40	0.43	0.09	2.59	1.62
43761		A	Reposition gastrostomy tube	2.01	NA	0.09	NA	0.61	0.25	NA	2.87
43800		A	Reconstruction of pylorus	*10.46	NA	1.47	NA	4.40	1.47	NA	16.33
43810		A	Fusion of stomach and bowel	*11.19	NA	1.47	NA	4.58	1.53	NA	17.30
43820		A	Fusion of stomach and bowel	*11.74	NA	1.47	NA	4.74	1.75	NA	18.23
43825		A	Fusion of stomach and bowel	*14.68	NA	1.47	NA	5.51	2.30	NA	22.49
43830		A	Place gastrostomy tube	*7.28	NA	1.44	NA	3.61	1.19	NA	12.08
43831		A	Place gastrostomy tube	*7.33	NA	1.44	NA	3.56	0.93	NA	11.82
43832		A	Place gastrostomy tube	*11.92	NA	1.69	NA	4.97	1.36	NA	18.25
43840		A	Repair of stomach lesion	*11.89	NA	1.47	NA	4.76	1.66	NA	18.31
43842		A	Gastroplasty for obesity	*14.71	NA	2.92	NA	7.43	2.93	NA	25.07
43843		A	Gastroplasty for obesity	*14.85	NA	2.92	NA	7.46	2.93	NA	25.24
43846		A	Gastric bypass for obesity	*19.15	NA	2.92	NA	8.48	3.30	NA	30.93
43847		A	Gastric bypass for obesity	*21.44	NA	3.40	NA	9.57	3.30	NA	34.31
43848		A	Revision gastroplasty	*23.41	NA	3.40	NA	10.00	3.30	NA	36.71
43850		A	Revise stomach-bowel fusion	*19.69	NA	1.47	NA	6.59	2.25	NA	28.53
43855		A	Revise stomach-bowel fusion	*20.83	NA	1.47	NA	6.85	2.28	NA	29.96
43860		A	Revise stomach-bowel fusion	*19.91	NA	1.47	NA	6.70	2.51	NA	29.12
43865		A	Revise stomach-bowel fusion	*21.12	NA	1.47	NA	7.07	2.98	NA	31.17
43870		A	Repair stomach opening	*7.40	NA	1.47	NA	3.66	1.14	NA	12.20
43880		A	Repair stomach-bowel fistula	*19.63	NA	1.72	NA	6.78	1.76	NA	28.17
44005		A	Freeing of bowel adhesion	*13.84	NA	1.42	NA	5.14	1.75	NA	20.73
44010		A	Incision of small bowel	*10.68	NA	1.66	NA	4.68	1.42	NA	16.78
44015		A	Insert needle catheter, bowel	2.62	NA	0.00	NA	0.67	0.45	NA	3.74
44020		A	Exploration of small bowel	*11.93	NA	1.42	NA	4.70	1.65	NA	18.28
44021		A	Decompress small bowel	*12.01	NA	1.66	NA	4.98	1.48	NA	18.47
44025		A	Incision of large bowel	*12.18	NA	1.42	NA	4.75	1.61	NA	18.54
44050		A	Reduce bowel obstruction	*11.40	NA	1.42	NA	4.58	1.64	NA	17.62
44055		A	Correct malrotation of bowel	*13.14	NA	1.42	NA	4.96	1.60	NA	19.70
44100		A	Biopsy of bowel	2.01	NA	0.14	NA	0.64	0.13	NA	2.78
44110		A	Excision of bowel lesion(s)	*10.07	NA	1.42	NA	4.28	1.58	NA	15.93

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
44111		A	Excision of bowel lesion(s)	*12.19	NA	1.66	NA	5.16	2.14	NA	19.49
44120		A	Removal of small intestine	*14.50	NA	1.42	NA	5.35	2.02	NA	21.87
44121		A	Removal of small intestine	4.45	NA	0.00	NA	1.09	0.54	NA	6.08
44125		A	Removal of small intestine	*14.96	NA	1.42	NA	5.50	2.28	NA	22.74
44130		A	Bowel to bowel fusion	*12.36	NA	1.42	NA	4.84	1.86	NA	19.06
44139		A	Mobilization of colon	2.23	NA	0.00	NA	0.55	0.27	NA	3.05
44140		A	Partial removal of colon	*18.35	NA	1.66	NA	6.57	2.40	NA	27.32
44141		A	Partial removal of colon	*19.51	NA	3.41	NA	8.99	2.55	NA	31.05
44143		A	Partial removal of colon	*20.17	NA	3.41	NA	9.15	2.62	NA	31.94
44144		A	Partial removal of colon	*18.89	NA	2.85	NA	8.17	2.53	NA	29.59
44145		A	Partial removal of colon	*23.18	NA	1.97	NA	8.08	2.78	NA	34.04
44146		A	Partial removal of colon	*24.16	NA	3.96	NA	10.81	3.14	NA	38.11
44147		A	Partial removal of colon	*18.17	NA	2.22	NA	7.41	3.30	NA	28.88
44150		A	Removal of colon	*21.01	NA	3.96	NA	10.13	3.17	NA	34.31
44151		A	Removal of colon/ileostomy	*20.04	NA	3.96	NA	9.71	2.22	NA	31.97
44152		A	Removal of colon/ileostomy	*24.41	NA	4.51	NA	11.59	3.36	NA	39.36
44153		A	Removal of colon/ileostomy	*26.83	NA	4.51	NA	12.18	3.63	NA	42.64
44155		A	Removal of colon	*24.44	NA	3.96	NA	10.95	3.50	NA	38.89
44156		A	Removal of colon/ileostomy	*23.01	NA	4.51	NA	11.10	2.52	NA	36.63
44160		A	Removal of colon	*15.88	NA	1.66	NA	6.09	2.68	NA	24.65
44300		A	Open bowel to skin	*8.88	NA	1.90	NA	4.54	1.29	NA	14.71
44310		A	Ileostomy/jejunostomy	*11.70	NA	3.41	NA	7.09	1.66	NA	20.45
44312		A	Revision of ileostomy	*5.88	NA	1.79	NA	3.57	0.45	NA	9.90
44314		A	Revision of ileostomy	*11.04	NA	3.41	NA	6.84	1.21	NA	19.09
44316		A	Devise bowel pouch	*15.47	NA	4.51	NA	9.20	1.43	NA	26.10
44320		A	Colostomy	*12.94	NA	3.96	NA	8.01	1.57	NA	22.52
44322		A	Colostomy with biopsies	*11.98	NA	3.96	NA	7.87	1.88	NA	21.73
44340		A	Revision of colostomy	*5.66	NA	1.79	NA	3.50	0.35	NA	9.51
44345		A	Revision of colostomy	*11.32	NA	2.26	NA	5.46	1.03	NA	17.81
44346		A	Revision of colostomy	*12.46	NA	2.26	NA	5.79	1.38	NA	19.63
44360		A	Small bowel endoscopy	2.92	NA	0.14	NA	0.88	0.32	NA	4.12
44361		A	Small bowel endoscopy, biopsy	3.23	NA	0.14	NA	0.96	0.34	NA	4.53
44363		A	Small bowel endoscopy	3.94	NA	0.14	NA	1.12	0.36	NA	5.42
44364		A	Small bowel endoscopy	4.22	NA	0.14	NA	1.26	0.72	NA	6.20
44365		A	Small bowel endoscopy	3.73	NA	0.14	NA	1.15	0.72	NA	5.60
44366		A	Small bowel endoscopy	4.97	NA	0.14	NA	1.36	0.45	NA	6.78
44369		A	Small bowel endoscopy	5.09	NA	0.14	NA	1.40	0.50	NA	6.99
44372		A	Small bowel endoscopy	4.97	NA	0.14	NA	1.41	0.67	NA	7.05
44373		A	Small bowel endoscopy	3.94	NA	0.14	NA	1.15	0.50	NA	5.59
44376		A	Small bowel endoscopy	5.69	NA	0.14	NA	1.48	0.26	NA	7.43
44377		A	Small bowel endoscopy	5.98	NA	0.14	NA	1.55	0.28	NA	7.81
44378		A	Small bowel endoscopy	7.71	NA	0.14	NA	1.94	0.35	NA	10.00
44380		A	Small bowel endoscopy	1.51	NA	0.14	NA	0.55	0.22	NA	2.28
44382		A	Small bowel endoscopy	1.82	NA	0.14	NA	0.64	0.29	NA	2.75
44385		A	Endoscopy of bowel pouch	1.82	2.05	0.16	2.97	0.67	0.34	5.13	2.83
44386		A	Endoscopy, bowel pouch, biopsy	2.12	2.08	0.16	3.03	0.70	0.15	5.30	2.97
44388		A	Colon endoscopy	2.82	3.55	0.14	5.05	0.90	0.50	8.37	4.22
44389		A	Colonoscopy with biopsy	3.13	3.86	0.14	5.49	0.96	0.45	9.07	4.54
44390		A	Colonoscopy for foreign body	3.83	3.96	0.16	5.73	1.10	0.28	9.84	5.21
44391		A	Colonoscopy for bleeding	4.32	3.85	0.14	5.76	1.24	0.53	10.61	6.09
44392		A	Colonoscopy & polypectomy	3.82	4.40	0.14	6.36	1.16	0.70	10.88	5.68
44393		A	Colonoscopy, lesion removal	4.84	4.04	0.16	6.14	1.41	0.70	11.68	6.95
44394		A	Colonoscopy w/snare	4.43	4.82	0.14	7.00	1.30	0.70	12.13	6.43
44500		A	Intro, gastrointestinal tube	0.49	NA	0.14	NA	0.29	0.02	NA	0.80
44602		A	Suture, small intestine	*10.61	NA	1.42	NA	4.41	1.62	NA	16.64
44603		A	Suture, small intestine	*14.00	NA	1.42	NA	5.22	1.96	NA	21.18
44604		A	Suture, large intestine	*14.28	NA	1.42	NA	5.22	1.67	NA	21.17
44605		A	Repair of bowel lesion	*15.37	NA	1.66	NA	5.83	2.02	NA	23.22
44615		A	Intestinal stricturoplasty	*14.19	NA	1.42	NA	5.18	1.57	NA	20.94
44620		A	Repair bowel opening	*10.87	NA	1.42	NA	4.38	1.26	NA	16.51
44625		A	Repair bowel opening	*13.41	NA	1.42	NA	5.11	2.03	NA	20.55
44640		A	Repair bowel-skin fistula	*14.83	NA	1.66	NA	5.57	1.35	NA	21.75
44650		A	Repair bowel fistula	*15.25	NA	1.66	NA	5.69	1.46	NA	22.40
44660		A	Repair bowel-bladder fistula	*14.63	NA	1.66	NA	5.49	1.21	NA	21.33
44661		A	Repair bowel-bladder fistula	*16.99	NA	1.66	NA	6.30	2.52	NA	25.81
44680		A	Surgical revision, intestine	*13.72	NA	1.66	NA	5.50	2.14	NA	21.36
44800		A	Excision of bowel pouch	*11.23	NA	1.42	NA	4.42	1.08	NA	16.73
44820		A	Excision of mesentery lesion	*10.31	NA	1.42	NA	4.25	1.21	NA	15.77
44850		A	Repair of mesentery	*9.57	NA	1.42	NA	4.08	1.18	NA	14.83
44900		A	Drainage of appendix abscess	*8.82	NA	1.66	NA	4.15	0.88	NA	13.85
44950		A	Appendectomy	*8.70	NA	1.38	NA	3.80	1.01	NA	13.51
44955		A	Appendectomy	1.53	NA	0.00	NA	0.47	0.60	NA	2.60
44960		A	Appendectomy	*10.74	NA	1.60	NA	4.57	1.24	NA	16.55
45000		A	Drainage of pelvic abscess	*4.52	NA	1.54	NA	2.92	0.24	NA	7.68

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
45005		A	Drainage of rectal abscess	*1.99	2.27	0.94	3.25	1.62	0.21	5.45	3.82
45020		A	Drainage of rectal abscess	*4.72	NA	1.54	NA	3.02	0.51	NA	8.25
45100		A	Biopsy of rectum	*3.68	2.28	0.94	3.67	2.03	0.35	7.70	6.06
45108		A	Removal of anorectal lesion	*4.76	2.57	1.22	4.29	2.65	0.53	9.58	7.94
45110		A	Removal of rectum	*23.80	NA	2.45	NA	8.95	3.43	NA	36.18
45111		A	Partial removal of rectum	*16.48	NA	2.15	NA	6.78	2.49	NA	25.75
45112		A	Removal of rectum	*25.96	NA	2.15	NA	9.04	3.36	NA	38.36
45113		A	Partial proctectomy	*25.99	NA	1.85	NA	8.69	3.36	NA	38.04
45114		A	Partial removal of rectum	*23.22	NA	2.11	NA	8.37	3.24	NA	34.83
45116		A	Partial removal of rectum	*20.89	NA	1.83	NA	7.32	2.34	NA	30.55
45120		A	Removal of rectum	*24.60	NA	2.15	NA	8.79	3.54	NA	36.93
45121		A	Removal of rectum and colon	*27.04	NA	2.15	NA	8.98	2.01	NA	38.03
45123		A	Partial proctectomy	*14.20	NA	1.85	NA	5.92	2.49	NA	22.61
45130		A	Excision of rectal prolapse	*13.97	NA	1.83	NA	5.69	1.79	NA	21.45
45135		A	Excision of rectal prolapse	*16.39	NA	1.83	NA	6.59	3.50	NA	26.48
45150		A	Excision of rectal stricture	*5.67	2.57	1.22	4.51	2.87	0.63	10.81	9.17
45160		A	Excision of rectal lesion	*13.02	NA	1.54	NA	5.07	1.56	NA	19.65
45170		A	Excision of rectal lesion	*9.77	NA	1.54	NA	4.23	0.96	NA	14.96
45190		A	Destruction, rectal tumor	*8.28	NA	1.54	NA	3.92	1.06	NA	13.26
45300		A	Proctosigmoidoscopy	0.70	1.22	0.14	1.66	0.34	0.07	2.43	1.11
45303		A	Proctosigmoidoscopy	0.80	1.25	0.14	1.73	0.38	0.12	2.65	1.30
45305		A	Proctosigmoidoscopy; biopsy	1.01	1.31	0.14	1.85	0.43	0.14	3.00	1.58
45307		A	Proctosigmoidoscopy	1.71	1.70	0.14	2.49	0.59	0.18	4.38	2.48
45308		A	Proctosigmoidoscopy	1.51	1.52	0.14	2.23	0.55	0.20	3.94	2.26
45309		A	Proctosigmoidoscopy	2.01	1.67	0.14	2.52	0.66	0.20	4.73	2.87
45315		A	Proctosigmoidoscopy	2.54	1.84	0.14	2.84	0.77	0.18	5.56	3.49
45317		A	Proctosigmoidoscopy	2.73	1.55	0.14	2.53	0.81	0.19	5.45	3.73
45320		A	Proctosigmoidoscopy	2.88	1.43	0.14	2.44	0.88	0.34	5.66	4.10
45321		A	Proctosigmoidoscopy	2.12	NA	0.14	NA	0.70	0.27	NA	3.09
45330		A	Sigmoidoscopy, diagnostic	0.96	1.25	0.14	1.76	0.41	0.12	2.84	1.49
45331		A	Sigmoidoscopy and biopsy	1.26	1.33	0.14	1.94	0.48	0.15	3.35	1.89
45332		A	Sigmoidoscopy	1.96	1.92	0.14	2.80	0.64	0.16	4.92	2.76
45333		A	Sigmoidoscopy & polypectomy	1.96	2.06	0.14	3.00	0.66	0.26	5.22	2.88
45334		A	Sigmoidoscopy for bleeding	2.99	NA	0.14	NA	0.88	0.23	NA	4.10
45337		A	Sigmoidoscopy, decompression	2.36	NA	0.14	NA	0.77	0.38	NA	3.51
45338		A	Sigmoidoscopy	2.57	2.06	0.14	3.13	0.79	0.26	5.96	3.62
45339		A	Sigmoidoscopy	3.14	1.64	0.14	2.76	0.93	0.31	6.21	4.38
45355		A	Surgical colonoscopy	3.52	NA	0.14	NA	0.97	0.10	NA	4.59
45378		A	Diagnostic colonoscopy	3.70	3.55	0.14	4.56	0.41	0.39	8.65	4.50
45378		A	Diagnostic colonoscopy	0.96	3.55	0.14	4.56	0.41	0.12	5.64	1.49
45379		A	Colonoscopy	4.72	4.21	0.14	6.26	1.31	0.45	11.43	6.48
45380		A	Colonoscopy and biopsy	4.01	3.66	0.14	5.43	1.14	0.40	9.84	5.55
45382		A	Colonoscopy, control bleeding	5.73	4.18	0.14	6.44	1.52	0.41	12.58	7.66
45383		A	Colonoscopy, lesion removal	5.87	4.08	0.14	6.36	1.57	0.50	12.73	7.94
45384		A	Colonoscopy	4.70	4.40	0.14	6.52	1.33	0.58	11.80	6.61
45385		A	Colonoscopy, lesion removal	5.31	4.82	0.16	7.17	1.49	0.58	13.06	7.38
45500		A	Repair of rectum	*7.29	NA	1.54	NA	3.74	1.21	NA	12.24
45505		A	Repair of rectum	*6.02	NA	1.21	NA	3.07	1.23	NA	10.32
45520		A	Treatment of rectal prolapse	0.55	0.45	0.16	0.69	0.34	0.10	1.34	0.99
45540		A	Correct rectal prolapse	*12.92	NA	1.83	NA	5.53	2.10	NA	20.55
45541		A	Correct rectal prolapse	*10.64	NA	1.83	NA	5.01	2.04	NA	17.69
45550		A	Repair rectum; remove sigmoid	*18.26	NA	1.83	NA	6.76	2.38	NA	27.40
45560		A	Repair of rectocele	*8.40	NA	1.48	NA	3.86	0.98	NA	13.24
45562		A	Exploration/repair of rectum	*12.21	NA	1.54	NA	4.90	1.58	NA	18.69
45563		A	Exploration/repair of rectum	*18.63	NA	2.05	NA	7.12	2.49	NA	28.24
45800		A	Repair rectumbladder fistula	*14.11	NA	1.54	NA	5.28	1.45	NA	20.84
45805		A	Repair fistula; colostomy	*16.50	NA	2.05	NA	6.63	2.39	NA	25.52
45820		A	Repair rectourethral fistula	*14.67	NA	1.54	NA	5.36	1.23	NA	21.26
45825		A	Repair fistula; colostomy	*16.87	NA	2.05	NA	6.56	1.66	NA	25.09
45900		A	Reduction of rectal prolapse	1.68	NA	0.56	NA	1.08	0.11	NA	2.87
45905		A	Dilation of anal sphincter	1.51	1.87	0.56	2.64	1.04	0.12	4.27	2.67
45910		A	Dilation of rectal narrowing	1.86	1.90	0.56	2.75	1.12	0.13	4.74	3.11
45915		A	Remove rectal obstruction	*2.20	2.05	0.56	3.00	1.18	0.09	5.29	3.47
46030		A	Removal of rectal marker	*1.23	2.26	0.94	3.04	1.43	0.07	4.34	2.73
46040		A	Incision of rectal abscess	*4.96	2.57	1.22	4.29	2.65	0.34	9.59	7.95
46045		A	Incision of rectal abscess	*4.32	NA	1.21	NA	2.51	0.38	NA	7.21
46050		A	Incision of anal abscess	*1.19	2.27	0.94	3.05	1.43	0.11	4.35	2.73
46060		A	Incision of rectal abscess	*5.69	NA	1.54	NA	3.37	1.12	NA	10.18
46070		A	Incision of anal septum	*2.71	NA	1.20	NA	2.13	0.33	NA	5.17
46080		A	Incision of anal sphincter	*2.49	2.30	0.94	3.45	1.78	0.43	6.37	4.70
46083		A	Incise external hemorrhoid	*1.40	2.26	0.94	3.08	1.47	0.08	4.56	2.95
46200		A	Removal of anal fissure	*3.42	2.57	1.22	4.02	2.38	0.66	8.10	6.46
46210		A	Removal of anal crypt	*2.67	2.55	1.20	3.72	2.08	0.14	6.53	4.89
46211		A	Removal of anal crypts	*4.25	2.64	1.20	4.23	2.48	0.38	8.86	7.11

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
46220		A	Removal of anal tab	*1.56	1.09	0.28	1.70	0.70	0.12	3.38	2.38
46221		A	Ligation of hemorrhoid(s)	*1.43	2.29	0.94	3.14	1.49	0.14	4.71	3.06
46230		A	Removal of anal tabs	*2.57	2.31	0.94	3.41	1.73	0.12	6.10	4.42
46250		A	Hemorrhoidectomy	*4.53	2.57	1.22	4.24	2.60	0.52	9.29	7.65
46255		A	Hemorrhoidectomy	*5.36	2.63	1.22	4.56	2.85	0.85	10.77	9.06
46257		A	Remove hemorrhoids & fissure	*6.28	NA	1.21	NA	3.09	1.08	NA	10.45
46258		A	Remove hemorrhoids & fistula	*6.67	NA	1.21	NA	3.21	1.22	NA	11.10
46260		A	Hemorrhoidectomy	*7.42	NA	1.54	NA	3.77	1.25	NA	12.44
46261		A	Remove hemorrhoids & fissure	*8.24	NA	1.54	NA	3.97	1.34	NA	13.55
46262		A	Remove hemorrhoids & fistula	*8.73	NA	1.54	NA	4.09	1.39	NA	14.21
46270		A	Removal of anal fistula	*3.72	2.55	1.22	4.00	2.39	0.37	8.09	6.48
46275		A	Removal of anal fistula	*4.56	2.58	1.22	4.39	2.74	1.13	10.08	8.43
46280		A	Removal of anal fistula	*5.98	NA	1.54	NA	3.46	1.24	NA	10.68
46285		A	Removal of anal fistula	*4.09	2.56	1.22	4.11	2.48	0.43	8.63	7.00
46288		A	Repair anal fistula	*7.13	NA	1.54	NA	3.62	0.83	NA	11.58
46320		A	Removal of hemorrhoid clot	*1.61	2.27	0.94	3.15	1.52	0.11	4.87	3.24
46500		A	Injection into hemorrhoids	*1.61	2.27	0.96	3.14	1.53	0.06	4.81	3.20
46600		A	Diagnostic anoscopy	0.50	0.62	0.14	0.87	0.29	0.03	1.40	0.82
46604		A	Anoscopy and dilation	1.31	0.70	0.14	1.16	0.47	0.06	2.53	1.84
46606		A	Anoscopy and biopsy	0.81	0.70	0.14	1.05	0.36	0.06	1.92	1.23
46608		A	Anoscopy; remove foreign body	1.51	1.06	0.14	1.65	0.53	0.12	3.28	2.16
46610		A	Anoscopy; remove lesion	1.32	0.91	0.14	1.43	0.50	0.15	2.90	1.97
46611		A	Anoscopy	1.81	1.02	0.14	1.67	0.60	0.15	3.63	2.56
46612		A	Anoscopy; remove lesions	2.34	1.24	0.14	2.07	0.73	0.20	4.61	3.27
46614		A	Anoscopy; control bleeding	2.01	1.01	0.14	1.72	0.67	0.25	3.98	2.93
46615		A	Anoscopy	2.68	0.84	0.14	1.66	0.82	0.25	4.59	3.75
46700		A	Repair of anal stricture	*7.25	NA	1.54	NA	3.74	1.24	NA	12.23
46705		A	Repair of anal stricture	*7.17	NA	1.54	NA	3.61	0.77	NA	11.55
46715		A	Repair of anovaginal fistula	6.73	NA	1.51	NA	1.51	0.82	NA	9.06
46716		A	Repair of anovaginal fistula	*12.15	NA	1.54	NA	4.84	1.40	NA	18.39
46730		A	Construction of absent anus	*21.57	NA	2.11	NA	7.84	2.50	NA	31.91
46735		A	Construction of absent anus	*25.94	NA	2.11	NA	8.92	3.04	NA	37.90
46740		A	Construction of absent anus	*23.11	NA	1.54	NA	7.53	2.68	NA	33.32
46742		A	Repair, imperforated anus	*29.67	NA	2.11	NA	9.49	1.93	NA	41.09
46744		A	Repair, cloacal anomaly	*33.21	NA	2.11	NA	10.32	2.17	NA	45.70
46746		A	Repair, cloacal anomaly	34.17	NA	2.07	NA	2.07	2.37	NA	38.61
46748		A	Repair, cloacal anomaly	*40.52	NA	2.11	NA	12.03	2.64	NA	55.19
46750		A	Repair of anal sphincter	*8.14	NA	1.54	NA	3.93	1.22	NA	13.29
46751		A	Repair of anal sphincter	7.78	NA	1.51	NA	1.51	0.95	NA	10.24
46753		A	Reconstruction of anus	*6.58	NA	1.21	NA	3.14	1.02	NA	10.74
46754		A	Removal of suture from anus	*1.54	2.27	0.90	3.17	1.50	0.30	5.01	3.34
46760		A	Repair of anal sphincter	*11.46	NA	1.54	NA	4.69	1.41	NA	17.56
46761		A	Repair of anal sphincter	*10.99	NA	1.54	NA	4.58	1.35	NA	16.92
46762		A	Implant artificial sphincter	*10.09	NA	1.54	NA	4.35	1.21	NA	15.65
46900		A	Destruction, anal lesion(s)	*1.91	2.30	0.94	3.24	1.57	0.06	5.21	3.54
46910		A	Destruction, anal lesion(s)	*1.86	2.31	0.94	3.24	1.57	0.08	5.18	3.51
46916		A	Cryosurgery, anal lesion(s)	*1.86	0.82	0.50	1.41	1.03	0.06	3.33	2.95
46917		A	Laser surgery, anal lesion(s)	*1.86	2.31	0.94	3.29	1.62	0.31	5.46	3.79
46922		A	Excision of anal lesion(s)	*1.86	2.33	0.94	3.30	1.60	0.23	5.39	3.69
46924		A	Destruction, anal lesion(s)	*2.76	2.44	0.94	3.67	1.85	0.46	6.89	5.07
46934		A	Destruction of hemorrhoids	*4.08	2.91	1.48	4.48	2.73	0.17	8.73	6.98
46935		A	Destruction of hemorrhoids	*2.43	2.31	0.96	3.40	1.75	0.22	6.05	4.40
46936		A	Destruction of hemorrhoids	*4.30	2.92	1.48	4.56	2.80	0.24	9.10	7.34
46937		A	Cryotherapy of rectal lesion	*2.69	2.33	0.94	3.53	1.83	0.45	6.67	4.97
46938		A	Cryotherapy of rectal lesion	*4.66	2.92	1.48	4.70	2.94	0.52	9.88	8.12
46940		A	Treatment of anal fissure	*2.32	2.29	0.96	3.32	1.70	0.09	5.73	4.11
46942		A	Treatment of anal fissure	*2.04	2.29	0.96	3.26	1.63	0.08	5.38	3.75
46945		A	Ligation of hemorrhoids	*2.14	2.55	1.20	3.60	1.96	0.12	5.86	4.22
46946		A	Ligation of hemorrhoids	*3.00	2.64	1.20	3.91	2.16	0.17	7.08	5.33
47000		A	Needle biopsy of liver	1.90	4.52	0.16	5.96	0.64	0.13	7.99	2.67
47001		A	Needle biopsy, liver	1.90	NA	0.00	NA	0.44	0.13	NA	2.47
47010		A	Drainage of liver lesion	*10.28	NA	2.25	NA	5.24	1.13	NA	16.65
47015		A	Inject/aspirate liver cyst	*9.70	NA	1.87	NA	4.66	1.13	NA	15.49
47100		A	Wedge biopsy of liver	*7.49	NA	1.87	NA	4.07	0.67	NA	12.23
47120		A	Partial removal of liver	*22.79	NA	2.93	NA	9.11	2.48	NA	34.38
47122		A	Extensive removal of liver	*35.39	NA	2.93	NA	12.12	3.59	NA	51.10
47125		A	Partial removal of liver	*31.58	NA	2.93	NA	11.29	3.61	NA	46.48
47130		A	Partial removal of liver	*34.25	NA	2.93	NA	11.93	3.89	NA	50.07
47134		R	Partial removal, donor liver	39.15	NA	0.16	NA	9.82	4.77	NA	53.74
47135		R	Transplantation of liver	*81.52	NA	8.83	NA	30.49	8.49	NA	120.50
47136		R	Transplantation of liver	*68.60	NA	8.83	NA	27.50	7.79	NA	103.89
47300		A	Surgery for liver lesion	*9.68	NA	1.87	NA	4.75	1.59	NA	16.02
47350		A	Repair liver wound	*12.56	NA	1.87	NA	5.36	1.49	NA	19.41
47360		A	Repair liver wound	*17.28	NA	2.25	NA	7.01	2.18	NA	26.47

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
47361		A	Repair liver wound	*30.25	NA	2.21	NA	10.07	3.41	NA	43.73
47362		A	Repair liver wound	*11.88	NA	1.51	NA	4.71	1.22	NA	17.81
47400		A	Incision of liver duct	*20.86	NA	2.25	NA	7.61	1.36	NA	29.83
47420		A	Incision of bile duct	*16.72	NA	1.87	NA	6.38	1.99	NA	25.09
47425		A	Incision of bile duct	*16.68	NA	1.87	NA	6.48	2.45	NA	25.61
47460		A	Incise bile duct sphincter	*15.17	NA	1.87	NA	6.01	1.82	NA	23.00
47480		A	Incision of gallbladder	*9.10	NA	2.25	NA	5.09	1.59	NA	15.78
47490		A	Incision of gallbladder	*7.23	NA	2.25	NA	4.41	0.38	NA	12.02
47500		A	Injection for liver x-rays	1.96	NA	0.16	NA	0.66	0.14	NA	2.76
47505		A	Injection for liver x-rays	0.76	4.87	0.09	6.13	0.31	0.14	7.03	1.21
47510		A	Insert catheter, bile duct	*7.83	NA	0.17	NA	1.98	0.25	NA	10.06
47511		A	Insert bile duct drain	9.91	NA	0.17	NA	2.44	0.25	NA	12.60
47525		A	Change bile duct catheter	*5.55	NA	0.89	NA	2.33	0.16	NA	8.04
47530		A	Revise, reinsert bile tube	*5.85	NA	1.39	NA	3.01	0.19	NA	9.05
47550		A	Bile duct endoscopy	3.02	NA	0.16	NA	0.94	0.35	NA	4.31
47552		A	Biliary endoscopy, thru skin	6.04	NA	0.14	NA	1.54	0.21	NA	7.79
47553		A	Biliary endoscopy, thru skin	6.35	NA	0.14	NA	1.70	0.62	NA	8.67
47554		A	Biliary endoscopy, thru skin	9.06	NA	0.14	NA	2.31	0.67	NA	12.04
47555		A	Biliary endoscopy, thru skin	7.56	NA	0.16	NA	1.92	0.30	NA	9.78
47556		A	Biliary endoscopy, thru skin	8.56	NA	0.16	NA	2.14	0.30	NA	11.00
47600		A	Removal of gallbladder	*11.42	NA	1.68	NA	4.90	1.58	NA	17.90
47605		A	Removal of gallbladder	*12.36	NA	1.68	NA	5.14	1.75	NA	19.25
47610		A	Removal of gallbladder	*15.83	NA	1.74	NA	6.03	2.00	NA	23.86
47612		A	Removal of gallbladder	*15.80	NA	1.68	NA	6.18	3.05	NA	25.03
47620		A	Removal of gallbladder	*17.36	NA	1.68	NA	6.37	2.36	NA	26.09
47630		A	Remove bile duct stone	*9.11	NA	1.45	NA	3.85	0.40	NA	13.36
47700		A	Exploration of bile ducts	*14.93	NA	2.21	NA	6.31	1.58	NA	22.82
47701		A	Bile duct revision	*27.81	NA	2.60	NA	9.68	1.90	NA	39.39
47711		A	Excision of bile duct tumor	*19.37	NA	2.21	NA	7.48	2.46	NA	29.31
47712		A	Excision of bile duct tumor	*25.44	NA	2.21	NA	8.81	2.46	NA	36.71
47715		A	Excision of bile duct cyst	*15.81	NA	1.87	NA	6.12	1.71	NA	23.64
47716		A	Fusion of bile duct cyst	12.53	NA	1.84	NA	1.84	1.53	NA	15.90
47720		A	Fuse gallbladder & bowel	*13.38	NA	2.21	NA	6.05	1.93	NA	21.36
47721		A	Fuse upper gi structures	*16.08	NA	2.21	NA	6.76	2.47	NA	25.31
47740		A	Fuse gallbladder & bowel	*15.54	NA	2.21	NA	6.57	2.14	NA	24.25
47741		A	Fuse gallbladder & bowel	*17.95	NA	2.21	NA	7.29	3.02	NA	28.26
47760		A	Fuse bile ducts and bowel	*21.74	NA	2.21	NA	8.01	2.53	NA	32.28
47765		A	Fuse liver ducts & bowel	*20.93	NA	2.60	NA	8.40	2.97	NA	32.30
47780		A	Fuse bile ducts and bowel	*22.29	NA	2.21	NA	8.18	2.73	NA	33.20
47785		A	Fuse bile ducts and bowel	*26.23	NA	2.60	NA	9.51	2.73	NA	38.47
47800		A	Reconstruction of bile ducts	*19.60	NA	2.21	NA	7.52	2.43	NA	29.55
47801		A	Placement, bile duct support	*12.76	NA	2.21	NA	5.67	0.81	NA	19.24
47802		A	Fuse liver duct & intestine	*18.13	NA	2.60	NA	7.52	1.75	NA	27.40
47900		A	Suture bile duct injury	*16.74	NA	2.21	NA	6.89	2.43	NA	26.06
48000		A	Drainage of abdomen	*14.91	NA	1.82	NA	5.80	1.40	NA	22.11
48001		A	Placement of drain, pancreas	15.54	NA	1.82	NA	6.04	1.89	NA	23.47
48005		A	Resect/debride pancreas	17.57	NA	1.82	NA	6.54	2.14	NA	26.25
48020		A	Removal of pancreatic stone	*14.22	NA	1.58	NA	5.38	1.57	NA	21.17
48100		A	Biopsy of pancreas	*11.08	NA	1.92	NA	4.94	0.79	NA	16.81
48102		A	Needle biopsy, pancreas	*4.68	3.98	0.38	5.94	1.54	0.25	10.87	6.47
48120		A	Removal of pancreas lesion	*14.36	NA	1.58	NA	5.52	2.07	NA	21.95
48140		A	Partial removal of pancreas	*20.78	NA	1.92	NA	7.51	2.83	NA	31.12
48145		A	Partial removal of pancreas	*21.76	NA	2.17	NA	8.10	3.16	NA	33.02
48146		A	Pancreatectomy	21.73	NA	2.93	NA	8.76	1.92	NA	32.41
48148		A	Removal of pancreatic duct	*15.71	NA	2.17	NA	6.46	1.68	NA	23.85
48150		A	Partial removal of pancreas	*43.48	NA	3.41	NA	14.73	4.75	NA	62.96
48152		A	Pancreatectomy	*39.63	NA	3.41	NA	13.88	4.75	NA	58.26
48153		A	Pancreatectomy	*43.38	NA	3.41	NA	14.70	4.75	NA	62.83
48154		A	Pancreatectomy	36.50	NA	3.41	NA	13.20	4.75	NA	54.45
48155		A	Removal of pancreas	*22.32	NA	3.41	NA	9.98	4.26	NA	36.56
48180		A	Fuse pancreas and bowel	*22.39	NA	1.82	NA	7.70	2.63	NA	32.72
48400		A	Injection, intraoperative	1.95	NA	0.00	NA	0.48	0.24	NA	2.67
48500		A	Surgery of pancreas cyst	*13.84	NA	1.75	NA	5.53	1.66	NA	21.03
48510		A	Drain pancreatic pseudocyst	*12.96	NA	1.75	NA	5.29	1.44	NA	19.69
48520		A	Fuse pancreas cyst and bowel	*14.12	NA	1.58	NA	5.55	2.43	NA	22.10
48540		A	Fuse pancreas cyst and bowel	*17.86	NA	1.58	NA	6.42	2.65	NA	26.93
48545		A	Pancreatorrhaphy	*16.47	NA	1.82	NA	6.22	1.79	NA	24.48
48547		A	Duodenal exclusion	*23.40	NA	1.58	NA	7.62	2.58	NA	33.60
48554		N	Transplantallograft pancreas	+34.17	NA	4.30	NA	13.64	4.16	NA	51.97
48556		A	Removal, allograft pancreas	13.89	NA	2.17	NA	6.06	1.69	NA	21.64
49000		A	Exploration of abdomen	*11.68	NA	1.44	NA	4.62	1.40	NA	17.70
49002		A	Reopening of abdomen	*10.49	NA	1.66	NA	4.59	1.21	NA	16.29
49010		A	Exploration behind abdomen	*12.28	NA	1.66	NA	5.00	1.31	NA	18.59
49020		A	Drain abdominal abscess	*16.79	NA	1.88	NA	6.18	0.91	NA	23.88

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
49021		A	Drain abdominal abscess	9.06	1.88	1.88	4.48	4.48	0.91	14.45	14.45
49040		A	Drain abdominal abscess	*9.94	NA	1.88	NA	4.75	1.27	NA	15.96
49060		A	Drain abdominal abscess	*11.66	NA	1.88	NA	5.07	1.01	NA	17.74
49080		A	Puncture, peritoneal cavity	1.35	1.16	0.11	1.73	0.45	0.08	3.16	1.88
49081		A	Removal of abdominal fluid	1.26	1.16	0.11	1.71	0.43	0.07	3.04	1.76
49085		A	Remove abdomen foreign body	*8.93	NA	1.60	NA	4.05	0.67	NA	13.65
49180		A	Biopsy, abdominal mass	1.73	2.29	0.16	3.22	0.62	0.20	5.15	2.55
49200		A	Removal of abdominal lesion	*10.25	NA	1.66	NA	4.64	1.70	NA	16.59
49201		A	Removal of abdominal lesion	*14.84	NA	1.88	NA	6.10	2.50	NA	23.44
49215		A	Excise sacral spine tumor	*22.36	NA	2.77	NA	8.62	1.59	NA	32.57
49220		A	Multiple surgery, abdomen	*14.88	NA	1.66	NA	5.84	2.53	NA	23.25
49250		A	Excision of umbilicus	*8.35	NA	1.58	NA	3.96	0.96	NA	13.27
49255		A	Removal of omentum	*11.14	NA	1.66	NA	4.72	1.15	NA	17.01
49400		A	Air injection into abdomen	1.88	NA	0.16	NA	0.65	0.17	NA	2.70
49420		A	Insert abdominal drain	2.22	NA	0.16	NA	0.73	0.20	NA	3.15
49421		A	Insert abdominal drain	*5.54	NA	1.44	NA	3.14	0.81	NA	9.49
49422		A	Remove perm cannula/catheter	*6.25	NA	0.85	NA	2.58	0.81	NA	9.64
49425		A	Insert abdomen-venous drain	*11.37	NA	1.66	NA	4.91	1.78	NA	18.06
49426		A	Revise abdomen-venous shunt	*9.63	NA	1.66	NA	4.37	1.07	NA	15.07
49427		A	Injection, abdominal shunt	0.89	NA	0.16	NA	0.40	0.03	NA	1.32
49428		A	Ligation of shunt	*2.38	NA	0.92	NA	1.69	0.24	NA	4.31
49429		A	Removal of shunt	*7.40	NA	0.92	NA	2.91	0.77	NA	11.08
49495		A	Repair inguinal hernia, init	*5.89	NA	1.26	NA	3.04	0.95	NA	9.88
49496		A	Repair inguinal hernia, init	*8.79	NA	2.15	NA	4.78	1.08	NA	14.65
49500		A	Repair inguinal hernia	*4.68	NA	1.26	NA	2.77	0.95	NA	8.40
49501		A	Repair inguinal hernia, init	*7.58	NA	1.26	NA	3.44	1.08	NA	12.10
49505		A	Repair inguinal hernia	*6.49	2.21	1.25	4.32	3.16	0.94	11.75	10.59
49507		A	Repair, inguinal hernia	7.40	NA	1.96	NA	4.24	1.08	NA	12.72
49520		A	Rerepair inguinal hernia	*8.22	NA	1.61	NA	4.01	1.11	NA	13.34
49521		A	Repair inguinal hernia, rec	*10.22	NA	1.31	NA	4.08	1.08	NA	15.38
49525		A	Repair inguinal hernia	*7.32	NA	1.52	NA	3.71	1.16	NA	12.19
49540		A	Repair lumbar hernia	*8.87	NA	1.52	NA	4.04	1.12	NA	14.03
49550		A	Repair femoral hernia	*7.37	NA	1.25	NA	3.35	0.97	NA	11.69
49553		A	Repair femoral hernia, init	*8.06	NA	1.34	NA	3.62	0.97	NA	12.65
49555		A	Repair femoral hernia	*7.71	NA	1.59	NA	3.90	1.26	NA	12.87
49557		A	Repair femoral hernia, recur	*9.52	NA	1.34	NA	4.00	1.26	NA	14.78
49560		A	Repair abdominal hernia	*9.88	NA	1.52	NA	4.28	1.19	NA	15.35
49561		A	Repair incisional hernia	*12.17	NA	1.34	NA	4.57	1.19	NA	17.93
49565		A	Rerepair abdominal hernia	*9.88	NA	1.59	NA	4.40	1.35	NA	15.63
49566		A	Repair incisional hernia	*12.30	NA	1.34	NA	4.63	1.35	NA	18.28
49568		A	Hernia repair w/mesh	4.89	NA	0.00	NA	1.20	0.59	NA	6.68
49570		A	Repair epigastric hernia	*4.86	NA	1.25	NA	2.79	0.91	NA	8.56
49572		A	Repair, epigastric hernia	*5.75	NA	1.34	NA	3.16	1.18	NA	10.09
49580		A	Repair umbilical hernia	*3.51	NA	1.26	NA	2.51	0.94	NA	6.96
49582		A	Repair umbilical hernia	*5.68	NA	1.91	NA	3.77	0.94	NA	10.39
49585		A	Repair umbilical hernia	*5.32	NA	1.52	NA	3.22	0.91	NA	9.45
49587		A	Repair umbilical hernia	*6.46	NA	1.31	NA	3.22	0.91	NA	10.59
49590		A	Repair abdominal hernia	*7.29	NA	1.52	NA	3.71	1.22	NA	12.22
49600		A	Repair umbilical lesion	*10.35	NA	1.51	NA	4.27	0.77	NA	15.39
49605		A	Repair umbilical lesion	*22.66	NA	1.88	NA	7.65	1.77	NA	32.08
49606		A	Repair umbilical lesion	*18.60	NA	1.72	NA	6.38	0.96	NA	25.94
49610		A	Repair umbilical lesion	*10.50	NA	1.72	NA	4.68	1.27	NA	16.45
49611		A	Repair umbilical lesion	8.25	NA	1.69	NA	1.69	0.58	NA	10.52
49900		A	Repair of abdominal wall	*12.28	NA	1.66	NA	4.88	0.75	NA	17.91
49905		A	Omental flap	6.55	NA	0.00	NA	1.61	0.80	NA	8.96
50010		A	Exploration of kidney	*10.98	NA	2.13	NA	5.25	1.13	NA	17.36
50020		A	Drainage of kidney abscess	*14.66	NA	3.80	NA	8.03	0.85	NA	23.54
50040		A	Drainage of kidney	*14.94	NA	3.28	NA	7.41	0.62	NA	22.97
50045		A	Exploration of kidney	*15.46	NA	2.13	NA	6.18	0.89	NA	22.53
50060		A	Removal of kidney stone	*19.30	NA	2.13	NA	7.09	1.21	NA	27.60
50065		A	Incision of kidney	*20.79	NA	2.13	NA	7.45	1.35	NA	29.59
50070		A	Incision of kidney	*20.32	NA	2.13	NA	7.34	1.35	NA	29.01
50075		A	Removal of kidney stone	*25.34	NA	2.45	NA	8.89	1.62	NA	35.85
50080		A	Removal of kidney stone	*14.71	NA	3.28	NA	7.47	1.15	NA	23.33
50081		A	Removal of kidney stone	*21.80	NA	3.28	NA	9.09	1.44	NA	32.33
50100		A	Revise kidney blood vessels	*16.09	NA	2.13	NA	6.42	1.35	NA	23.86
50120		A	Exploration of kidney	*15.91	NA	2.13	NA	6.35	1.24	NA	23.50
50125		A	Explore and drain kidney	*16.52	NA	2.13	NA	6.45	1.06	NA	24.03
50130		A	Removal of kidney stone	*17.29	NA	2.13	NA	6.66	1.26	NA	25.21
50135		A	Exploration of kidney	*19.18	NA	2.13	NA	7.15	1.63	NA	27.96
50200		A	Biopsy of kidney	2.63	NA	0.16	NA	0.82	0.22	NA	3.67
50205		A	Biopsy of kidney	*11.31	NA	1.80	NA	4.83	0.69	NA	16.83
50220		A	Removal of kidney	*17.15	NA	2.13	NA	6.67	1.43	NA	25.25
50225		A	Removal of kidney	*20.23	NA	2.13	NA	7.40	1.70	NA	29.33

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50230		A	Removal of kidney	*22.07	NA	2.13	NA	7.83	1.84	NA	31.74
50234		A	Removal of kidney & ureter	*22.40	NA	2.13	NA	7.86	1.65	NA	31.91
50236		A	Removal of kidney & ureter	*24.86	NA	3.28	NA	9.83	1.74	NA	36.43
50240		A	Partial removal of kidney	*22.00	NA	3.28	NA	9.19	1.70	NA	32.89
50280		A	Removal of kidney lesion	*15.67	NA	2.13	NA	6.28	1.16	NA	23.11
50290		A	Removal of kidney lesion	*14.73	NA	2.13	NA	6.08	1.19	NA	22.00
50320		A	Removal of donor kidney	*22.21	NA	2.13	NA	7.99	2.40	NA	32.60
50340		A	Removal of kidney	*12.15	NA	3.28	NA	7.15	2.24	NA	21.54
50360		A	Transplantation of kidney	*31.53	NA	4.30	NA	13.08	4.24	NA	48.85
50365		A	Transplantation of kidney	*36.81	NA	4.30	NA	14.16	3.89	NA	54.86
50370		A	Remove transplanted kidney	*13.72	NA	3.28	NA	7.43	1.92	NA	23.07
50380		A	Reimplantation of kidney	*20.76	NA	3.80	NA	9.56	1.71	NA	32.03
50390		A	Drainage of kidney lesion	1.96	NA	0.16	NA	0.66	0.15	NA	2.77
50392		A	Insert kidney drain	3.38	NA	0.16	NA	0.98	0.20	NA	4.56
50393		A	Insert ureteral tube	4.16	NA	0.16	NA	1.17	0.26	NA	5.59
50394		A	Injection for kidney x-ray	0.76	4.15	0.09	5.23	0.29	0.05	6.04	1.10
50395		A	Create passage to kidney	3.38	NA	0.16	NA	1.00	0.29	NA	4.67
50396		A	Measure kidney pressure	2.09	NA	0.16	NA	0.67	0.05	NA	2.81
50398		A	Change kidney tube	1.46	1.45	0.16	2.10	0.53	0.05	3.61	2.04
50400		A	Revision of kidney/ureter	*19.50	NA	2.13	NA	7.17	1.36	NA	28.03
50405		A	Revision of kidney/ureter	*23.93	NA	2.78	NA	9.01	1.74	NA	34.68
50500		A	Repair of kidney wound	*19.57	NA	2.46	NA	7.64	1.64	NA	28.85
50520		A	Close kidney-skin fistula	*17.23	NA	2.84	NA	7.57	1.50	NA	26.30
50525		A	Repair renal-abdomen fistula	*22.27	NA	3.28	NA	9.31	1.99	NA	33.57
50526		A	Repair renal-abdomen fistula	22.15	NA	3.22	NA	3.22	2.32	NA	27.69
50540		A	Revision of horseshoe kidney	*19.93	NA	2.13	NA	7.30	1.54	NA	28.77
50551		A	Kidney endoscopy	5.60	1.24	0.16	2.79	1.47	0.21	8.60	7.28
50553		A	Kidney endoscopy	5.99	4.80	0.16	7.20	1.55	0.17	13.36	7.71
50555		A	Kidney endoscopy & biopsy	6.53	4.99	0.16	7.62	1.73	0.45	14.60	8.71
50557		A	Kidney endoscopy & treatment	6.62	5.02	0.16	7.68	1.76	0.49	14.79	8.87
50559		A	Renal endoscopy; radiotracer	6.78	NA	0.16	NA	1.71	0.14	NA	8.63
50561		A	Kidney endoscopy & treatment	7.59	4.50	0.16	7.26	1.97	0.49	15.34	10.05
50570		A	Kidney endoscopy	9.54	NA	0.16	NA	2.32	0.14	NA	12.00
50572		A	Kidney endoscopy	10.35	NA	0.16	NA	2.63	0.75	NA	13.73
50574		A	Kidney endoscopy & biopsy	11.02	NA	0.16	NA	2.75	0.64	NA	14.41
50575		A	Kidney endoscopy	13.98	NA	0.16	NA	3.47	0.97	NA	18.42
50576		A	Kidney endoscopy & treatment	10.99	NA	0.16	NA	2.77	0.77	NA	14.53
50578		A	Renal endoscopy; radiotracer	11.35	NA	0.16	NA	2.95	1.19	NA	15.49
50580		A	Kidney endoscopy & treatment	11.86	NA	0.16	NA	2.87	0.35	NA	15.08
50590		A	Fragmenting of kidney stone	*9.09	2.06	1.65	4.72	4.22	0.97	14.78	14.28
50600		A	Exploration of ureter	*15.84	NA	2.12	NA	6.27	1.01	NA	23.12
50605		A	Insert ureteral support	*15.46	NA	2.12	NA	6.10	0.60	NA	22.16
50610		A	Removal of ureter stone	*15.92	NA	2.12	NA	6.33	1.17	NA	23.42
50620		A	Removal of ureter stone	*15.16	NA	2.12	NA	6.16	1.16	NA	22.48
50630		A	Removal of ureter stone	*14.94	NA	2.12	NA	6.13	1.25	NA	22.32
50650		A	Removal of ureter	*17.41	NA	2.29	NA	6.87	1.21	NA	25.49
50660		A	Removal of ureter	*19.55	NA	2.29	NA	7.41	1.53	NA	28.49
50684		A	Injection for ureter x-ray	0.76	NA	0.09	NA	0.29	0.05	NA	1.10
50686		A	Measure ureter pressure	1.51	1.59	0.16	2.28	0.54	0.04	3.83	2.09
50688		A	Change of ureter tube	*1.17	NA	0.89	NA	1.35	0.04	NA	2.56
50690		A	Injection for ureter x-ray	1.16	4.04	0.09	5.19	0.37	0.03	6.38	1.56
50700		A	Revision of ureter	*15.21	NA	2.12	NA	6.20	1.29	NA	22.70
50715		A	Release of ureter	*18.90	NA	2.56	NA	7.58	1.49	NA	27.97
50722		A	Release of ureter	*16.35	NA	2.12	NA	6.60	1.97	NA	24.92
50725		A	Release/revise ureter	*18.49	NA	2.35	NA	7.30	1.75	NA	27.54
50727		A	Revise ureter	7.57	NA	2.35	NA	4.64	0.51	NA	12.72
50728		A	Revise ureter	11.13	NA	2.56	NA	5.72	0.77	NA	17.62
50740		A	Fusion of ureter & kidney	*18.42	NA	2.12	NA	7.03	1.88	NA	27.33
50750		A	Fusion of ureter & kidney	*19.51	NA	2.29	NA	7.34	1.26	NA	28.11
50760		A	Fusion of ureters	*18.42	NA	2.29	NA	7.15	1.48	NA	27.05
50770		A	Splicing of ureters	*19.51	NA	2.29	NA	7.40	1.53	NA	28.44
50780		A	Reimplant ureter in bladder	*18.36	NA	2.29	NA	7.14	1.46	NA	26.96
50782		A	Reimplant ureter in bladder	18.23	NA	2.29	NA	7.11	1.46	NA	26.80
50783		A	Reimplant ureter in bladder	19.17	NA	2.56	NA	7.64	1.46	NA	28.27
50785		A	Reimplant ureter in bladder	*20.52	NA	2.29	NA	7.68	1.80	NA	30.00
50800		A	Implant ureter in bowel	*14.52	NA	2.86	NA	7.00	1.51	NA	23.03
50810		A	Fusion of ureter & bowel	*20.05	NA	3.15	NA	8.61	1.75	NA	30.41
50815		A	Urine shunt to bowel	*19.93	NA	2.86	NA	8.46	2.75	NA	31.14
50820		A	Construct bowel bladder	*21.89	NA	2.86	NA	8.83	2.50	NA	33.22
50825		A	Construct bowel bladder	*28.18	NA	3.15	NA	10.74	3.33	NA	42.25
50830		A	Revise urine flow	*31.28	NA	2.86	NA	10.84	2.27	NA	44.39
50840		A	Replace ureter by bowel	*20.00	NA	2.86	NA	8.17	1.35	NA	29.52
50845		A	Appendico-vesicostomy	*20.89	NA	2.13	NA	7.47	1.35	NA	29.71
50860		A	Transplant ureter to skin	*15.36	NA	2.29	NA	6.41	1.16	NA	22.93

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
50900	.....	A	Repair of ureter	*13.62	NA	2.12	NA	5.82	1.15	NA	20.59
50920	.....	A	Closure ureter/skin fistula	*14.33	NA	2.12	NA	5.94	0.99	NA	21.26
50930	.....	A	Closure ureter/bowel fistula	*18.72	NA	2.12	NA	6.95	1.22	NA	26.89
50940	.....	A	Release of ureter	*14.51	NA	2.12	NA	5.97	0.95	NA	21.43
50951	.....	A	Endoscopy of ureter	5.84	1.28	0.16	2.88	1.52	0.17	8.89	7.53
50953	.....	A	Endoscopy of ureter	6.24	4.80	0.16	7.25	1.60	0.16	13.65	8.00
50955	.....	A	Ureter endoscopy & biopsy	6.75	4.83	0.16	7.42	1.73	0.25	14.42	8.73
50957	.....	A	Ureter endoscopy & treatment	6.79	4.84	0.16	7.44	1.74	0.25	14.48	8.78
50959	.....	A	Ureter endoscopy & tracer	4.40	NA	0.16	NA	1.23	0.29	NA	5.92
50961	.....	A	Ureter endoscopy & treatment	6.05	6.14	0.16	8.87	1.58	0.26	15.18	7.89
50970	.....	A	Ureter endoscopy	7.14	NA	0.16	NA	1.88	0.52	NA	9.54
50972	.....	A	Ureter endoscopy & catheter	6.89	NA	0.16	NA	1.74	0.16	NA	8.79
50974	.....	A	Ureter endoscopy & biopsy	9.17	NA	0.16	NA	2.35	0.65	NA	12.17
50976	.....	A	Ureter endoscopy & treatment	9.04	NA	0.16	NA	2.31	0.62	NA	11.97
50978	.....	A	Ureter endoscopy & tracer	5.10	NA	0.16	NA	1.42	0.48	NA	7.00
50980	.....	A	Ureter endoscopy & treatment	6.85	NA	0.16	NA	1.77	0.30	NA	8.92
51000	.....	A	Drainage of bladder	0.78	0.80	0.16	1.16	0.38	0.05	1.99	1.21
51005	.....	A	Drainage of bladder	1.02	1.16	0.16	1.65	0.43	0.04	2.71	1.49
51010	.....	A	Drainage of bladder	*3.53	2.24	0.71	3.53	1.67	0.11	7.17	5.31
51020	.....	A	Incise & treat bladder	*6.71	NA	2.12	NA	4.21	0.71	NA	11.63
51030	.....	A	Incise & treat bladder	*6.77	NA	2.12	NA	4.16	0.43	NA	11.36
51040	.....	A	Incise & drain bladder	*4.40	NA	1.85	NA	3.39	0.75	NA	8.54
51045	.....	A	Incise bladder, drain ureter	*6.77	NA	2.12	NA	4.18	0.50	NA	11.45
51050	.....	A	Removal of bladder stone	*6.92	NA	1.85	NA	3.93	0.70	NA	11.55
51060	.....	A	Removal of ureter stone	*8.85	NA	2.12	NA	4.78	1.19	NA	14.82
51065	.....	A	Removal of ureter stone	*8.85	NA	2.12	NA	4.68	0.71	NA	14.24
51080	.....	A	Drainage of bladder abscess	*5.96	NA	2.12	NA	4.01	0.57	NA	10.54
51500	.....	A	Removal of bladder cyst	*10.14	NA	1.86	NA	4.76	1.21	NA	16.11
51520	.....	A	Removal of bladder lesion	*9.29	NA	2.12	NA	4.81	0.87	NA	14.97
51525	.....	A	Removal of bladder lesion	*13.97	NA	2.12	NA	5.88	1.06	NA	20.91
51530	.....	A	Removal of bladder lesion	*12.38	NA	2.12	NA	5.52	1.02	NA	18.92
51535	.....	A	Repair of ureter lesion	*12.57	NA	2.12	NA	5.59	1.14	NA	19.30
51550	.....	A	Partial removal of bladder	*15.66	NA	2.12	NA	6.27	1.17	NA	23.10
51555	.....	A	Partial removal of bladder	*21.23	NA	2.29	NA	7.73	1.31	NA	30.27
51565	.....	A	Revise bladder & ureter(s)	*21.62	NA	2.56	NA	8.22	1.67	NA	31.51
51570	.....	A	Removal of bladder	*24.24	NA	2.58	NA	8.81	1.62	NA	34.67
51575	.....	A	Removal of bladder & nodes	*30.45	NA	2.86	NA	10.65	2.25	NA	43.35
51580	.....	A	Remove bladder; revise tract	*31.08	NA	3.15	NA	11.09	2.04	NA	44.21
51585	.....	A	Removal of bladder & nodes	*35.23	NA	3.15	NA	12.09	2.42	NA	49.74
51590	.....	A	Remove bladder; revise tract	*32.66	NA	2.86	NA	11.21	2.56	NA	46.43
51595	.....	A	Remove bladder; revise tract	*37.14	NA	2.86	NA	12.36	3.34	NA	52.84
51596	.....	A	Remove bladder, create pouch	*39.52	NA	3.15	NA	13.25	3.45	NA	56.22
51597	.....	A	Removal of pelvic structures	*38.35	NA	3.15	NA	13.18	4.31	NA	55.84
51600	.....	A	Injection for bladder x-ray	0.88	4.26	0.09	5.39	0.31	0.03	6.30	1.22
51605	.....	A	Preparation for bladder xray	0.64	4.24	0.09	5.31	0.26	0.03	5.98	0.93
51610	.....	A	Injection for bladder x-ray	1.05	4.43	0.09	5.64	0.35	0.02	6.71	1.42
51700	.....	A	Irrigation of bladder	0.88	1.25	0.16	1.72	0.40	0.02	2.62	1.30
51705	.....	A	Change of bladder tube	*1.02	1.17	0.89	1.66	1.31	0.04	2.72	2.37
51710	.....	A	Change of bladder tube	*1.49	1.77	0.89	2.50	1.42	0.06	4.05	2.97
51715	.....	A	Endoscopic injection/implant	3.74	1.21	0.16	2.36	1.08	0.27	6.37	5.09
51720	.....	A	Treatment of bladder lesion	1.96	1.37	0.16	2.10	0.64	0.05	4.11	2.65
51725	.....	A	Simple cystometrogram	1.51	2.04	2.04	2.85	2.85	0.11	4.47	4.47
51725	26	A	Simple cystometrogram	1.51	0.17	0.17	0.56	0.56	0.07	2.14	2.14
51725	TC	A	Simple cystometrogram	0.00	1.87	1.87	2.29	2.29	0.04	2.33	2.33
51726	.....	A	Complex cystometrogram	1.71	1.68	1.68	2.45	2.45	0.13	4.29	4.29
51726	26	A	Complex cystometrogram	1.71	0.17	0.17	0.60	0.60	0.08	2.39	2.39
51726	TC	A	Complex cystometrogram	0.00	1.51	1.51	1.85	1.85	0.05	1.90	1.90
51736	.....	A	Urine flow measurement	0.61	0.77	0.77	1.09	1.09	0.04	1.74	1.74
51736	26	A	Urine flow measurement	0.61	0.17	0.17	0.35	0.35	0.03	0.99	0.99
51736	TC	A	Urine flow measurement	0.00	0.60	0.60	0.74	0.74	0.01	0.75	0.75
51741	.....	A	Electro-uroflowmetry, first	1.14	1.00	1.00	1.48	1.48	0.06	2.68	2.68
51741	26	A	Electro-uroflowmetry, first	1.14	0.17	0.17	0.47	0.47	0.04	1.65	1.65
51741	TC	A	Electro-uroflowmetry, first	0.00	0.83	0.83	1.01	1.01	0.02	1.03	1.03
51772	.....	A	Urethra pressure profile	1.61	1.71	1.71	2.47	2.47	0.11	4.19	4.19
51772	26	A	Urethra pressure profile	1.61	0.17	0.17	0.58	0.58	0.06	2.25	2.25
51772	TC	A	Urethra pressure profile	0.00	1.54	1.54	1.89	1.89	0.05	1.94	1.94
51784	.....	A	Anal/urinary muscle study	1.53	1.34	1.34	2.00	2.00	0.11	3.64	3.64
51784	26	A	Anal/urinary muscle study	1.53	0.17	0.17	0.56	0.56	0.07	2.16	2.16
51784	TC	A	Anal/urinary muscle study	0.00	1.17	1.17	1.44	1.44	0.04	1.48	1.48
51785	.....	A	Anal/urinary muscle study	1.53	1.34	1.34	2.00	2.00	0.11	3.64	3.64
51785	26	A	Anal/urinary muscle study	1.53	0.17	0.17	0.56	0.56	0.07	2.16	2.16
51785	TC	A	Anal/urinary muscle study	0.00	1.17	1.17	1.44	1.44	0.04	1.48	1.48
51792	.....	A	Urinary reflex study	1.10	1.31	1.31	1.89	1.89	0.20	3.19	3.19
51792	26	A	Urinary reflex study	1.10	0.17	0.17	0.47	0.47	0.06	1.63	1.63

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
51792	TC	A	Urinary reflex study	0.00	1.14	1.14	1.42	1.42	0.14	1.56	1.56
51795		A	Urine voiding pressure study	1.53	1.71	1.71	2.46	2.46	0.16	4.15	4.15
51795	26	A	Urine voiding pressure study	1.53	0.17	0.17	0.56	0.56	0.06	2.15	2.15
51795	TC	A	Urine voiding pressure study	0.00	1.54	1.54	1.90	1.90	0.10	2.00	2.00
51797		A	Intraabdominal pressure test	1.60	1.71	1.71	2.46	2.46	0.10	4.16	4.16
51797	26	A	Intraabdominal pressure test	1.60	0.17	0.17	0.57	0.57	0.05	2.22	2.22
51797	TC	A	Intraabdominal pressure test	0.00	1.54	1.54	1.89	1.89	0.05	1.94	1.94
51800		A	Revision of bladder/urethra	*17.42	NA	2.12	NA	6.72	1.47	NA	25.61
51820		A	Revision of urinary tract	*17.89	NA	2.56	NA	7.33	1.32	NA	26.54
51840		A	Attach bladder/urethra	*10.71	NA	2.12	NA	5.21	1.26	NA	17.18
51841		A	Attach bladder/urethra	*13.03	NA	2.12	NA	5.76	1.48	NA	20.27
51845		A	Repair bladder neck	*9.73	NA	2.12	NA	4.95	1.09	NA	15.77
51860		A	Repair of bladder wound	*12.02	NA	2.35	NA	5.70	0.91	NA	18.63
51865		A	Repair of bladder wound	*15.04	NA	2.35	NA	6.44	1.27	NA	22.75
51880		A	Repair of bladder opening	*7.66	NA	1.85	NA	4.05	0.52	NA	12.23
51900		A	Repair bladder/vagina lesion	*12.97	NA	2.29	NA	5.94	1.41	NA	20.32
51920		A	Close bladder-uterus fistula	*11.81	NA	2.12	NA	5.33	0.73	NA	17.87
51925		A	Hysterectomy/bladder repair	*15.58	NA	2.73	NA	7.25	2.33	NA	25.16
51940		A	Correction of bladder defect	*26.81	NA	3.15	NA	10.20	2.22	NA	39.23
51960		A	Revision of bladder & bowel	*23.01	NA	3.15	NA	9.38	2.27	NA	34.66
51980		A	Construct bladder opening	*11.36	NA	2.12	NA	5.24	0.75	NA	17.35
52000		A	Cystoscopy	2.01	1.06	0.16	1.76	0.67	0.14	3.91	2.82
52005		A	Cystoscopy & ureter catheter	2.37	1.55	0.16	2.46	0.77	0.22	5.05	3.36
52007		A	Cystoscopy and biopsy	3.02	NA	0.16	NA	0.92	0.28	NA	4.22
52010		A	Cystoscopy & duct catheter	3.02	1.58	0.16	2.63	0.90	0.20	5.85	4.12
52204		A	Cystoscopy	2.37	1.75	0.16	2.71	0.77	0.24	5.32	3.38
52214		A	Cystoscopy and treatment	3.71	1.72	0.16	2.97	1.07	0.28	6.96	5.06
52224		A	Cystoscopy and treatment	3.14	1.74	0.16	2.88	0.95	0.29	6.31	4.38
52234		A	Cystoscopy and treatment	4.63	1.87	0.16	3.40	1.31	0.45	8.48	6.39
52235		A	Cystoscopy and treatment	5.45	1.88	0.16	3.67	1.57	0.81	9.93	7.83
52240		A	Cystoscopy and treatment	9.72	3.91	0.16	7.12	2.56	1.04	17.88	13.32
52250		A	Cystoscopy & radiotracer	4.50	NA	0.16	NA	1.25	0.29	NA	6.04
52260		A	Cystoscopy & treatment	3.92	NA	0.16	NA	1.11	0.22	NA	5.25
52265		A	Cystoscopy & treatment	2.94	1.12	0.16	2.04	0.87	0.14	5.12	3.95
52270		A	Cystoscopy & revise urethra	3.37	1.85	0.16	3.08	1.01	0.35	6.80	4.73
52275		A	Cystoscopy & revise urethra	4.70	1.85	0.16	3.36	1.30	0.34	8.40	6.34
52276		A	Cystoscopy and treatment	5.00	2.16	0.16	3.83	1.39	0.45	9.28	6.84
52277		A	Cystoscopy and treatment	6.17	NA	0.16	NA	1.65	0.47	NA	8.29
52281		A	Cystoscopy and treatment	2.80	1.14	0.16	2.05	0.86	0.23	5.08	3.89
52283		A	Cystoscopy and treatment	3.74	1.81	0.16	3.06	1.05	0.15	6.95	4.94
52285		A	Cystoscopy and treatment	3.61	1.91	0.16	3.18	1.06	0.30	7.09	4.97
52290		A	Cystoscopy and treatment	4.59	NA	0.16	NA	1.26	0.24	NA	6.09
52300		A	Cystoscopy and treatment	5.31	NA	0.16	NA	1.44	0.36	NA	7.11
52301		A	Cystoscopy and treatment	5.51	0.16	0.16	1.48	1.48	0.36	7.35	7.35
52305		A	Cystoscopy and treatment	5.31	NA	0.16	NA	1.44	0.35	NA	7.10
52310		A	Cystoscopy and treatment	2.81	4.07	0.16	5.64	0.88	0.30	8.75	3.99
52315		A	Cystoscopy and treatment	5.21	4.14	0.16	6.27	1.43	0.40	11.88	7.04
52317		A	Remove bladder stone	6.72	4.16	0.16	6.67	1.80	0.59	13.98	9.11
52318		A	Remove bladder stone	9.19	NA	0.16	NA	2.38	0.77	NA	12.34
52320		A	Cystoscopy and treatment	4.70	NA	0.16	NA	1.33	0.47	NA	6.50
52325		A	Cystoscopy, stone removal	6.16	NA	0.16	NA	1.70	0.68	NA	8.54
52327		A	Cystoscopy, inject material	5.19	NA	0.16	NA	1.41	0.36	NA	6.96
52330		A	Cystoscopy and treatment	5.04	5.32	0.16	7.66	1.38	0.35	13.05	6.77
52332		A	Cystoscopy and treatment	2.83	8.13	0.16	10.60	0.89	0.32	13.75	4.04
52334		A	Create passage to kidney	4.83	NA	0.16	NA	1.33	0.34	NA	6.50
52335		A	Endoscopy of urinary tract	5.86	NA	0.16	NA	1.58	0.45	NA	7.89
52336		A	Cystoscopy, stone removal	6.88	NA	0.16	NA	1.92	0.99	NA	9.79
52337		A	Cystoscopy, stone removal	7.97	NA	0.16	NA	2.18	1.08	NA	11.23
52338		A	Cystoscopy and treatment	7.34	NA	0.16	NA	1.93	0.57	NA	9.84
52339		A	Cystoscopy and treatment	8.82	NA	0.16	NA	2.26	0.57	NA	11.65
52340		A	Cystoscopy and treatment	*9.68	NA	1.93	NA	4.58	0.50	NA	14.76
52450		A	Incision of prostate	7.05	NA	2.15	NA	4.27	0.49	NA	11.81
52500		A	Revision of bladder neck	*8.47	NA	2.15	NA	4.63	0.72	NA	13.82
52510		A	Dilation prostatic urethra	*6.72	NA	1.87	NA	3.92	0.74	NA	11.38
52601		A	Prostatectomy (TURP)	*12.37	NA	2.15	NA	5.58	1.16	NA	19.11
52606		A	Control postop bleeding	*8.13	NA	1.87	NA	4.14	0.33	NA	12.60
52612		A	Prostatectomy, first stage	*7.98	NA	2.15	NA	4.59	0.99	NA	13.56
52614		A	Prostatectomy, second stage	*6.84	NA	2.15	NA	4.27	0.68	NA	11.79
52620		A	Remove residual prostate	*6.61	NA	2.15	NA	4.18	0.51	NA	11.30
52630		A	Remove prostate regrowth	*7.26	NA	2.15	NA	4.46	1.13	NA	12.85
52640		A	Relieve bladder contracture	*6.62	NA	1.87	NA	3.87	0.62	NA	11.11
52647		A	Laser surgery of prostate	*10.36	NA	2.15	NA	5.14	1.16	NA	16.66
52648		A	Laser surgery of prostate	*11.21	NA	2.15	NA	5.33	1.16	NA	17.70
52700		A	Drainage of prostate abscess	*6.80	NA	2.15	NA	4.18	0.34	NA	11.32

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
53000		A	Incision of urethra	*2.28	2.61	1.31	3.72	2.14	0.17	6.17	4.59
53010		A	Incision of urethra	*3.64	NA	1.65	NA	2.89	0.37	NA	6.90
53020		A	Incision of urethra	1.77	1.33	0.16	2.03	0.61	0.09	3.89	2.47
53025		A	Incision of urethra	1.13	1.48	0.16	2.07	0.46	0.08	3.28	1.67
53040		A	Drainage of urethra abscess	*6.40	3.34	3.34	5.52	5.52	0.19	12.11	12.11
53060		A	Drainage of urethra abscess	*2.63	2.46	1.29	3.58	2.17	0.07	6.28	4.87
53080		A	Drainage of urinary leakage	*6.29	NA	2.83	NA	4.93	0.45	NA	11.67
53085		A	Drainage of urinary leakage	*10.27	NA	2.85	NA	5.88	0.70	NA	16.85
53200		A	Biopsy of urethra	2.59	1.65	0.16	2.61	0.79	0.12	5.32	3.50
53210		A	Removal of urethra	*12.57	NA	2.22	NA	5.61	0.67	NA	18.85
53215		A	Removal of urethra	*15.58	NA	2.22	NA	6.33	0.96	NA	22.87
53220		A	Treatment of urethra lesion	*7.00	NA	1.97	NA	4.04	0.49	NA	11.53
53230		A	Removal of urethra lesion	*9.58	NA	1.97	NA	4.67	0.79	NA	15.04
53235		A	Removal of urethra lesion	*10.14	NA	1.97	NA	4.73	0.49	NA	15.36
53240		A	Surgery for urethra pouch	*6.45	NA	1.97	NA	3.91	0.45	NA	10.81
53250		A	Removal of urethra gland	*5.89	NA	1.67	NA	3.41	0.40	NA	9.70
53260		A	Treatment of urethra lesion	*2.98	2.10	0.98	3.25	1.88	0.16	6.39	5.02
53265		A	Treatment of urethra lesion	*3.12	2.10	0.98	3.29	1.92	0.22	6.63	5.26
53270		A	Removal of urethra gland	*3.09	2.11	0.98	3.29	1.91	0.18	6.56	5.18
53275		A	Repair of urethra defect	*4.53	NA	1.32	NA	2.66	0.25	NA	7.44
53400		A	Revise urethra, 1st stage	*12.77	NA	2.22	NA	5.67	0.76	NA	19.20
53405		A	Revise urethra, 2nd stage	*14.48	NA	2.22	NA	6.14	1.21	NA	21.83
53410		A	Reconstruction of urethra	*16.44	NA	2.22	NA	6.49	0.84	NA	23.77
53415		A	Reconstruction of urethra	*19.41	NA	2.22	NA	7.21	1.15	NA	27.77
53420		A	Reconstruct urethra, stage 1	*14.08	NA	2.22	NA	6.02	1.05	NA	21.15
53425		A	Reconstruct urethra, stage 2	*15.98	NA	2.22	NA	6.40	0.88	NA	23.26
53430		A	Reconstruction of urethra	*16.34	NA	2.22	NA	6.45	0.76	NA	23.55
53440		A	Correct bladder function	*12.34	NA	2.39	NA	5.93	1.39	NA	19.66
53442		A	Remove perineal prosthesis	*8.27	NA	1.97	NA	4.36	0.67	NA	13.30
53443		A	Reconstruction of urethra	*19.89	NA	1.97	NA	6.99	1.07	NA	27.95
53445		A	Correct urine flow control	*14.06	NA	2.39	NA	6.44	2.03	NA	22.53
53447		A	Remove artificial sphincter	*13.17	NA	2.14	NA	5.69	0.89	NA	19.75
53449		A	Correct artificial sphincter	*9.70	NA	2.14	NA	4.91	0.82	NA	15.43
53450		A	Revision of urethra	*6.14	NA	1.97	NA	3.80	0.27	NA	10.21
53460		A	Revision of urethra	*7.12	NA	1.97	NA	4.01	0.25	NA	11.38
53502		A	Repair of urethra injury	*7.63	NA	1.97	NA	4.19	0.56	NA	12.38
53505		A	Repair of urethra injury	*7.63	NA	1.97	NA	4.18	0.51	NA	12.32
53510		A	Repair of urethra injury	*10.11	NA	1.97	NA	4.76	0.66	NA	15.53
53515		A	Repair of urethra injury	*13.31	NA	1.97	NA	5.51	0.88	NA	19.70
53520		A	Repair of urethra defect	*8.68	NA	1.97	NA	4.42	0.56	NA	13.66
53600		A	Dilate urethra stricture	1.21	1.29	0.16	1.85	0.47	0.03	3.09	1.71
53601		A	Dilate urethra stricture	0.98	1.29	0.16	1.80	0.42	0.03	2.81	1.43
53605		A	Dilate urethra stricture	1.28	NA	0.16	NA	0.49	0.05	NA	1.82
53620		A	Dilate urethra stricture	1.62	1.74	0.16	2.49	0.56	0.05	4.16	2.23
53621		A	Dilate urethra stricture	1.35	1.88	0.16	2.60	0.50	0.04	3.99	1.89
53660		A	Dilation of urethra	0.71	1.29	0.16	1.74	0.36	0.03	2.48	1.10
53661		A	Dilation of urethra	0.72	1.29	0.16	1.74	0.36	0.03	2.49	1.11
53665		A	Dilation of urethra	0.76	1.57	0.16	2.09	0.37	0.04	2.89	1.17
53670		A	Insert urinary catheter	0.50	1.25	0.16	1.64	0.31	0.02	2.16	0.83
53675		A	Insert urinary catheter	1.47	1.57	0.16	2.25	0.53	0.05	3.77	2.05
54000		A	Slitting of prepuce	*1.54	2.01	0.99	2.80	1.56	0.07	4.41	3.17
54001		A	Slitting of prepuce	*2.19	2.28	1.23	3.28	2.00	0.09	5.56	4.28
54015		A	Drain penis lesion	*5.32	2.30	1.23	3.99	2.69	0.09	9.40	8.10
54050		A	Destruction, penis lesion(s)	*1.24	1.12	0.69	1.64	1.12	0.03	2.91	2.39
54055		A	Destruction, penis lesion(s)	*1.22	2.54	0.99	3.37	1.49	0.06	4.65	2.77
54056		A	Cryosurgery, penis lesion(s)	*1.24	0.82	0.82	1.27	1.27	0.04	2.55	2.55
54057		A	Laser surg, penis lesion(s)	*1.24	1.15	0.99	1.72	1.52	0.21	3.17	2.97
54060		A	Excision of penis lesion(s)	*1.93	2.05	0.99	2.95	1.65	0.12	5.00	3.70
54065		A	Destruction, penis lesion(s)	*2.42	2.28	1.23	3.37	2.09	0.25	6.04	4.76
54100		A	Biopsy of penis	1.90	1.50	0.16	2.26	0.63	0.07	4.23	2.60
54105		A	Biopsy of penis	*3.50	2.08	0.99	3.32	2.00	0.11	6.93	5.61
54110		A	Treatment of penis lesion	*10.13	NA	2.53	NA	5.43	0.61	NA	16.17
54111		A	Treat penis lesion, graft	*13.57	NA	2.53	NA	6.27	0.97	NA	20.81
54112		A	Treat penis lesion, graft	*15.86	NA	2.53	NA	6.80	1.14	NA	23.80
54115		A	Treatment of penis lesion	*6.15	3.61	2.53	5.84	4.52	0.44	12.43	11.11
54120		A	Partial removal of penis	*9.97	NA	2.53	NA	5.40	0.62	NA	15.99
54125		A	Removal of penis	*13.53	NA	2.53	NA	6.30	1.17	NA	21.00
54130		A	Remove penis & nodes	*20.14	NA	2.80	NA	8.12	1.32	NA	29.58
54135		A	Remove penis & nodes	*26.36	NA	2.80	NA	9.57	1.74	NA	37.67
54150		A	Circumcision	*1.81	2.01	0.99	2.85	1.61	0.05	4.71	3.47
54152		A	Circumcision	*2.31	NA	0.99	NA	1.75	0.20	NA	4.26
54160		A	Circumcision	*2.48	2.08	0.99	3.12	1.79	0.21	5.81	4.48
54161		A	Circumcision	*3.27	1.55	0.99	2.66	1.97	0.23	6.16	5.47
54200		A	Treatment of penis lesion	*1.06	1.26	0.69	1.78	1.08	0.03	2.87	2.17

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
54205	.....	A	Treatment of penis lesion	*7.93	NA	2.53	NA	4.93	0.50	NA	13.36
54220	.....	A	Treatment of penis lesion	2.42	0.72	0.16	1.45	0.77	0.17	4.04	3.36
54230	.....	A	Prepare penis study	1.34	NA	0.09	NA	0.43	0.13	NA	1.90
54231	.....	A	Dynamic cavernosometry	2.04	0.77	0.16	1.42	0.68	0.14	3.60	2.86
54235	.....	A	Penile injection	1.19	0.49	0.16	0.87	0.47	0.04	2.10	1.70
54240	.....	A	Penis study	1.31	0.91	0.91	1.43	1.43	0.12	2.86	2.86
54240	26	A	Penis study	1.31	0.17	0.17	0.51	0.51	0.06	1.88	1.88
54240	TC	A	Penis study	0.00	0.74	0.74	0.92	0.92	0.06	0.98	0.98
54250	.....	A	Penis study	2.22	1.18	1.18	1.95	1.95	0.08	4.25	4.25
54250	26	A	Penis study	2.22	0.17	0.17	0.71	0.71	0.05	2.98	2.98
54250	TC	A	Penis study	0.00	1.01	1.01	1.24	1.24	0.03	1.27	1.27
54300	.....	A	Revision of penis	*10.41	NA	2.88	NA	5.99	0.87	NA	17.27
54304	.....	A	Revision of penis	*12.49	NA	3.13	NA	6.75	0.90	NA	20.14
54308	.....	A	Reconstruction of urethra	*11.83	NA	3.13	NA	6.57	0.74	NA	19.14
54312	.....	A	Reconstruction of urethra	*13.57	NA	3.13	NA	6.99	0.91	NA	21.47
54316	.....	A	Reconstruction of urethra	*16.82	NA	3.13	NA	7.74	1.12	NA	25.68
54318	.....	A	Reconstruction of urethra	*11.25	NA	3.13	NA	6.52	1.11	NA	18.88
54322	.....	A	Reconstruction of urethra	*13.01	NA	2.60	NA	6.18	0.74	NA	19.93
54324	.....	A	Reconstruction of urethra	*16.31	NA	3.13	NA	7.62	1.08	NA	25.01
54326	.....	A	Reconstruction of urethra	*15.72	NA	2.88	NA	7.18	1.03	NA	23.93
54328	.....	A	Revise penis, urethra	*15.65	NA	3.13	NA	7.51	1.24	NA	24.40
54332	.....	A	Revise penis, urethra	*17.08	NA	3.13	NA	7.80	1.13	NA	26.01
54336	.....	A	Revise penis, urethra	*20.04	NA	3.39	NA	8.83	1.40	NA	30.27
54340	.....	A	Secondary urethral surgery	*8.91	NA	2.88	NA	5.60	0.59	NA	15.10
54344	.....	A	Secondary urethral surgery	*15.94	NA	2.88	NA	7.25	1.10	NA	24.29
54348	.....	A	Secondary urethral surgery	*17.15	NA	3.13	NA	7.82	1.14	NA	26.11
54352	.....	A	Reconstruct urethra, penis	*24.74	NA	3.39	NA	9.88	1.49	NA	36.11
54360	.....	A	Penis plastic surgery	*11.93	NA	2.53	NA	5.85	0.73	NA	18.51
54380	.....	A	Repair penis	*13.18	NA	3.13	NA	6.86	0.75	NA	20.79
54385	.....	A	Repair penis	*15.39	NA	3.13	NA	7.38	0.89	NA	23.66
54390	.....	A	Repair penis and bladder	20.97	NA	3.07	NA	3.07	1.58	NA	25.62
54400	.....	A	Insert semi-rigid prosthesis	*8.99	NA	2.14	NA	4.86	1.27	NA	15.12
54401	.....	A	Insert self-contd prosthesis	9.67	NA	2.39	NA	5.42	1.73	NA	16.82
54402	.....	A	Remove penis prosthesis	*9.21	NA	2.14	NA	4.75	0.58	NA	14.54
54405	.....	A	Insert multi-comp prosthesis	*13.43	NA	2.39	NA	6.32	2.10	NA	21.85
54407	.....	A	Remove multi-comp prosthesis	*13.34	NA	2.14	NA	5.77	1.10	NA	20.21
54409	.....	A	Revise penis prosthesis	*12.20	NA	2.14	NA	5.47	0.87	NA	18.54
54420	.....	A	Revision of penis	*11.42	NA	2.53	NA	5.77	0.87	NA	18.06
54430	.....	A	Revision of penis	*10.15	NA	2.53	NA	5.45	0.69	NA	16.29
54435	.....	A	Revision of penis	*6.12	NA	2.22	NA	4.13	0.39	NA	10.64
54450	.....	A	Preputial stretching	1.12	0.48	0.16	0.84	0.46	0.07	2.03	1.65
54500	.....	A	Biopsy of testis	1.31	2.10	0.16	2.86	0.50	0.05	4.22	1.86
54505	.....	A	Biopsy of testis	*3.46	NA	1.26	NA	2.35	0.22	NA	6.03
54510	.....	A	Removal of testis lesion	*5.45	NA	1.50	NA	3.10	0.38	NA	8.93
54520	.....	A	Removal of testis	*5.23	NA	1.50	NA	3.09	0.52	NA	8.84
54530	.....	A	Removal of testis	*8.58	NA	1.86	NA	4.32	0.77	NA	13.67
54535	.....	A	Extensive testis surgery	*12.16	NA	2.12	NA	5.47	1.02	NA	18.65
54550	.....	A	Exploration for testis	*7.78	NA	1.81	NA	4.05	0.61	NA	12.44
54560	.....	A	Exploration for testis	*11.13	NA	2.12	NA	5.20	0.81	NA	17.14
54600	.....	A	Reduce testis torsion	*7.01	NA	1.52	NA	3.49	0.48	NA	10.98
54620	.....	A	Suspension of testis	*4.90	NA	1.26	NA	2.69	0.33	NA	7.92
54640	.....	A	Suspension of testis	*6.90	NA	1.58	NA	3.64	0.91	NA	11.45
54650	.....	A	Orchiopexy (Fowler-Stephens)	*11.45	NA	2.12	NA	5.29	0.91	NA	17.65
54660	.....	A	Revision of testis	*5.11	NA	1.50	NA	3.02	0.34	NA	8.47
54670	.....	A	Repair testis injury	*6.41	NA	1.52	NA	3.35	0.43	NA	10.19
54680	.....	A	Relocation of testis(es)	*12.65	NA	1.86	NA	5.22	0.80	NA	18.67
54700	.....	A	Drainage of scrotum	*3.43	3.08	1.87	4.53	3.06	0.11	8.07	6.60
54800	.....	A	Biopsy of epididymis	2.33	2.20	0.16	3.23	0.75	0.19	5.75	3.27
54820	.....	A	Exploration of epididymis	*5.14	NA	1.52	NA	3.04	0.29	NA	8.47
54830	.....	A	Remove epididymis lesion	*5.38	NA	1.52	NA	3.11	0.39	NA	8.88
54840	.....	A	Remove epididymis lesion	*5.20	NA	1.52	NA	3.09	0.48	NA	8.77
54860	.....	A	Removal of epididymis	*6.32	NA	1.81	NA	3.70	0.50	NA	10.52
54861	.....	A	Removal of epididymis	*8.90	NA	1.81	NA	4.32	0.72	NA	13.94
54900	.....	A	Fusion of spermatic ducts	*13.20	NA	1.86	NA	5.36	0.87	NA	19.43
54901	.....	A	Fusion of spermatic ducts	17.30	NA	1.83	NA	1.83	1.20	NA	20.33
55000	.....	A	Drainage of hydrocele	1.43	0.80	0.16	1.30	0.52	0.04	2.77	1.99
55040	.....	A	Removal of hydrocele	*5.36	NA	1.52	NA	3.15	0.55	NA	9.06
55041	.....	A	Removal of hydroceles	*7.74	NA	1.81	NA	4.08	0.81	NA	12.63
55060	.....	A	Repair of hydrocele	*5.52	NA	1.52	NA	3.17	0.50	NA	9.19
55100	.....	A	Drainage of scrotum abscess	*2.13	3.05	1.87	4.20	2.77	0.07	6.40	4.97
55110	.....	A	Explore scrotum	*5.70	NA	1.52	NA	3.18	0.37	NA	9.25
55120	.....	A	Removal of scrotum lesion	*5.09	NA	1.52	NA	3.01	0.21	NA	8.31
55150	.....	A	Removal of scrotum	*7.22	NA	1.81	NA	3.92	0.57	NA	11.71
55175	.....	A	Revision of scrotum	*5.24	NA	1.52	NA	3.10	0.48	NA	8.82

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
55180		A	Revision of scrotum	*10.72	NA	1.86	NA	4.80	0.82	NA	16.34
55200		A	Incision of sperm duct	*4.24	NA	1.28	NA	2.54	0.20	NA	6.98
55250		A	Removal of sperm duct(s)	*3.29	2.44	1.33	3.75	2.41	0.28	7.32	5.98
55300		A	Preparation,sperm duct x-ray	3.51	NA	0.16	NA	1.03	0.27	NA	4.81
55400		A	Repair of sperm duct	*8.49	NA	1.81	NA	4.21	0.62	NA	13.32
55450		A	Ligation of sperm duct	*4.12	2.11	1.09	3.54	2.30	0.32	7.98	6.74
55500		A	Removal of hydrocele	*5.59	NA	1.52	NA	3.18	0.50	NA	9.27
55520		A	Removal of sperm cord lesion	*6.03	NA	1.52	NA	3.28	0.51	NA	9.82
55530		A	Revise spermatic cord veins	*5.66	NA	1.52	NA	3.22	0.60	NA	9.48
55535		A	Revise spermatic cord veins	*6.56	NA	1.52	NA	3.39	0.45	NA	10.40
55540		A	Revise hernia & sperm veins	*7.67	NA	1.24	NA	3.39	0.91	NA	11.97
55600		A	Incise sperm duct pouch	*6.38	NA	1.81	NA	3.73	0.55	NA	10.66
55605		A	Incise sperm duct pouch	*7.96	NA	1.81	NA	4.08	0.59	NA	12.63
55650		A	Remove sperm duct pouch	*11.80	NA	1.81	NA	4.96	0.76	NA	17.52
55680		A	Remove sperm pouch lesion	*5.19	NA	1.52	NA	3.07	0.38	NA	8.64
55700		A	Biopsy of prostate	1.57	1.38	0.16	2.05	0.58	0.15	3.77	2.30
55705		A	Biopsy of prostate	*4.57	NA	1.51	NA	2.91	0.34	NA	7.82
55720		A	Drainage of prostate abscess	*7.64	NA	2.12	NA	4.34	0.37	NA	12.35
55725		A	Drainage of prostate abscess	*8.68	NA	2.35	NA	4.89	0.54	NA	14.11
55801		A	Removal of prostate	*17.80	NA	2.35	NA	7.08	1.44	NA	26.32
55810		A	Extensive prostate surgery	*22.58	NA	2.56	NA	8.45	1.77	NA	32.80
55812		A	Extensive prostate surgery	*27.51	NA	2.80	NA	9.87	1.94	NA	39.32
55815		A	Extensive prostate surgery	*30.46	NA	2.80	NA	10.62	2.42	NA	43.50
55821		A	Removal of prostate	*14.25	NA	2.12	NA	6.00	1.35	NA	21.60
55831		A	Removal of prostate	*15.62	NA	2.12	NA	6.32	1.44	NA	23.38
55840		A	Extensive prostate surgery	*22.69	NA	2.80	NA	8.74	1.61	NA	33.04
55842		A	Extensive prostate surgery	*24.38	NA	2.80	NA	9.17	1.88	NA	35.43
55845		A	Extensive prostate surgery	*28.55	NA	2.80	NA	10.20	2.44	NA	41.19
55859		A	Percut/needle insert, pros	*12.52	NA	0.50	NA	3.48	0.58	NA	16.58
55860		A	Surgical exposure, prostate	*14.45	NA	2.12	NA	5.90	0.70	NA	21.05
55862		A	Extensive prostate surgery	*18.39	NA	2.12	NA	6.87	1.20	NA	26.46
55865		A	Extensive prostate surgery	*22.87	NA	2.35	NA	8.40	2.39	NA	33.66
55870		A	Electroejaculation	2.58	0.65	0.16	1.40	0.80	0.18	4.16	3.56
56300		A	Pelvis laparoscopy, dx	3.65	NA	1.30	NA	2.59	0.93	NA	7.17
56301		A	Laparoscopy; tubal cautery	*3.78	NA	1.30	NA	2.70	1.28	NA	7.76
56302		A	Laparoscopy; tubal block	*4.21	NA	1.30	NA	2.80	1.32	NA	8.33
56303		A	Laparoscopy; excise lesions	*5.79	NA	1.06	NA	2.81	1.16	NA	9.76
56304		A	Laparoscopy; lysis	*4.47	NA	1.30	NA	2.83	1.20	NA	8.50
56305		A	Pelvic laparoscopy; biopsy	3.97	NA	1.30	NA	2.63	0.79	NA	7.39
56306		A	Laparoscopy; aspiration	*3.85	NA	1.30	NA	2.69	1.18	NA	7.72
56307		A	Laparoscopy; remove adnexa	*11.05	NA	1.06	NA	4.06	1.60	NA	16.71
56308		A	Laparoscopy; hysterectomy	*14.19	NA	1.29	NA	5.14	2.07	NA	21.40
56309		A	Laparoscopy; remove myoma	*14.21	NA	1.19	NA	4.79	1.03	NA	20.03
56311		A	Laparoscopic lymph node biop	*9.25	NA	1.16	NA	3.76	1.47	NA	14.48
56312		A	Laparoscopic lymphadenectomy	*12.38	NA	1.16	NA	4.31	0.84	NA	17.53
56313		A	Laparoscopic lymphadenectomy	*14.32	NA	0.94	NA	4.79	2.31	NA	21.42
56315		A	Laparoscopic appendectomy	*8.70	NA	1.16	NA	3.54	1.01	NA	13.25
56316		A	Laparoscopic hernia repair	*6.27	NA	1.16	NA	3.00	0.94	NA	10.21
56317		A	Laparoscopic hernia repair	*8.24	NA	1.40	NA	3.75	1.11	NA	13.10
56320		A	Laparoscopy, spermatic veins	*6.57	NA	1.16	NA	2.95	0.45	NA	9.97
56322		A	Laparoscopy, vagus nerves	9.70	NA	1.16	NA	3.80	1.18	NA	14.68
56323		A	Laparoscopy, vagus nerves	11.65	NA	1.16	NA	4.28	1.41	NA	17.34
56324		A	Laparoscopy, cholecystoenter	11.90	NA	1.40	NA	4.73	1.93	NA	18.56
56340		A	Laparoscopic cholecystectomy	*11.09	NA	1.16	NA	4.23	1.74	NA	17.06
56341		A	Laparoscopic cholecystectomy	*11.94	NA	1.16	NA	4.43	1.84	NA	18.21
56342		A	Laparoscopic cholecystectomy	13.86	NA	1.62	NA	5.45	2.00	NA	21.31
56343		A	Laparoscopic salpingostomy	13.34	1.55	1.55	5.05	5.05	1.11	19.50	19.50
56344		A	Laparoscopic fimbrioplasty	12.50	1.55	1.55	4.89	4.89	1.19	18.58	18.58
56350		A	Hysteroscopy; diagnostic	2.39	1.26	0.12	2.16	0.77	0.44	4.99	3.60
56351		A	Hysteroscopy; biopsy	2.85	1.26	0.12	2.26	0.87	0.44	5.55	4.16
56352		A	Hysteroscopy; lysis	3.14	NA	0.12	NA	1.02	0.85	NA	5.01
56353		A	Hysteroscopy; resect septum	3.51	NA	0.12	NA	1.10	0.85	NA	5.46
56354		A	Hysteroscopy; remove myoma	3.85	NA	0.12	NA	1.28	1.30	NA	6.43
56355		A	Hysteroscopy; remove impact	3.09	NA	0.12	NA	0.92	0.44	NA	4.45
56356		A	Hysteroscopy; ablation	3.43	NA	0.12	NA	1.23	1.49	NA	6.15
56362		A	Laparoscopy w/cholangio	4.89	NA	0.16	NA	1.31	0.19	NA	6.39
56363		A	Laparoscopy w/biopsy	5.18	NA	0.16	NA	1.43	0.45	NA	7.06
56405		A	I & D of vulva/perineum	*1.44	1.41	0.76	2.06	1.28	0.15	3.65	2.87
56420		A	Drainage of gland abscess	*1.39	1.41	0.76	2.05	1.26	0.13	3.57	2.78
56440		A	Surgery for vulva lesion	*2.84	1.92	1.28	3.07	2.30	0.52	6.43	5.66
56441		A	Lysis of labial lesion(s)	*1.97	1.52	1.28	2.35	2.06	0.30	4.62	4.33
56501		A	Destruction, vulva lesion(s)	*1.53	1.34	0.70	2.00	1.22	0.11	3.64	2.86
56515		A	Destruction, vulva lesion(s)	*1.88	1.68	1.28	2.61	2.12	0.66	5.15	4.66
56605		A	Biopsy of vulva/perineum	1.10	0.96	0.12	1.44	0.42	0.15	2.69	1.67

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

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56606		A	Biopsy of vulva/perineum	0.55	0.79	0.12	1.11	0.29	0.08	1.74	0.92
56620		A	Partial removal of vulva	*7.47	NA	1.73	NA	4.05	1.40	NA	12.92
56625		A	Complete removal of vulva	*8.40	NA	2.11	NA	4.88	2.13	NA	15.41
56630		A	Extensive vulva surgery	*12.36	NA	2.37	NA	6.32	3.28	NA	21.96
56631		A	Extensive vulva surgery	14.57	NA	3.18	NA	8.05	4.51	NA	27.13
56632		A	Extensive vulva surgery	*20.29	NA	3.18	NA	9.31	4.51	NA	34.11
56633		A	Extensive vulva surgery	*16.47	NA	2.37	NA	7.22	3.28	NA	26.97
56634		A	Extensive vulva surgery	16.25	NA	3.18	NA	8.42	4.51	NA	29.18
56637		A	Extensive vulva surgery	20.34	NA	3.18	NA	9.32	4.51	NA	34.17
56640		A	Extensive vulva surgery	*22.17	NA	3.18	NA	9.69	4.36	NA	36.22
56700		A	Partial removal of hymen	*2.52	1.60	1.17	2.58	2.06	0.35	5.45	4.93
56720		A	Incision of hymen	0.68	1.01	0.16	1.40	0.37	0.11	2.19	1.16
56740		A	Remove vagina gland lesion	*3.76	1.85	1.28	3.20	2.51	0.55	7.51	6.82
56800		A	Repair of vagina	*3.89	NA	1.26	NA	2.52	0.57	NA	6.98
56805		A	Repair clitoris	*18.86	NA	1.57	NA	6.34	1.37	NA	26.57
56810		A	Repair of perineum	3.97	NA	1.26	NA	2.52	0.51	NA	7.00
57000		A	Exploration of vagina	*2.97	NA	1.26	NA	2.27	0.35	NA	5.59
57010		A	Drainage of pelvic abscess	*6.03	NA	1.66	NA	3.46	0.51	NA	10.00
57020		A	Drainage of pelvic fluid	1.50	0.83	0.12	1.37	0.51	0.14	3.01	2.15
57061		A	Destruction vagina lesion(s)	*1.25	1.34	0.70	1.95	1.17	0.17	3.37	2.59
57065		A	Destruction vagina lesion(s)	*2.61	1.59	1.28	2.67	2.30	0.74	6.02	5.65
57100		A	Biopsy of vagina	0.97	0.88	0.12	1.31	0.39	0.13	2.41	1.49
57105		A	Biopsy of vagina	*1.69	1.60	1.28	2.39	2.01	0.33	4.41	4.03
57108		A	Partial removal of vagina	*6.36	NA	1.66	NA	3.66	1.10	NA	11.12
57110		A	Removal of vagina	*14.29	NA	1.55	NA	5.40	1.76	NA	21.45
57120		A	Closure of vagina	*7.41	NA	1.66	NA	3.98	1.51	NA	12.90
57130		A	Remove vagina lesion	*2.43	NA	1.28	NA	2.22	0.55	NA	5.20
57135		A	Remove vagina lesion	*2.67	1.59	1.28	2.61	2.23	0.38	5.66	5.28
57150		A	Treat vagina infection	0.55	0.62	0.16	0.89	0.33	0.04	1.48	0.92
57160		A	Insertion of pessary/device	0.89	0.82	0.16	1.20	0.40	0.05	2.14	1.34
57170		A	Fitting of diaphragm/cap	0.91	0.88	0.16	1.28	0.41	0.06	2.25	1.38
57180		A	Treat vaginal bleeding	*1.58	1.31	0.76	1.97	1.30	0.11	3.66	2.99
57200		A	Repair of vagina	*3.94	NA	1.53	NA	2.86	0.60	NA	7.40
57210		A	Repair vagina/perineum	*5.17	NA	1.52	NA	3.13	0.65	NA	8.95
57220		A	Revision of urethra	*4.31	NA	1.66	NA	3.14	0.80	NA	8.25
57230		A	Repair of urethral lesion	*5.64	NA	1.66	NA	3.40	0.64	NA	9.68
57240		A	Repair bladder & vagina	*6.07	NA	1.66	NA	3.70	1.60	NA	11.37
57250		A	Repair rectum & vagina	*5.53	NA	1.66	NA	3.61	1.69	NA	10.83
57260		A	Repair of vagina	*8.27	NA	1.71	NA	4.31	1.88	NA	14.46
57265		A	Extensive repair of vagina	*11.34	NA	1.66	NA	4.97	2.11	NA	18.42
57268		A	Repair of bowel bulge	*6.76	NA	1.66	NA	3.83	1.50	NA	12.09
57270		A	Repair of bowel pouch	*12.11	NA	1.55	NA	4.86	1.44	NA	18.41
57280		A	Suspension of vagina	*15.04	NA	1.55	NA	5.59	1.85	NA	22.48
57282		A	Repair of vaginal prolapse	*8.86	NA	1.66	NA	4.38	1.89	NA	15.13
57284		A	Repair paravaginal defect	*12.70	NA	1.63	NA	4.95	0.84	NA	18.49
57288		A	Repair bladder defect	*13.02	NA	1.66	NA	5.17	1.36	NA	19.55
57289		A	Repair bladder & vagina	*11.58	NA	1.66	NA	4.81	1.13	NA	17.52
57291		A	Construction of vagina	*7.95	NA	2.00	NA	4.44	1.19	NA	13.58
57292		A	Construct vagina with graft	*13.09	NA	1.55	NA	5.06	1.38	NA	19.53
57300		A	Repair rectum-vagina fistula	*7.61	NA	2.00	NA	4.47	1.66	NA	13.74
57305		A	Repair rectum-vagina fistula	*13.77	NA	1.54	NA	5.23	1.56	NA	20.56
57307		A	Fistula repair & colostomy	*15.93	NA	1.54	NA	5.65	1.28	NA	22.86
57310		A	Repair urethrovaginal lesion	*6.78	NA	1.66	NA	3.61	0.48	NA	10.87
57311		A	Repair urethrovaginal lesion	*7.98	NA	1.73	NA	3.95	0.41	NA	12.34
57320		A	Repair bladder-vagina lesion	*8.01	NA	1.73	NA	4.16	1.35	NA	13.52
57330		A	Repair bladder-vagina lesion	*12.35	NA	1.73	NA	4.99	0.81	NA	18.15
57335		A	Repair vagina	*18.73	NA	1.84	NA	6.53	0.81	NA	26.07
57400		A	Dilation of vagina	2.27	NA	0.16	NA	0.71	0.06	NA	3.04
57410		A	Pelvic examination	1.75	1.24	0.16	1.91	0.59	0.05	3.71	2.39
57415		A	Removal vaginal foreign body	*2.17	1.90	1.28	2.80	2.05	0.05	5.02	4.27
57452		A	Examination of vagina	0.99	0.90	0.16	1.34	0.45	0.14	2.47	1.58
57454		A	Vagina examination & biopsy	1.27	0.95	0.16	1.49	0.53	0.26	3.02	2.06
57460		A	Cervix excision	2.83	0.84	0.16	1.74	0.92	0.46	5.03	4.21
57500		A	Biopsy of cervix	0.97	0.85	0.12	1.27	0.39	0.12	2.36	1.48
57505		A	Endocervical curettage	*1.14	1.04	0.76	1.55	1.21	0.13	2.82	2.48
57510		A	Cauterization of cervix	1.85	1.40	0.78	2.13	1.38	0.09	4.07	3.32
57511		A	Cryocautery of cervix	*1.90	1.32	0.79	2.07	1.42	0.17	4.14	3.49
57513		A	Laser surgery of cervix	*1.90	1.38	0.79	2.24	1.53	0.67	4.81	4.10
57520		A	Conization of cervix	*4.04	1.93	1.28	3.39	2.61	0.73	8.16	7.38
57522		A	Conization of cervix	*3.36	1.88	1.28	3.19	2.46	0.73	7.28	6.55
57530		A	Removal of cervix	*4.79	NA	1.66	NA	3.24	0.78	NA	8.81
57540		A	Removal of residual cervix	*12.22	NA	1.55	NA	4.90	1.51	NA	18.63
57545		A	Remove cervix, repair pelvis	*13.03	NA	1.55	NA	4.97	1.03	NA	19.03
57550		A	Removal of residual cervix	*5.53	NA	1.66	NA	3.57	1.54	NA	10.64

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57555	.....	A	Remove cervix, repair vagina	*8.95	NA	1.66	NA	4.46	2.17	NA	15.58
57556	.....	A	Remove cervix, repair bowel	*8.37	NA	1.66	NA	4.28	1.92	NA	14.57
57700	.....	A	Revision of cervix	*3.55	NA	1.28	NA	2.42	0.34	NA	6.31
57720	.....	A	Revision of cervix	*4.13	NA	1.66	NA	3.04	0.50	NA	7.67
57800	.....	A	Dilation of cervical canal	0.77	0.83	0.12	1.20	0.34	0.10	2.07	1.21
57820	.....	A	D&c of residual cervix	*1.67	1.46	1.40	2.24	2.17	0.46	4.37	4.30
58100	.....	A	Biopsy of uterus lining	0.71	0.70	0.16	1.04	0.38	0.14	1.89	1.23
58120	.....	A	Dilation and curettage (D&C)	*3.27	2.00	1.15	3.27	2.24	0.56	7.10	6.07
58140	.....	A	Removal of uterus lesion	*14.60	NA	1.55	NA	5.46	1.71	NA	21.77
58145	.....	A	Removal of uterus lesion	*8.04	NA	1.66	NA	4.12	1.54	NA	13.70
58150	.....	A	Total hysterectomy	*15.24	NA	1.55	NA	5.68	2.08	NA	23.00
58152	.....	A	Total hysterectomy	*15.09	NA	1.55	NA	5.76	2.59	NA	23.44
58180	.....	A	Partial hysterectomy	*15.29	NA	1.55	NA	5.70	2.11	NA	23.10
58200	.....	A	Extensive hysterectomy	*21.59	NA	2.30	NA	8.15	2.80	NA	32.54
58210	.....	A	Extensive hysterectomy	*28.85	NA	2.30	NA	9.97	3.87	NA	42.69
58240	.....	A	Removal of pelvis contents	*38.39	NA	3.59	NA	14.13	6.15	NA	58.67
58260	.....	A	Vaginal hysterectomy	*12.20	NA	1.33	NA	4.75	2.07	NA	19.02
58262	.....	A	Vaginal hysterectomy	13.06	NA	1.33	NA	4.94	2.07	NA	20.07
58263	.....	A	Vaginal hysterectomy	14.27	NA	1.33	NA	5.24	2.22	NA	21.73
58267	.....	A	Hysterectomy & vagina repair	*15.00	NA	1.33	NA	5.45	2.46	NA	22.91
58270	.....	A	Hysterectomy & vagina repair	*13.48	NA	1.33	NA	5.07	2.22	NA	20.77
58275	.....	A	Hysterectomy, revise vagina	*14.98	NA	1.33	NA	5.42	2.32	NA	22.72
58280	.....	A	Hysterectomy, revise vagina	*15.41	NA	1.33	NA	5.51	2.30	NA	23.22
58285	.....	A	Extensive hysterectomy	*18.57	NA	2.30	NA	7.47	2.70	NA	28.74
58300	.....	N	Insert intrauterine device	+1.01	0.71	0.16	1.12	0.45	0.13	2.26	1.59
58301	.....	A	Remove intrauterine device	1.27	0.82	0.16	1.29	0.49	0.08	2.64	1.84
58321	.....	A	Artificial insemination	0.92	0.48	0.07	0.82	0.32	0.15	1.89	1.39
58322	.....	A	Artificial insemination	1.10	0.48	0.07	0.86	0.36	0.15	2.11	1.61
58323	.....	A	Sperm washing	0.23	0.41	0.14	0.56	0.23	0.04	0.83	0.50
58340	.....	A	Inject for uterus/tube x-ray	0.88	4.30	0.09	5.45	0.32	0.08	6.41	1.28
58345	.....	A	Reopen fallopian tube	4.61	NA	0.65	NA	1.89	0.41	NA	6.91
58350	.....	A	Reopen fallopian tube	*1.01	1.26	0.70	1.80	1.11	0.16	2.97	2.28
58400	.....	A	Suspension of uterus	*6.36	NA	1.55	NA	3.54	1.16	NA	11.06
58410	.....	A	Suspension of uterus	*12.73	NA	1.66	NA	5.00	0.84	NA	18.57
58520	.....	A	Repair of ruptured uterus	*11.92	NA	1.55	NA	4.72	0.99	NA	17.63
58540	.....	A	Revision of uterus	13.96	NA	1.52	NA	1.52	1.42	NA	16.90
58600	.....	A	Division of fallopian tube	*3.84	NA	1.26	NA	2.68	1.38	NA	7.90
58605	.....	A	Division of fallopian tube	*3.34	NA	1.26	NA	2.49	1.01	NA	6.84
58611	.....	A	Ligate oviduct(s)	0.63	NA	0.00	NA	0.16	0.10	NA	0.89
58615	.....	A	Occlude fallopian tube(s)	*3.90	NA	1.26	NA	2.47	0.35	NA	6.72
58700	.....	A	Removal of fallopian tube	*6.49	NA	1.55	NA	3.60	1.31	NA	11.40
58720	.....	A	Removal of ovary/tube(s)	*11.36	NA	1.55	NA	4.73	1.63	NA	17.72
58740	.....	A	Revise fallopian tube(s)	*5.83	NA	1.55	NA	3.58	1.88	NA	11.29
58750	.....	A	Repair oviduct	*14.84	NA	1.55	NA	5.46	1.46	NA	21.76
58752	.....	A	Revise ovarian tube(s)	*14.84	NA	1.55	NA	5.34	0.93	NA	21.11
58760	.....	A	Remove tubal obstruction	*13.13	NA	1.55	NA	5.02	1.19	NA	19.34
58770	.....	A	Create new tubal opening	*13.97	NA	1.55	NA	5.19	1.11	NA	20.27
58800	.....	A	Drainage of ovarian cyst(s)	*4.14	2.50	0.37	4.07	1.47	0.53	8.74	6.14
58805	.....	A	Drainage of ovarian cyst(s)	*5.88	NA	1.55	NA	3.47	1.36	NA	10.71
58820	.....	A	Drainage of ovarian abscess	*4.22	NA	1.66	NA	3.06	0.49	NA	7.77
58822	.....	A	Drainage of ovarian abscess	*10.13	NA	1.55	NA	4.28	0.81	NA	15.22
58825	.....	A	Transposition, ovary(s)	5.63	NA	1.55	NA	3.32	0.93	NA	9.88
58900	.....	A	Biopsy of ovary(s)	*5.99	NA	1.55	NA	3.43	1.07	NA	10.49
58920	.....	A	Partial removal of ovary(s)	*6.78	NA	1.55	NA	3.68	1.41	NA	11.87
58925	.....	A	Removal of ovarian cyst(s)	*11.36	NA	1.55	NA	4.68	1.38	NA	17.42
58940	.....	A	Removal of ovary(s)	*7.29	NA	1.55	NA	3.78	1.33	NA	12.40
58943	.....	A	Removal of ovary(s)	*18.43	NA	2.30	NA	7.42	2.63	NA	28.48
58950	.....	A	Resect ovarian malignancy	*15.27	NA	2.30	NA	6.67	2.38	NA	24.32
58951	.....	A	Resect ovarian malignancy	*21.81	NA	2.30	NA	8.45	3.93	NA	34.19
58952	.....	A	Resect ovarian malignancy	*25.01	NA	2.30	NA	9.14	3.92	NA	38.07
58960	.....	A	Exploration of abdomen	*14.65	NA	2.30	NA	6.66	2.95	NA	24.26
58970	.....	A	Retrieval of oocyte	3.53	4.73	0.16	6.66	1.10	0.58	10.77	5.21
58976	.....	A	Transfer of embryo	3.83	0.66	0.16	1.78	1.18	0.63	6.24	5.64
59000	.....	A	Amniocentesis	1.30	0.69	0.07	1.17	0.41	0.18	2.65	1.89
59012	.....	A	Fetal cord puncture, prenatal	3.45	NA	0.07	NA	0.91	0.31	NA	4.67
59015	.....	A	Chorion biopsy	2.20	0.37	0.07	0.95	0.59	0.10	3.25	2.89
59020	.....	A	Fetal contract stress test	0.66	0.73	0.73	1.11	1.11	0.29	2.06	2.06
59020	26	A	Fetal contract stress test	0.66	0.04	0.04	0.24	0.24	0.19	1.09	1.09
59020	TC	A	Fetal contract stress test	0.00	0.69	0.69	0.87	0.87	0.10	0.97	0.97
59025	.....	A	Fetal non-stress test	0.53	0.45	0.45	0.69	0.69	0.12	1.34	1.34
59025	26	A	Fetal non-stress test	0.53	0.04	0.04	0.18	0.18	0.08	0.79	0.79
59025	TC	A	Fetal non-stress test	0.00	0.41	0.41	0.51	0.51	0.04	0.55	0.55
59030	.....	A	Fetal scalp blood sample	1.99	NA	0.07	NA	0.57	0.21	NA	2.77
59050	.....	A	Fetal monitor w/report	0.89	NA	0.07	NA	0.31	0.15	NA	1.35

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
59051		A	Fetal monitor/interpret only	0.74	NA	0.07	NA	0.28	0.15	NA	1.17
59100		A	Remove uterus lesion	*12.35	NA	1.55	NA	4.80	0.96	NA	18.11
59120		A	Treat ectopic pregnancy	*11.49	NA	1.55	NA	4.73	1.50	NA	17.72
59121		A	Treat ectopic pregnancy	*11.67	NA	1.55	NA	4.68	1.07	NA	17.42
59130		A	Treat ectopic pregnancy	*14.22	NA	1.55	NA	5.16	0.70	NA	20.08
59135		A	Treat ectopic pregnancy	*13.88	NA	1.55	NA	5.18	1.15	NA	20.21
59136		A	Treat ectopic pregnancy	*13.18	NA	1.55	NA	5.09	1.44	NA	19.71
59140		A	Treat ectopic pregnancy	*5.46	NA	1.43	NA	3.00	0.29	NA	8.75
59150		A	Treat ectopic pregnancy	*6.89	NA	1.20	NA	3.21	1.05	NA	11.15
59151		A	Treat ectopic pregnancy	*7.86	NA	1.34	NA	3.50	0.64	NA	12.00
59160		A	D&C after delivery	*2.71	2.00	1.15	3.14	2.11	0.52	6.37	5.34
59200		A	Insert cervical dilator	0.79	0.68	0.16	1.03	0.40	0.11	1.93	1.30
59300		A	Episiotomy or vaginal repair	2.41	0.95	0.16	1.70	0.75	0.10	4.21	3.26
59320		A	Revision of cervix	2.48	NA	0.16	NA	0.83	0.41	NA	3.72
59325		A	Revision of cervix	4.07	NA	0.16	NA	1.15	0.29	NA	5.51
59350		A	Repair of uterus	4.95	NA	1.52	NA	1.52	0.82	NA	7.29
59400		A	Obstetrical care	23.06	NA	2.19	NA	8.48	3.47	NA	35.01
59409		A	Obstetrical care	13.50	NA	0.39	NA	3.91	2.20	NA	19.61
59410		A	Obstetrical care	14.78	NA	0.77	NA	4.71	2.39	NA	21.88
59412		A	Antepartum manipulation	1.71	0.71	0.12	1.31	0.59	0.29	3.31	2.59
59414		A	Deliver placenta	*2.00	NA	0.31	NA	0.87	0.27	NA	3.14
59425		A	Antepartum care only	4.81	1.39	1.39	2.89	2.89	0.66	8.36	8.36
59426		A	Antepartum care only	8.28	1.99	1.99	4.49	4.49	1.14	13.91	13.91
59430		A	Care after delivery	2.13	0.20	0.20	0.73	0.73	0.07	2.93	2.93
59510		A	Cesarean delivery	26.22	NA	2.57	NA	9.73	3.92	NA	39.87
59514		A	Cesarean delivery only	15.97	NA	0.39	NA	4.53	2.55	NA	23.05
59515		A	Cesarean delivery	17.37	NA	0.86	NA	5.45	2.73	NA	25.55
59525		A	Remove uterus after cesarean	8.54	NA	0.04	NA	2.11	0.88	NA	11.53
59610		A	Vbac delivery	24.62	NA	2.15	NA	8.77	3.47	NA	36.86
59612		A	Vbac delivery only	15.06	NA	0.38	NA	4.24	2.20	NA	21.50
59614		A	Vbac care after delivery	16.34	NA	0.76	NA	5.03	2.39	NA	23.76
59618		A	Attempted vbac delivery	27.78	2.19	0.13	9.61	7.10	3.92	41.31	38.80
59620		A	Attempted vbac delivery only	17.53	NA	0.38	NA	4.86	2.55	NA	24.94
59622		A	Attempted vbac after care	18.93	NA	0.84	NA	5.77	2.73	NA	27.43
59812		A	Treatment of miscarriage	*3.25	2.30	1.13	3.69	2.26	0.77	7.71	6.28
59820		A	Care of miscarriage	*4.01	2.30	1.13	3.85	2.43	0.77	8.63	7.21
59821		A	Treatment of miscarriage	*4.47	2.30	1.13	3.92	2.49	0.62	9.01	7.58
59830		A	Treat uterus infection	*6.11	NA	1.41	NA	3.17	0.52	NA	9.80
59840		A	Abortion	*3.01	2.63	1.13	4.02	2.19	0.69	7.72	5.89
59841		A	Abortion	*5.24	3.30	1.43	5.34	3.05	0.76	11.34	9.05
59850		A	Abortion	*5.91	NA	0.94	NA	2.62	0.85	NA	9.38
59851		A	Abortion	*5.93	NA	1.26	NA	3.03	0.88	NA	9.84
59852		A	Abortion	*8.24	NA	1.42	NA	3.81	1.27	NA	13.32
59855		A	Abortion	*6.12	NA	1.13	NA	2.93	0.96	NA	10.01
59856		A	Abortion	*7.48	NA	1.26	NA	3.44	1.19	NA	12.11
59857		A	Abortion	*9.29	NA	1.24	NA	3.87	1.44	NA	14.60
59866		A	Abortion	4.00	NA	1.39	NA	2.72	0.66	NA	7.38
59870		A	Evacuate mole of uterus	*4.28	NA	1.33	NA	2.71	0.67	NA	7.66
60000		A	Drain thyroid/tongue cyst	*1.76	1.03	1.03	1.66	1.66	0.09	3.51	3.51
60001		A	Aspirate/inject thyriod cyst	0.97	1.55	0.09	2.13	0.35	0.12	3.22	1.44
60100		A	Biopsy of thyroid	0.97	0.44	0.16	0.77	0.44	0.12	1.86	1.53
60200		A	Remove thyroid lesion	*9.55	NA	1.55	NA	4.21	1.04	NA	14.80
60210		A	Partial excision thyroid	*10.88	NA	1.55	NA	4.63	1.65	NA	17.16
60212		A	Parital thyroid excision	*16.03	NA	1.55	NA	5.78	1.74	NA	23.55
60220		A	Partial removal of thyroid	*10.53	NA	1.55	NA	4.55	1.61	NA	16.69
60225		A	Partial removal of thyroid	*14.19	NA	1.55	NA	5.42	1.92	NA	21.53
60240		A	Removal of thyroid	*16.06	NA	1.88	NA	6.25	1.96	NA	24.27
60252		A	Removal of thyroid	*18.20	NA	1.88	NA	6.84	2.55	NA	27.59
60254		A	Extensive thyroid surgery	*23.88	NA	1.93	NA	8.25	3.08	NA	35.21
60260		A	Repeat thyroid surgery	*15.46	NA	1.88	NA	5.76	0.34	NA	21.56
60270		A	Removal of thyroid	*17.94	NA	1.55	NA	6.37	2.54	NA	26.85
60271		A	Removal of thyroid	14.16	NA	1.55	NA	5.48	2.25	NA	21.89
60280		A	Remove thyroid duct lesion	*6.08	NA	1.65	NA	3.59	1.11	NA	10.78
60281		A	Remove thyroid duct lesion	*8.53	NA	1.65	NA	4.09	0.95	NA	13.57
60500		A	Explore parathyroid glands	*16.23	NA	1.28	NA	5.63	2.31	NA	24.17
60502		A	Re-explore parathyroids	*20.35	NA	1.55	NA	6.86	2.33	NA	29.54
60505		A	Explore parathyroid glands	*21.49	NA	1.55	NA	7.16	2.56	NA	31.21
60512		A	Autotransplant, parathyroid	4.45	NA	0.00	NA	1.09	0.54	NA	6.08
60520		A	Removal of thymus gland	*16.81	NA	1.88	NA	6.52	2.46	NA	25.79
60521		A	Removal thymus gland	*18.87	NA	1.88	NA	6.97	2.46	NA	28.30
60522		A	Removal of thymus gland	*23.09	NA	1.88	NA	7.89	2.46	NA	33.44
60540		A	Explore adrenal gland	*17.03	NA	1.55	NA	6.07	2.08	NA	25.18
60545		A	Explore adrenal gland	*19.88	NA	1.88	NA	7.17	2.34	NA	29.39
60600		A	Remove carotid body lesion	*17.93	NA	1.28	NA	5.90	1.88	NA	25.71

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
60605		A	Remove carotid body lesion	*20.24	NA	5.60	NA	11.75	2.21	NA	34.20
61000		A	Remove cranial cavity fluid	1.58	0.93	0.16	1.51	0.58	0.17	3.26	2.33
61001		A	Remove cranial cavity fluid	1.49	0.87	0.16	1.42	0.56	0.17	3.08	2.22
61020		A	Remove brain cavity fluid	1.51	0.91	0.16	1.48	0.57	0.20	3.19	2.28
61026		A	Injection into brain canal	1.69	0.94	0.16	1.56	0.62	0.22	3.47	2.53
61050		A	Remove brain canal fluid	1.51	NA	0.16	NA	0.56	0.15	NA	2.22
61055		A	Injection into brain canal	2.10	NA	0.16	NA	0.70	0.19	NA	2.99
61070		A	Brain canal shunt procedure	0.89	0.71	0.16	1.07	0.40	0.03	1.99	1.32
61105		A	Drill skull for examination	*5.14	NA	1.36	NA	3.05	1.24	NA	9.43
61106		A	Drill skull for exam/surgery	4.62	NA	0.00	NA	1.26	1.15	NA	7.03
61107		A	Drill skull for implantation	5.00	NA	0.16	NA	1.57	1.26	NA	7.83
61108		A	Drill skull for drainage	*10.19	NA	2.08	NA	5.25	2.22	NA	17.66
61120		A	Pierce skull for examination	*8.76	NA	1.68	NA	4.20	1.08	NA	14.04
61130		A	Pierce skull, exam/surgery	6.37	NA	0.00	NA	1.61	0.96	NA	8.94
61140		A	Pierce skull for biopsy	*15.90	NA	2.08	NA	6.58	2.56	NA	25.04
61150		A	Pierce skull for drainage	*17.57	NA	2.08	NA	6.96	2.63	NA	27.16
61151		A	Pierce skull for drainage	*12.42	NA	2.08	NA	5.34	0.37	NA	18.13
61154		A	Pierce skull, remove clot	*14.99	NA	2.08	NA	6.53	3.27	NA	24.79
61156		A	Pierce skull for drainage	*16.32	NA	2.08	NA	6.78	3.05	NA	26.15
61210		A	Pierce skull; implant device	5.84	NA	0.16	NA	1.81	1.53	NA	9.18
61215		A	Insert brain-fluid device	*4.89	NA	2.08	NA	3.96	1.63	NA	10.48
61250		A	Pierce skull & explore	*10.42	NA	1.68	NA	4.65	1.44	NA	16.51
61253		A	Pierce skull & explore	*12.36	NA	1.68	NA	5.13	1.69	NA	19.18
61304		A	Open skull for exploration	*21.96	NA	1.72	NA	7.96	4.78	NA	34.70
61305		A	Open skull for exploration	*26.61	NA	1.72	NA	9.03	5.05	NA	40.69
61312		A	Open skull for drainage	*24.57	NA	2.11	NA	8.93	4.46	NA	37.96
61313		A	Open skull for drainage	*24.93	NA	2.11	NA	8.99	4.38	NA	38.30
61314		A	Open skull for drainage	*24.23	NA	2.11	NA	8.90	4.68	NA	37.81
61315		A	Open skull for drainage	*27.68	NA	2.11	NA	9.61	4.47	NA	41.76
61320		A	Open skull for drainage	*25.62	NA	2.11	NA	8.93	3.41	NA	37.96
61321		A	Open skull for drainage	*28.50	NA	2.11	NA	9.59	3.54	NA	41.63
61330		A	Decompress eye socket	*23.32	NA	3.77	NA	9.97	1.22	NA	34.51
61332		A	Explore/biopsy eye socket	*27.28	NA	2.39	NA	9.50	2.76	NA	39.54
61333		A	Explore orbit; remove lesion	*27.95	NA	2.39	NA	9.76	3.26	NA	40.97
61334		A	Explore orbit; remove object	*18.27	NA	2.39	NA	7.32	1.82	NA	27.41
61340		A	Relieve cranial pressure	*18.66	NA	2.39	NA	7.56	2.54	NA	28.76
61343		A	Incise skull, pressure relief	*29.77	NA	2.77	NA	11.06	5.28	NA	46.11
61345		A	Relieve cranial pressure	*27.20	NA	2.77	NA	10.09	3.45	NA	40.74
61440		A	Incise skull for surgery	*26.63	NA	2.77	NA	9.87	3.00	NA	39.50
61450		A	Incise skull for surgery	*25.95	NA	2.16	NA	9.07	3.43	NA	38.45
61458		A	Incise skull for brain wound	*27.29	NA	2.16	NA	9.68	4.87	NA	41.84
61460		A	Incise skull for surgery	*28.39	NA	2.16	NA	9.72	3.98	NA	42.09
61470		A	Incise skull for surgery	*26.06	NA	2.16	NA	8.90	2.53	NA	37.49
61480		A	Incise skull for surgery	*26.49	NA	2.16	NA	8.83	1.78	NA	37.10
61490		A	Incise skull for surgery	*25.66	NA	2.16	NA	8.73	2.16	NA	36.55
61500		A	Removal of skull lesion	*17.92	NA	2.16	NA	7.34	3.58	NA	28.84
61501		A	Remove infected skull bone	*14.84	NA	2.16	NA	6.61	3.33	NA	24.78
61510		A	Removal of brain lesion	*28.45	NA	2.16	NA	9.94	4.90	NA	43.29
61512		A	Remove brain lining lesion	*35.09	NA	2.21	NA	11.54	5.28	NA	51.91
61514		A	Removal of brain abscess	*25.26	NA	2.16	NA	9.21	4.74	NA	39.21
61516		A	Removal of brain lesion	*24.61	NA	2.39	NA	9.31	4.57	NA	38.49
61518		A	Removal of brain lesion	*37.32	NA	3.17	NA	13.23	5.46	NA	56.01
61519		A	Remove brain lining lesion	*41.39	NA	3.17	NA	14.19	5.77	NA	61.35
61520		A	Removal of brain lesion	*54.84	NA	3.17	NA	17.17	5.89	NA	77.90
61521		A	Removal of brain lesion	*44.48	NA	3.17	NA	14.89	5.85	NA	65.22
61522		A	Removal of brain abscess	*29.45	NA	2.77	NA	10.66	3.79	NA	43.90
61524		A	Removal of brain lesion	*27.86	NA	2.77	NA	10.61	5.15	NA	43.62
61526		A	Removal of brain lesion	*52.17	NA	2.77	NA	15.86	4.79	NA	72.82
61530		A	Removal of brain lesion	*43.86	NA	3.17	NA	14.52	4.79	NA	63.17
61531		A	Implant brain electrodes	*14.63	NA	2.35	NA	6.46	1.75	NA	22.84
61533		A	Implant brain electrodes	*19.71	NA	2.35	NA	7.92	3.33	NA	30.96
61534		A	Removal of brain lesion	*20.97	NA	2.77	NA	8.41	2.01	NA	31.39
61535		A	Remove brain electrodes	*11.63	NA	2.39	NA	5.74	1.25	NA	18.62
61536		A	Removal of brain lesion	*35.52	NA	2.77	NA	12.03	3.99	NA	51.54
61538		A	Removal of brain tissue	*26.81	NA	2.77	NA	10.34	4.97	NA	42.12
61539		A	Removal of brain tissue	*32.08	NA	2.77	NA	11.30	4.07	NA	47.45
61541		A	Incision of brain tissue	*28.85	NA	2.39	NA	10.07	3.78	NA	42.70
61542		A	Removal of brain tissue	*31.02	NA	2.77	NA	11.03	3.90	NA	45.95
61543		A	Removal of brain tissue	*29.22	NA	2.77	NA	10.32	2.49	NA	42.03
61544		A	Remove & treat brain lesion	23.71	NA	2.72	NA	2.72	2.11	NA	28.54
61545		A	Excision of brain tumor	*43.80	NA	2.77	NA	14.02	4.80	NA	62.62
61546		A	Removal of pituitary gland	*31.30	NA	2.77	NA	11.28	4.78	NA	47.36
61548		A	Removal of pituitary gland	*21.53	NA	2.39	NA	8.52	4.03	NA	34.08
61550		A	Release of skull seams	*14.65	NA	2.39	NA	6.37	1.11	NA	22.13

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
61552		A	Release of skull seams	*19.56	NA	2.39	NA	7.80	2.70	NA	30.06
61556		A	Incise skull/sutures	*22.26	NA	2.39	NA	8.46	3.04	NA	33.76
61557		A	Incise skull/sutures	*22.38	NA	2.39	NA	8.49	3.05	NA	33.92
61558		A	Excision of skull/sutures	*25.58	NA	2.77	NA	9.74	3.47	NA	38.79
61559		A	Excision of skull/sutures	*32.79	NA	2.77	NA	11.55	4.50	NA	48.84
61563		A	Excision of skull tumor	*26.83	NA	2.39	NA	9.60	3.68	NA	40.11
61564		A	Excision of skull tumor	*33.83	NA	2.39	NA	11.35	4.64	NA	49.82
61570		A	Remove brain foreign body	*24.60	NA	1.72	NA	8.16	3.06	NA	35.82
61571		A	Incise skull for brain wound	*26.39	NA	1.72	NA	8.58	3.21	NA	38.18
61575		A	Skull base/brainstem surgery	*34.36	NA	3.17	NA	12.50	5.05	NA	51.91
61576		A	Skull base/brainstem surgery	*52.43	NA	3.17	NA	16.20	3.91	NA	72.54
61580		A	Craniofacial approach, skull	*30.35	NA	2.86	NA	11.04	4.10	NA	45.49
61581		A	Craniofacial approach, skull	*34.60	NA	3.26	NA	12.58	4.66	NA	51.84
61582		A	Craniofacial approach, skull	*31.66	NA	3.26	NA	11.83	4.22	NA	47.71
61583		A	Craniofacial approach, skull	*36.21	NA	4.01	NA	13.88	4.83	NA	54.92
61584		A	Orbitocranial approach/skull	*34.65	NA	3.26	NA	12.59	4.68	NA	51.92
61585		A	Orbitocranial approach/skull	*38.61	NA	3.26	NA	13.58	5.23	NA	57.42
61586		A	Resect nasopharynx, skull	*25.10	NA	3.20	NA	9.91	2.32	NA	37.33
61590		A	Infratemporal approach/skull	*41.78	NA	3.26	NA	14.37	5.68	NA	61.83
61591		A	Infratemporal approach/skull	*43.68	NA	3.26	NA	14.85	5.96	NA	64.49
61592		A	Orbitocranial approach/skull	*39.64	NA	3.26	NA	13.84	5.41	NA	58.89
61595		A	Transtemporal approach/skull	*29.57	NA	3.26	NA	11.33	4.00	NA	44.90
61596		A	Transcochlear approach/skull	*35.63	NA	2.86	NA	12.36	4.86	NA	52.85
61597		A	Transcondylar approach/skull	*37.96	NA	3.26	NA	13.41	5.13	NA	56.50
61598		A	Transpetrosal approach/skull	*33.41	NA	3.26	NA	12.28	4.52	NA	50.21
61600		A	Resect/excise cranial lesion	*25.85	NA	3.26	NA	10.40	3.46	NA	39.71
61601		A	Resect/excise cranial lesion	*27.89	NA	3.26	NA	10.90	3.72	NA	42.51
61605		A	Resect/excise cranial lesion	*29.33	NA	2.86	NA	10.78	3.93	NA	44.04
61606		A	Resect/excise cranial lesion	*38.83	NA	3.26	NA	13.63	5.25	NA	57.71
61607		A	Resect/excise cranial lesion	*36.27	NA	3.26	NA	13.00	4.91	NA	54.18
61608		A	Resect/excise cranial lesion	*42.10	NA	3.26	NA	14.45	5.71	NA	62.26
61609		A	Transect, artery, sinus	9.89	NA	0.00	NA	2.47	1.40	NA	13.76
61610		A	Transect, artery, sinus	29.67	NA	0.00	NA	7.42	4.21	NA	41.30
61611		A	Transect, artery, sinus	7.42	NA	0.00	NA	1.86	1.06	NA	10.34
61612		A	Transect, artery, sinus	27.88	NA	0.00	NA	6.97	3.96	NA	38.81
61613		A	Remove aneurysm, sinus	*40.86	NA	2.86	NA	13.67	5.61	NA	60.14
61615		A	Resect/excise lesion, skull	*32.07	NA	3.63	NA	12.39	4.31	NA	48.77
61616		A	Resect/excise lesion, skull	*43.33	NA	4.01	NA	15.67	5.86	NA	64.86
61618		A	Repair dura	*16.99	NA	2.86	NA	7.70	2.22	NA	26.91
61619		A	Repair dura	*20.71	NA	2.86	NA	8.63	2.77	NA	32.11
61624		A	Occlusion/embolization cath	20.15	NA	0.16	NA	5.00	1.79	NA	26.94
61626		A	Occlusion/embolization cath	16.62	NA	0.16	NA	4.16	1.47	NA	22.25
61680		A	Intracranial vessel surgery	*30.71	NA	2.77	NA	11.37	5.79	NA	47.87
61682		A	Intracranial vessel surgery	*61.57	NA	2.77	NA	18.26	6.36	NA	86.19
61684		A	Intracranial vessel surgery	*39.81	NA	2.77	NA	12.86	3.47	NA	56.14
61686		A	Intracranial vessel surgery	*64.49	NA	2.77	NA	18.43	4.20	NA	87.12
61690		A	Intracranial vessel surgery	*29.31	NA	2.77	NA	10.70	4.09	NA	44.10
61692		A	Intracranial vessel surgery	*51.87	NA	2.77	NA	15.48	3.36	NA	70.71
61700		A	Inner skull vessel surgery	*50.52	NA	2.15	NA	14.93	5.67	NA	71.12
61702		A	Inner skull vessel surgery	*48.41	NA	2.15	NA	14.67	6.61	NA	69.69
61703		A	Clamp neck artery	*17.47	NA	2.39	NA	7.24	2.24	NA	26.95
61705		A	Revise circulation to head	*36.20	NA	2.39	NA	12.00	5.25	NA	53.45
61708		A	Revise circulation to head	*35.30	NA	2.39	NA	11.16	2.32	NA	48.78
61710		A	Revise circulation to head	*29.67	NA	2.39	NA	9.80	1.75	NA	41.22
61711		A	Fusion of skull arteries	*36.33	NA	2.39	NA	12.24	6.20	NA	54.77
61712		A	Skull or spine microsurgery	3.49	NA	0.00	NA	0.97	0.93	NA	5.39
61720		A	Incise skull/brain surgery	*16.77	NA	2.39	NA	7.48	4.05	NA	28.30
61735		A	Incise skull/brain surgery	*20.43	NA	2.39	NA	7.73	1.51	NA	29.67
61750		A	Incise skull; brain biopsy	*18.20	NA	2.02	NA	7.39	4.31	NA	29.90
61751		A	Brain biopsy with cat scan	*17.62	NA	2.02	NA	7.29	4.44	NA	29.35
61760		A	Implant brain electrodes	21.00	NA	1.98	NA	7.39	1.75	NA	30.14
61770		A	Incise skull for treatment	*21.44	NA	2.35	NA	8.32	3.43	NA	33.19
61790		A	Treat trigeminal nerve	*10.86	0.99	0.99	4.25	4.25	3.03	18.14	18.14
61791		A	Treat trigeminal tract	*14.61	NA	2.02	NA	6.35	3.16	NA	24.12
61793		A	Focus radiation beam	*17.24	NA	2.39	NA	7.12	1.96	NA	26.32
61795		A	Brain surgery using computer	4.04	NA	0.16	NA	1.42	1.55	NA	7.01
61850		A	Implant neuroelectrodes	*12.39	NA	1.98	NA	5.62	2.26	NA	20.27
61855		A	Implant neuroelectrodes	*13.39	NA	2.35	NA	6.12	1.47	NA	20.98
61860		A	Implant neuroelectrodes	*20.87	NA	2.35	NA	7.79	1.59	NA	30.25
61865		A	Implant neuroelectrodes	*22.97	NA	2.35	NA	8.58	3.09	NA	34.64
61870		A	Implant neuroelectrodes	*14.94	NA	2.35	NA	6.32	0.82	NA	22.08
61875		A	Implant neuroelectrodes	*15.06	NA	2.35	NA	6.46	1.31	NA	22.83
61880		A	Revise/remove neuroelectrode	*6.29	NA	2.35	NA	4.39	0.66	NA	11.34
61885		A	Implant neuroreceiver	*5.85	NA	2.35	NA	4.21	0.29	NA	10.35

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
61888	.....	A	Revise/remove neuroreceiver	*5.07	NA	1.63	NA	3.19	0.44	NA	8.70
62000	.....	A	Repair of skull fracture	*12.53	NA	1.39	NA	4.64	0.95	NA	18.12
62005	.....	A	Repair of skull fracture	*16.17	NA	1.76	NA	6.12	1.97	NA	24.26
62010	.....	A	Treatment of head injury	*19.81	NA	1.76	NA	7.23	3.39	NA	30.43
62100	.....	A	Repair brain fluid leakage	*22.03	NA	2.77	NA	9.02	3.72	NA	34.77
62115	.....	A	Reduction of skull defect	*21.66	NA	2.39	NA	8.06	1.82	NA	31.54
62116	.....	A	Reduction of skull defect	*23.59	NA	2.39	NA	8.52	1.99	NA	34.10
62117	.....	A	Reduction of skull defect	25.38	NA	2.35	NA	2.35	2.25	NA	29.98
62120	.....	A	Repair skull cavity lesion	*23.35	NA	2.39	NA	8.47	1.98	NA	33.80
62121	.....	A	Incise skull repair	*21.58	NA	2.39	NA	8.39	3.41	NA	33.38
62140	.....	A	Repair of skull defect	*13.51	NA	2.02	NA	5.94	2.39	NA	21.84
62141	.....	A	Repair of skull defect	*14.91	NA	2.39	NA	6.90	3.28	NA	25.09
62142	.....	A	Remove skull plate/flap	*10.79	NA	2.02	NA	5.40	2.64	NA	18.83
62143	.....	A	Replace skull plate/flap	*13.05	NA	2.39	NA	6.14	1.65	NA	20.84
62145	.....	A	Repair of skull & brain	*18.82	NA	2.39	NA	7.54	2.29	NA	28.65
62146	.....	A	Repair of skull with graft	*16.12	NA	2.39	NA	6.92	2.15	NA	25.19
62147	.....	A	Repair of skull with graft	*19.34	NA	2.39	NA	7.72	2.57	NA	29.63
62180	.....	A	Establish brain cavity shunt	*21.06	NA	2.35	NA	8.07	2.70	NA	31.83
62190	.....	A	Establish brain cavity shunt	*11.07	NA	2.35	NA	6.00	3.21	NA	20.28
62192	.....	A	Establish brain cavity shunt	*12.25	NA	2.35	NA	6.15	2.74	NA	21.14
62194	.....	A	Replace/irrigate catheter	*5.03	NA	1.01	NA	2.40	0.29	NA	7.72
62200	.....	A	Establish brain cavity shunt	*18.32	NA	2.35	NA	7.56	3.09	NA	28.97
62201	.....	A	Establish brain cavity shunt	*14.86	NA	2.35	NA	6.50	1.72	NA	23.08
62220	.....	A	Establish brain cavity shunt	*13.00	NA	2.35	NA	6.40	3.12	NA	22.52
62223	.....	A	Establish brain cavity shunt	*12.87	NA	2.35	NA	6.35	3.02	NA	22.24
62225	.....	A	Replace/irrigate catheter	*5.41	NA	1.72	NA	3.41	0.58	NA	9.40
62230	.....	A	Replace/revise brain shunt	*10.54	NA	1.72	NA	4.81	1.82	NA	17.17
62256	.....	A	Remove brain cavity shunt	*6.60	NA	2.35	NA	4.57	1.17	NA	12.34
62258	.....	A	Replace brain cavity shunt	*14.54	NA	1.72	NA	5.84	2.55	NA	22.93
62268	.....	A	Drain spinal cord cyst	4.74	NA	0.16	NA	1.32	0.36	NA	6.42
62269	.....	A	Needle biopsy spinal cord	5.02	NA	0.16	NA	1.36	0.28	NA	6.66
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.52	0.11	0.89	0.40	0.06	2.08	1.59
62272	.....	A	Drain spinal fluid	1.35	0.52	0.11	0.96	0.46	0.12	2.43	1.93
62273	.....	A	Treat lumbar spine lesion	2.15	0.73	0.16	1.42	0.73	0.26	3.83	3.14
62274	.....	A	Inject spinal anesthetic	1.78	1.21	0.16	1.91	0.63	0.17	3.86	2.58
62275	.....	A	Inject spinal anesthetic	1.79	1.39	0.16	2.12	0.63	0.19	4.10	2.61
62276	.....	A	Inject spinal anesthetic	2.04	1.46	0.16	2.27	0.70	0.23	4.54	2.97
62277	.....	A	Inject spinal anesthetic	2.15	1.64	0.16	2.52	0.72	0.23	4.90	3.10
62278	.....	A	Inject spinal anesthetic	1.51	1.62	0.16	2.36	0.59	0.26	4.13	2.36
62279	.....	A	Inject spinal anesthetic	1.58	1.25	0.16	1.93	0.60	0.24	3.75	2.42
62280	.....	A	Treat spinal cord lesion	2.58	2.16	0.31	3.23	0.97	0.14	5.95	3.69
62281	.....	A	Treat spinal cord lesion	2.61	2.29	0.61	3.43	1.38	0.28	6.32	4.27
62282	.....	A	Treat spinal canal lesion	2.28	2.29	0.61	3.38	1.33	0.40	6.06	4.01
62284	.....	A	Injection for myelogram	1.54	1.53	0.06	2.27	0.49	0.34	4.15	2.37
62287	.....	A	Percutaneous diskectomy	*8.08	NA	1.77	NA	4.51	2.65	NA	15.24
62288	.....	A	Injection into spinal canal	1.74	1.31	0.16	2.04	0.63	0.24	4.02	2.61
62289	.....	A	Injection into spinal canal	1.64	1.48	0.16	2.22	0.62	0.29	4.15	2.55
62290	.....	A	Inject for spine disk x-ray	3.00	1.53	0.06	2.57	0.78	0.24	5.81	4.02
62291	.....	A	Inject for spine disk x-ray	2.91	1.73	0.06	2.83	0.80	0.39	6.13	4.10
62292	.....	A	Injection into disk lesion	*7.86	NA	2.19	NA	4.86	2.13	NA	14.85
62294	.....	A	Injection into spinal artery	*11.83	NA	2.53	NA	5.82	0.68	NA	18.33
62298	.....	A	Injection into spinal canal	2.20	1.39	0.16	2.20	0.71	0.13	4.53	3.04
62350	.....	A	Implant spinal catheter	*6.87	1.25	1.25	3.26	3.26	1.02	11.15	11.15
62351	.....	A	Implant spinal catheter	*10.00	1.98	1.98	4.93	4.93	1.50	16.43	16.43
62355	.....	A	Remove spinal canal catheter	*5.45	1.25	1.25	2.87	2.87	0.68	9.00	9.00
62360	.....	A	Insert spine infusion device	*2.62	1.25	1.25	2.17	2.17	0.33	5.12	5.12
62361	.....	A	Implant spine infusion pump	*5.42	1.98	1.98	3.77	3.77	0.78	9.97	9.97
62362	.....	A	Implant spine infusion pump	*7.04	1.25	1.25	3.29	3.29	1.02	11.35	11.35
62365	.....	A	Remove spine infusion device	*5.42	1.25	1.25	2.86	2.86	0.68	8.96	8.96
62367	26	A	Analyze spine infusion pump	0.48	0.06	0.06	0.19	0.19	0.07	0.74	0.74
62368	26	A	Analyze spine infusion pump	0.75	0.06	0.06	0.26	0.26	0.11	1.12	1.12
63001	.....	A	Removal of spinal lamina	*15.82	NA	2.37	NA	7.11	3.42	NA	26.35
63003	.....	A	Removal of spinal lamina	*15.95	NA	2.37	NA	7.10	3.23	NA	26.28
63005	.....	A	Removal of spinal lamina	*14.92	NA	2.37	NA	6.84	3.10	NA	24.86
63011	.....	A	Removal of spinal lamina	*14.52	NA	2.37	NA	6.48	1.87	NA	22.87
63012	.....	A	Removal of spinal lamina	*15.40	NA	2.37	NA	6.96	3.15	NA	25.51
63015	.....	A	Removal of spinal lamina	*19.35	NA	2.37	NA	8.05	4.18	NA	31.58
63016	.....	A	Removal of spinal lamina	*19.20	NA	2.37	NA	8.00	4.11	NA	31.31
63017	.....	A	Removal of spinal lamina	*15.94	NA	2.37	NA	7.26	4.00	NA	27.20
63020	.....	A	Neck spine disk surgery	*14.81	NA	2.37	NA	6.88	3.38	NA	25.07
63030	.....	A	Low back disk surgery	*12.00	NA	2.37	NA	6.14	2.81	NA	20.95
63035	.....	A	Added spinal disk surgery	3.15	NA	0.00	NA	0.86	0.76	NA	4.77
63040	.....	A	Neck spine disk surgery	*18.81	NA	2.44	NA	8.03	4.30	NA	31.14
63042	.....	A	Low back disk surgery	*17.47	NA	2.44	NA	7.76	4.38	NA	29.61

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
63045		A	Removal of spinal lamina	*16.50	NA	2.37	NA	7.47	4.38	NA	28.35
63046		A	Removal of spinal lamina	*15.80	NA	2.37	NA	7.36	4.58	NA	27.74
63047		A	Removal of spinal lamina	*14.61	NA	2.37	NA	7.08	4.48	NA	26.17
63048		A	Removal of spinal lamina	3.26	NA	0.00	NA	0.94	1.03	NA	5.23
63055		A	Decompress spinal cord	*21.99	NA	2.37	NA	8.63	4.18	NA	34.80
63056		A	Decompress spinal cord	*20.36	NA	2.37	NA	8.18	3.76	NA	32.30
63057		A	Decompress spinal cord	5.26	NA	0.00	NA	1.34	0.85	NA	7.45
63064		A	Decompress spinal cord	*24.61	NA	2.37	NA	9.18	4.09	NA	37.88
63066		A	Decompress spinal cord	3.26	NA	0.00	NA	0.81	0.45	NA	4.52
63075		A	Neck spine disk surgery	*19.41	NA	2.37	NA	7.85	3.21	NA	30.47
63076		A	Neck spine disk surgery	4.05	NA	0.00	NA	1.10	0.97	NA	6.12
63077		A	Spine disk surgery, thorax	*21.44	NA	2.67	NA	8.65	3.17	NA	33.26
63078		A	Spine disk surgery, thorax	3.28	NA	0.00	NA	0.82	0.45	NA	4.55
63081		A	Removal of vertebral body	*23.73	NA	2.37	NA	9.08	4.50	NA	37.31
63082		A	Removal of vertebral body	4.37	NA	0.00	NA	1.22	1.22	NA	6.81
63085		A	Removal of vertebral body	*26.92	NA	2.76	NA	10.29	4.69	NA	41.90
63086		A	Removal of vertebral body	3.19	NA	0.00	NA	0.93	1.07	NA	5.19
63087		A	Removal of vertebral body	*35.57	NA	2.67	NA	12.11	4.85	NA	52.53
63088		A	Removal of vertebral body	4.33	NA	0.00	NA	1.21	1.18	NA	6.72
63090		A	Removal of vertebral body	*28.16	NA	2.67	NA	10.50	4.92	NA	43.58
63091		A	Removal of vertebral body	3.03	NA	0.00	NA	0.76	0.46	NA	4.25
63170		A	Incise spinal cord tract(s)	*19.83	NA	2.59	NA	8.22	3.28	NA	31.33
63172		A	Drainage of spinal cyst	*17.66	NA	2.59	NA	7.96	4.26	NA	29.88
63173		A	Drainage of spinal cyst	*21.99	NA	2.59	NA	8.37	1.81	NA	32.17
63180		A	Revise spinal cord ligaments	*18.27	NA	2.59	NA	7.61	2.05	NA	27.93
63182		A	Revise spinal cord ligaments	*20.50	NA	2.59	NA	8.13	2.21	NA	30.84
63185		A	Incise spinal column/nerves	*15.04	NA	2.59	NA	7.09	2.93	NA	25.06
63190		A	Incise spinal column/nerves	*17.45	NA	2.59	NA	7.83	3.91	NA	29.19
63191		A	Incise spinal column/nerves	*17.54	NA	2.59	NA	7.48	2.21	NA	27.23
63194		A	Incise spinal column & cord	*19.19	NA	2.59	NA	7.87	2.33	NA	29.39
63195		A	Incise spinal column & cord	*18.84	NA	2.59	NA	7.74	2.11	NA	28.69
63196		A	Incise spinal column & cord	20.57	NA	2.54	NA	2.54	1.83	NA	24.94
63197		A	Incise spinal column & cord	*21.11	NA	2.59	NA	8.35	2.62	NA	32.08
63198		A	Incise spinal column & cord	*25.38	NA	2.59	NA	9.41	3.19	NA	37.98
63199		A	Incise spinal column & cord	*26.89	NA	2.59	NA	9.62	2.61	NA	39.12
63200		A	Release of spinal cord	*19.18	NA	2.37	NA	7.50	1.83	NA	28.51
63250		A	Revise spinal cord vessels	*40.76	NA	2.37	NA	12.97	5.22	NA	58.95
63251		A	Revise spinal cord vessels	*41.20	NA	2.37	NA	12.87	4.32	NA	58.39
63252		A	Revise spinal cord vessels	*41.19	NA	2.37	NA	13.13	5.52	NA	59.84
63265		A	Excise intraspinal lesion	*21.56	NA	2.37	NA	8.47	3.90	NA	33.93
63266		A	Excise intraspinal lesion	*22.30	NA	2.37	NA	8.75	4.43	NA	35.48
63267		A	Excise intraspinal lesion	*17.95	NA	2.37	NA	7.75	4.20	NA	29.90
63268		A	Excise intraspinal lesion	*18.52	NA	2.37	NA	7.49	2.46	NA	28.47
63270		A	Excise intraspinal lesion	*26.80	NA	2.37	NA	9.51	3.42	NA	39.73
63271		A	Excise intraspinal lesion	*26.92	NA	2.37	NA	9.84	4.79	NA	41.55
63272		A	Excise intraspinal lesion	*25.32	NA	2.37	NA	9.37	4.26	NA	38.95
63273		A	Excise intraspinal lesion	*24.29	NA	2.37	NA	8.90	3.12	NA	36.31
63275		A	Biopsy/excise spinal tumor	*23.68	NA	2.37	NA	9.20	5.09	NA	37.97
63276		A	Biopsy/excise spinal tumor	*23.45	NA	2.37	NA	9.04	4.62	NA	37.11
63277		A	Biopsy/excise spinal tumor	*20.83	NA	2.37	NA	8.39	4.25	NA	33.47
63278		A	Biopsy/excise spinal tumor	*20.56	NA	2.37	NA	8.34	4.32	NA	33.22
63280		A	Biopsy/excise spinal tumor	*28.35	NA	2.37	NA	10.20	4.99	NA	43.54
63281		A	Biopsy/excise spinal tumor	*28.05	NA	2.37	NA	10.13	4.96	NA	43.14
63282		A	Biopsy/excise spinal tumor	*26.39	NA	2.37	NA	9.65	4.44	NA	40.48
63283		A	Biopsy/excise spinal tumor	*25.00	NA	2.37	NA	9.12	3.44	NA	37.56
63285		A	Biopsy/excise spinal tumor	*36.00	NA	2.37	NA	11.76	4.49	NA	52.25
63286		A	Biopsy/excise spinal tumor	*35.63	NA	2.37	NA	11.78	4.92	NA	52.33
63287		A	Biopsy/excise spinal tumor	*36.70	NA	2.37	NA	11.93	4.53	NA	53.16
63290		A	Biopsy/excise spinal tumor	*37.38	NA	2.37	NA	12.10	4.65	NA	54.13
63300		A	Removal of vertebral body	*24.43	NA	2.37	NA	8.69	2.02	NA	35.14
63301		A	Removal of vertebral body	*27.60	NA	2.37	NA	9.72	3.58	NA	40.90
63302		A	Removal of vertebral body	*27.81	NA	2.37	NA	9.65	3.02	NA	40.48
63303		A	Removal of vertebral body	*30.50	NA	2.37	NA	10.32	3.39	NA	44.21
63304		A	Removal of vertebral body	*30.33	NA	2.37	NA	10.08	2.49	NA	42.90
63305		A	Removal of vertebral body	*32.03	NA	2.37	NA	10.73	3.75	NA	46.51
63306		A	Removal of vertebral body	*32.22	NA	2.37	NA	10.53	2.65	NA	45.40
63307		A	Removal of vertebral body	*31.63	NA	2.37	NA	10.48	2.98	NA	45.09
63308		A	Removal of vertebral body	5.25	NA	0.00	NA	1.31	0.73	NA	7.29
63600		A	Remove spinal cord lesion	*14.02	NA	2.53	NA	6.73	2.63	NA	23.38
63610		A	Stimulation of spinal cord	8.73	NA	0.16	NA	2.56	2.06	NA	13.35
63615		A	Remove lesion of spinal cord	*16.28	NA	2.53	NA	7.09	2.03	NA	25.40
63650		A	Implant neuroelectrodes	*6.74	NA	1.63	NA	3.93	2.13	NA	12.80
63655		A	Implant neuroelectrodes	*10.29	NA	2.35	NA	5.92	3.64	NA	19.85
63660		A	Revise/remove neuroelectrode	*6.16	NA	1.98	NA	4.10	1.56	NA	11.82

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
63685		A	Implant neuroreceiver	*7.04	NA	1.98	NA	4.27	1.46	NA	12.77
63688		A	Revise/remove neuroreceiver	*5.39	NA	1.98	NA	3.87	1.26	NA	10.52
63690		A	Analysis of neuroreceiver	0.45	0.43	0.16	0.65	0.32	0.12	1.22	0.89
63691		A	Analysis of neuroreceiver	0.65	0.52	0.16	0.80	0.37	0.11	1.56	1.13
63700		A	Repair of spinal herniation	*16.53	NA	2.39	NA	7.03	2.22	NA	25.78
63702		A	Repair of spinal herniation	*18.48	NA	2.39	NA	7.51	2.49	NA	28.48
63704		A	Repair of spinal herniation	*21.18	NA	2.39	NA	8.17	2.77	NA	32.12
63706		A	Repair of spinal herniation	22.45	NA	2.35	NA	2.35	3.18	NA	27.98
63707		A	Repair spinal fluid leakage	*11.26	NA	2.37	NA	5.92	2.56	NA	19.74
63709		A	Repair spinal fluid leakage	*14.32	NA	2.37	NA	6.75	3.30	NA	24.37
63710		A	Graft repair of spine defect	*14.07	NA	2.37	NA	6.32	1.58	NA	21.97
63740		A	Install spinal shunt	*11.36	NA	2.35	NA	6.01	2.99	NA	20.36
63741		A	Install spinal shunt	*8.25	NA	1.98	NA	4.74	2.39	NA	15.38
63744		A	Revision of spinal shunt	*8.10	NA	1.98	NA	4.55	1.68	NA	14.33
63746		A	Removal of spinal shunt	*6.43	NA	1.98	NA	4.05	1.08	NA	11.56
64400		A	Injection for nerve block	1.11	1.18	0.16	1.69	0.45	0.05	2.85	1.61
64402		A	Injection for nerve block	1.25	1.26	0.16	1.83	0.49	0.09	3.17	1.83
64405		A	Injection for nerve block	1.32	0.93	0.16	1.43	0.50	0.07	2.82	1.89
64408		A	Injection for nerve block	1.41	0.74	0.16	1.24	0.53	0.11	2.76	2.05
64410		A	Injection for nerve block	1.43	0.86	0.16	1.39	0.54	0.15	2.97	2.12
64412		A	Injection for nerve block	1.18	0.93	0.16	1.41	0.47	0.08	2.67	1.73
64413		A	Injection for nerve block	1.40	0.92	0.16	1.44	0.52	0.08	2.92	2.00
64415		A	Injection for nerve block	1.48	0.67	0.16	1.16	0.54	0.07	2.71	2.09
64417		A	Injection for nerve block	1.44	0.88	0.16	1.42	0.55	0.15	3.01	2.14
64418		A	Injection for nerve block	1.32	0.87	0.16	1.37	0.51	0.10	2.79	1.93
64420		A	Injection for nerve block	1.18	0.84	0.16	1.29	0.47	0.07	2.54	1.72
64421		A	Injection for nerve block	1.68	1.21	0.16	1.88	0.60	0.17	3.73	2.45
64425		A	Injection for nerve block	1.75	0.75	0.16	1.32	0.60	0.10	3.17	2.45
64430		A	Injection for nerve block	1.46	1.06	0.16	1.64	0.54	0.12	3.22	2.12
64435		A	Injection for nerve block	1.45	0.97	0.16	1.52	0.54	0.09	3.06	2.08
64440		A	Injection for nerve block	1.34	1.31	0.16	1.92	0.51	0.09	3.35	1.94
64441		A	Injection for nerve block	1.79	1.58	0.16	2.34	0.62	0.12	4.25	2.53
64442		A	Injection for nerve block	1.41	1.03	0.16	1.60	0.54	0.16	3.17	2.11
64443		A	Injection for nerve block	0.98	0.55	0.00	0.91	0.24	0.12	2.01	1.34
64445		A	Injection for nerve block	1.48	0.82	0.16	1.33	0.54	0.06	2.87	2.08
64450		A	Injection for nerve block	1.27	0.75	0.16	1.21	0.49	0.05	2.53	1.81
64505		A	Injection for nerve block	1.36	0.69	0.16	1.16	0.51	0.06	2.58	1.93
64508		A	Injection for nerve block	1.12	0.74	0.16	1.17	0.46	0.08	2.37	1.66
64510		A	Injection for nerve block	1.22	0.77	0.16	1.25	0.51	0.18	2.65	1.91
64520		A	Injection for nerve block	1.35	1.19	0.16	1.79	0.53	0.17	3.31	2.05
64530		A	Injection for nerve block	1.58	1.20	0.16	1.87	0.61	0.28	3.73	2.47
64550		A	Apply neurostimulator	0.18	0.36	0.16	0.48	0.25	0.04	0.70	0.47
64553		A	Implant neuroelectrodes	*2.31	1.37	1.37	2.19	2.19	0.10	4.60	4.60
64555		A	Implant neuroelectrodes	*2.27	1.37	1.37	2.18	2.18	0.10	4.55	4.55
64560		A	Implant neuroelectrodes	*2.36	1.45	1.45	2.33	2.33	0.24	4.93	4.93
64565		A	Implant neuroelectrodes	*1.76	1.41	1.41	2.12	2.12	0.08	3.96	3.96
64573		A	Implant neuroelectrodes	*4.43	NA	1.98	NA	3.51	0.61	NA	8.55
64575		A	Implant neuroelectrodes	*4.35	NA	1.98	NA	3.45	0.40	NA	8.20
64577		A	Implant neuroelectrodes	*4.62	NA	1.98	NA	3.52	0.45	NA	8.59
64580		A	Implant neuroelectrodes	*4.12	NA	1.98	NA	3.36	0.20	NA	7.68
64585		A	Revise/remove neuroelectrode	*2.06	1.36	1.34	2.12	2.10	0.09	4.27	4.25
64590		A	Implant neuroreceiver	*2.40	NA	1.55	NA	2.49	0.35	NA	5.24
64595		A	Revise/remove neuroreceiver	*1.73	NA	1.45	NA	2.19	0.21	NA	4.13
64600		A	Injection treatment of nerve	*3.45	1.31	0.61	2.40	1.54	0.17	6.02	5.16
64605		A	Injection treatment of nerve	*5.61	1.55	0.61	3.19	2.05	0.33	9.13	7.99
64610		A	Injection treatment of nerve	*7.16	NA	1.44	NA	3.62	1.35	NA	12.13
64612		A	Destroy nerve, face muscle	1.91	1.05	0.18	1.73	0.68	0.17	3.81	2.76
64613		A	Destroy nerve, spine muscle	1.91	1.05	0.18	1.73	0.68	0.17	3.81	2.76
64620		A	Injection treatment of nerve	*2.84	1.76	0.61	2.81	1.41	0.19	5.84	4.44
64622		A	Injection treatment of nerve	*3.00	2.66	0.61	3.98	1.48	0.35	7.33	4.83
64623		A	Injection treatment of nerve	0.99	0.73	0.00	1.15	0.25	0.17	2.31	1.41
64630		A	Injection treatment of nerve	*3.00	2.33	0.61	3.58	1.49	0.38	6.96	4.87
64640		A	Injection treatment of nerve	*2.76	2.33	0.61	3.47	1.37	0.09	6.32	4.22
64680		A	Injection treatment of nerve	*2.62	2.32	0.61	3.50	1.41	0.41	6.53	4.44
64702		A	Revise finger/toe nerve	*4.23	NA	1.77	NA	3.24	0.70	NA	8.17
64704		A	Revise hand/foot nerve	*4.57	NA	1.77	NA	3.32	0.74	NA	8.63
64708		A	Revise arm/leg nerve	*6.12	NA	2.09	NA	4.16	1.26	NA	11.54
64712		A	Revision of sciatic nerve	*7.75	NA	2.09	NA	4.61	1.68	NA	14.04
64713		A	Revision of arm nerve(s)	*11.00	NA	2.09	NA	5.33	1.72	NA	18.05
64714		A	Revise low back nerve(s)	*10.33	NA	2.09	NA	5.12	1.41	NA	16.86
64716		A	Revision of cranial nerve	5.80	NA	2.09	NA	3.96	0.67	NA	10.43
64718		A	Revise ulnar nerve at elbow	*5.99	NA	2.09	NA	4.11	1.13	NA	11.23
64719		A	Revise ulnar nerve at wrist	*4.85	NA	2.09	NA	3.79	0.85	NA	9.49
64721		A	Carpal tunnel surgery	*4.29	3.03	2.45	4.82	4.10	0.83	9.94	9.22

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
64722		A	Relieve pressure on nerve(s)	*4.70	NA	2.09	NA	3.82	1.11	NA	9.63
64726		A	Release foot/toe nerve	*4.18	NA	2.09	NA	3.48	0.07	NA	7.73
64727		A	Internal nerve revision	3.10	NA	0.00	NA	0.80	0.55	NA	4.45
64732		A	Incision of brow nerve	*4.41	NA	1.77	NA	3.28	0.72	NA	8.41
64734		A	Incision of cheek nerve	*4.92	NA	1.77	NA	3.39	0.67	NA	8.98
64736		A	Incision of chin nerve	*4.60	NA	1.77	NA	3.26	0.42	NA	8.28
64738		A	Incision of jaw nerve	*5.73	NA	1.77	NA	3.55	0.61	NA	9.89
64740		A	Incision of tongue nerve	*5.59	NA	1.77	NA	3.52	0.62	NA	9.73
64742		A	Incision of facial nerve	*6.22	NA	1.77	NA	3.62	0.44	NA	10.28
64744		A	Incise nerve, back of head	*5.24	NA	1.77	NA	3.55	1.10	NA	9.89
64746		A	Incise diaphragm nerve	*5.93	NA	2.09	NA	4.01	0.77	NA	10.71
64752		A	Incision of vagus nerve	*7.06	NA	2.37	NA	4.63	0.85	NA	12.54
64755		A	Incision of stomach nerves	13.10	NA	2.37	NA	6.26	2.27	NA	21.63
64760		A	Incision of vagus nerve	*6.96	NA	2.37	NA	4.75	1.50	NA	13.21
64761		A	Incision of pelvis nerve	*6.41	NA	1.77	NA	3.67	0.50	NA	10.58
64763		A	Incise hip/thigh nerve	*6.93	NA	2.37	NA	4.61	0.92	NA	12.46
64766		A	Incise hip/thigh nerve	*8.67	NA	2.37	NA	5.06	1.20	NA	14.93
64771		A	Sever cranial nerve	*7.35	NA	2.09	NA	4.32	0.73	NA	12.40
64772		A	Incision of spinal nerve	*7.21	NA	1.77	NA	4.03	1.30	NA	12.54
64774		A	Remove skin nerve lesion	*5.17	NA	1.77	NA	3.39	0.45	NA	9.01
64776		A	Remove digit nerve lesion	*5.12	NA	1.77	NA	3.37	0.41	NA	8.90
64778		A	Added digit nerve surgery	3.11	NA	0.00	NA	0.78	0.43	NA	4.32
64782		A	Remove limb nerve lesion	*6.23	NA	1.77	NA	3.63	0.46	NA	10.32
64783		A	Added limb nerve surgery	3.72	NA	0.00	NA	0.92	0.47	NA	5.11
64784		A	Remove nerve lesion	*9.82	NA	2.09	NA	4.91	0.96	NA	15.69
64786		A	Remove sciatic nerve lesion	*15.46	NA	2.09	NA	6.40	2.14	NA	24.00
64787		A	Implant nerve end	4.30	NA	0.00	NA	1.07	0.60	NA	5.97
64788		A	Remove skin nerve lesion	*4.61	NA	1.77	NA	3.28	0.50	NA	8.39
64790		A	Removal of nerve lesion	*11.31	NA	2.09	NA	5.29	1.22	NA	17.82
64792		A	Removal of nerve lesion	*14.92	NA	2.09	NA	6.18	1.66	NA	22.76
64795		A	Biopsy of nerve	3.01	NA	0.16	NA	0.94	0.39	NA	4.34
64802		A	Remove sympathetic nerves	*9.15	NA	2.37	NA	5.14	1.10	NA	15.39
64804		A	Remove sympathetic nerves	*14.64	NA	2.37	NA	6.64	2.44	NA	23.72
64809		A	Remove sympathetic nerves	*13.67	NA	2.37	NA	6.34	2.04	NA	22.05
64818		A	Remove sympathetic nerves	*10.30	NA	2.37	NA	5.53	1.72	NA	17.55
64820		A	Remove sympathetic nerves	*10.37	NA	2.37	NA	5.48	1.42	NA	17.27
64830		A	Microrepair of nerve	3.10	NA	0.00	NA	0.76	0.38	NA	4.24
64831		A	Repair of digit nerve	*9.44	NA	2.09	NA	4.74	0.56	NA	14.74
64832		A	Repair additional nerve	5.66	NA	0.00	NA	1.29	0.24	NA	7.19
64834		A	Repair of hand or foot nerve	*10.19	NA	1.77	NA	4.52	0.56	NA	15.27
64835		A	Repair of hand or foot nerve	*10.94	NA	2.09	NA	5.17	1.03	NA	17.14
64836		A	Repair of hand or foot nerve	*10.94	NA	2.09	NA	5.21	1.22	NA	17.37
64837		A	Repair additional nerve	6.26	NA	0.00	NA	1.56	0.85	NA	8.67
64840		A	Repair of leg nerve	*13.02	NA	2.09	NA	5.51	0.53	NA	19.06
64856		A	Repair/transpose nerve	*13.80	NA	2.09	NA	5.89	1.46	NA	21.15
64857		A	Repair arm/leg nerve	*14.49	NA	2.09	NA	6.06	1.54	NA	22.09
64858		A	Repair sciatic nerve	*16.49	NA	2.09	NA	6.62	2.11	NA	25.22
64859		A	Additional nerve surgery	4.26	NA	0.00	NA	1.06	0.58	NA	5.90
64861		A	Repair of arm nerves	*19.24	NA	2.73	NA	7.85	1.38	NA	28.47
64862		A	Repair of low back nerves	*19.44	NA	2.37	NA	7.51	1.61	NA	28.56
64864		A	Repair of facial nerve	*12.55	NA	2.09	NA	5.55	1.16	NA	19.26
64865		A	Repair of facial nerve	*15.24	NA	2.09	NA	6.21	1.50	NA	22.95
64866		A	Fusion of facial/other nerve	*15.74	NA	2.09	NA	6.40	1.84	NA	23.98
64868		A	Fusion of facial/other nerve	*14.04	NA	2.09	NA	5.94	1.47	NA	21.45
64870		A	Fusion of facial/other nerve	*15.99	NA	2.09	NA	6.42	1.70	NA	24.11
64872		A	Subsequent repair of nerve	1.99	NA	0.00	NA	0.50	0.29	NA	2.78
64874		A	Repair & revise nerve	2.98	NA	0.00	NA	0.75	0.43	NA	4.16
64876		A	Repair nerve; shorten bone	3.38	NA	0.00	NA	0.85	0.48	NA	4.71
64885		A	Nerve graft, head or neck	16.73	NA	2.09	NA	6.54	1.48	NA	24.75
64886		A	Nerve graft, head or neck	19.95	NA	2.09	NA	7.30	1.77	NA	29.02
64890		A	Nerve graft, hand or foot	*15.15	NA	2.09	NA	6.33	2.12	NA	23.60
64891		A	Nerve graft, hand or foot	*16.14	NA	2.09	NA	6.46	1.73	NA	24.33
64892		A	Nerve graft, arm or leg	*14.65	NA	2.09	NA	6.13	1.69	NA	22.47
64893		A	Nerve graft, arm or leg	*15.60	NA	2.09	NA	6.46	2.27	NA	24.33
64895		A	Nerve graft, hand or foot	*19.25	NA	2.09	NA	7.32	2.55	NA	29.12
64896		A	Nerve graft, hand or foot	*20.49	NA	2.09	NA	7.45	1.90	NA	29.84
64897		A	Nerve graft, arm or leg	*18.24	NA	2.09	NA	7.08	2.47	NA	27.79
64898		A	Nerve graft, arm or leg	*19.50	NA	2.09	NA	7.33	2.35	NA	29.18
64901		A	Additional nerve graft	10.22	NA	0.00	NA	2.43	0.87	NA	13.52
64902		A	Additional nerve graft	11.83	NA	0.00	NA	2.81	0.99	NA	15.63
64905		A	Nerve pedicle transfer	*14.02	NA	2.09	NA	5.77	0.70	NA	20.49
64907		A	Nerve pedicle transfer	*18.83	NA	2.09	NA	7.23	2.55	NA	28.61
65091		A	Revise eye	*6.46	NA	3.03	NA	5.20	0.45	NA	12.11
65093		A	Revise eye with implant	*6.87	NA	3.13	NA	5.43	0.52	NA	12.82

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
65101		A	Removal of eye	*7.03	NA	3.13	NA	5.46	0.47	NA	12.96
65103		A	Remove eye/insert implant	*7.57	NA	3.13	NA	5.58	0.50	NA	13.65
65105		A	Remove eye/attach implant	*8.49	NA	3.13	NA	5.79	0.55	NA	14.83
65110		A	Removal of eye	*13.95	NA	3.13	NA	7.12	1.14	NA	22.21
65112		A	Remove eye, revise socket	*16.38	NA	3.13	NA	7.64	1.09	NA	25.11
65114		A	Remove eye, revise socket	*17.53	NA	3.13	NA	8.01	1.65	NA	27.19
65125		A	Revise ocular implant	*3.12	1.44	1.44	2.46	2.46	0.13	5.71	5.71
65130		A	Insert ocular implant	*7.15	NA	2.79	NA	5.08	0.50	NA	12.73
65135		A	Insert ocular implant	*7.33	NA	2.79	NA	5.09	0.35	NA	12.77
65140		A	Attach ocular implant	*8.02	NA	2.79	NA	5.23	0.33	NA	13.58
65150		A	Revise ocular implant	*6.26	NA	2.79	NA	4.90	0.56	NA	11.72
65155		A	Reinsert ocular implant	*8.66	NA	2.79	NA	5.50	0.90	NA	15.06
65175		A	Removal of ocular implant	*6.28	NA	2.79	NA	4.87	0.40	NA	11.55
65205		A	Remove foreign body from eye	0.71	0.99	0.11	1.36	0.30	0.02	2.09	1.03
65210		A	Remove foreign body from eye	0.84	1.08	0.11	1.51	0.33	0.03	2.38	1.20
65220		A	Remove foreign body from eye	0.71	1.03	0.11	1.42	0.30	0.04	2.17	1.05
65222		A	Remove foreign body from eye	0.93	1.07	0.11	1.51	0.35	0.03	2.47	1.31
65235		A	Remove foreign body from eye	*7.57	NA	2.03	NA	4.20	0.30	NA	12.07
65260		A	Remove foreign body from eye	*10.96	NA	3.35	NA	6.59	0.45	NA	18.00
65265		A	Remove foreign body from eye	*12.59	NA	3.76	NA	7.45	0.51	NA	20.55
65270		A	Repair of eye wound	*1.90	1.25	0.74	1.96	1.34	0.07	3.93	3.31
65272		A	Repair of eye wound	*3.82	1.48	1.20	2.66	2.32	0.10	6.58	6.24
65273		A	Repair of eye wound	*4.36	NA	1.24	NA	2.52	0.21	NA	7.09
65275		A	Repair of eye wound	*5.34	1.48	1.20	2.98	2.64	0.04	8.36	8.02
65280		A	Repair of eye wound	*7.66	NA	2.17	NA	4.43	0.49	NA	12.58
65285		A	Repair of eye wound	*12.90	NA	3.97	NA	7.81	0.64	NA	21.35
65286		A	Repair of eye wound	*5.51	2.27	1.88	4.03	3.56	0.25	9.79	9.32
65290		A	Repair of eye socket wound	*5.41	NA	2.23	NA	3.99	0.37	NA	9.77
65400		A	Removal of eye lesion	*6.06	2.53	2.17	4.48	4.05	0.35	10.89	10.46
65410		A	Biopsy of cornea	1.47	0.61	0.16	1.09	0.54	0.11	2.67	2.12
65420		A	Removal of eye lesion	*4.17	2.27	1.88	3.73	3.26	0.23	8.13	7.66
65426		A	Removal of eye lesion	*5.25	2.52	2.18	4.30	3.89	0.38	9.93	9.52
65430		A	Corneal smear	1.47	1.06	0.11	1.62	0.47	0.03	3.12	1.97
65435		A	Curette/treat cornea	0.92	0.58	0.16	0.92	0.41	0.04	1.88	1.37
65436		A	Curette/treat cornea	*4.19	1.48	1.20	2.74	2.40	0.08	7.01	6.67
65450		A	Treatment of corneal lesion	*3.27	2.27	1.88	3.52	3.05	0.17	6.96	6.49
65600		A	Revision of cornea	*3.40	1.48	1.48	2.58	2.58	0.14	6.12	6.12
65710		A	Corneal transplant	*12.35	NA	3.84	NA	7.64	1.13	NA	21.12
65730		A	Corneal transplant	*14.25	NA	3.84	NA	8.09	1.29	NA	23.63
65750		A	Corneal transplant	*15.00	NA	3.84	NA	8.26	1.33	NA	24.59
65755		A	Corneal transplant	*14.89	NA	3.84	NA	8.25	1.39	NA	24.53
65770		A	Revise cornea with implant	*17.56	NA	3.92	NA	8.78	0.71	NA	27.05
65772		A	Correction of astigmatism	*4.29	1.72	1.57	3.11	2.92	0.31	7.71	7.52
65775		A	Correction of astigmatism	*5.79	NA	3.18	NA	5.25	0.50	NA	11.54
65800		A	Drainage of eye	1.91	0.61	0.16	1.19	0.64	0.10	3.20	2.65
65805		A	Drainage of eye	1.91	0.61	0.16	1.19	0.64	0.10	3.20	2.65
65810		A	Drainage of eye	*4.87	NA	2.26	NA	3.89	0.30	NA	9.06
65815		A	Drainage of eye	*5.05	2.34	2.12	4.02	3.74	0.24	9.31	9.03
65820		A	Relieve inner eye pressure	*8.13	NA	2.37	NA	4.79	0.51	NA	13.43
65850		A	Incision of eye	*10.52	NA	2.74	NA	5.80	0.69	NA	17.01
65855		A	Laser surgery of eye	*4.30	1.63	1.47	3.04	2.84	0.52	7.86	7.66
65860		A	Incise inner eye adhesions	3.37	1.22	1.05	2.31	2.10	0.37	6.05	5.84
65865		A	Incise inner eye adhesions	*5.60	NA	2.17	NA	3.96	0.41	NA	9.97
65870		A	Incise inner eye adhesions	*6.27	NA	2.17	NA	4.09	0.31	NA	10.67
65875		A	Incise inner eye adhesions	*6.54	NA	2.17	NA	4.15	0.34	NA	11.03
65880		A	Incise inner eye adhesions	*7.09	NA	2.17	NA	4.28	0.37	NA	11.74
65900		A	Remove eye lesion	*10.93	NA	3.61	NA	6.99	0.92	NA	18.84
65920		A	Remove implant from eye	*8.40	NA	2.17	NA	4.58	0.44	NA	13.42
65930		A	Remove blood clot from eye	*7.44	NA	2.74	NA	5.06	0.41	NA	12.91
66020		A	Injection treatment of eye	*1.59	0.96	0.73	1.55	1.27	0.14	3.28	3.00
66030		A	Injection treatment of eye	*1.25	0.96	0.73	1.45	1.17	0.03	2.73	2.45
66130		A	Remove eye lesion	*7.69	1.48	1.20	3.55	3.21	0.28	11.52	11.18
66150		A	Glaucoma surgery	*8.30	NA	2.74	NA	5.29	0.59	NA	14.18
66155		A	Glaucoma surgery	*8.29	NA	2.74	NA	5.27	0.50	NA	14.06
66160		A	Glaucoma surgery	*10.17	NA	2.74	NA	5.69	0.55	NA	16.41
66165		A	Glaucoma surgery	*8.01	NA	2.74	NA	5.22	0.57	NA	13.80
66170		A	Glaucoma surgery	*12.16	NA	2.74	NA	6.14	0.63	NA	18.93
66172		A	Incision of eye	*15.04	NA	2.74	NA	6.77	0.63	NA	22.44
66180		A	Implant eye shunt	*14.55	NA	3.21	NA	7.33	1.03	NA	22.91
66185		A	Revise eye shunt	*8.14	NA	2.74	NA	5.25	0.58	NA	13.97
66220		A	Repair eye lesion	*7.77	NA	3.35	NA	5.86	0.34	NA	13.97
66225		A	Repair/graft eye lesion	*11.05	NA	2.80	NA	6.02	0.86	NA	17.93
66250		A	Follow-up surgery of eye	*5.98	2.53	2.17	4.47	4.04	0.38	10.83	10.40
66500		A	Incision of iris	*3.71	NA	1.24	NA	2.39	0.27	NA	6.37

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
66505		A	Incision of iris	*4.08	NA	1.24	NA	2.45	0.17	NA	6.70
66600		A	Remove iris and lesion	*8.68	NA	2.26	NA	4.77	0.51	NA	13.96
66605		A	Removal of iris	*12.79	NA	3.61	NA	7.35	0.67	NA	20.81
66625		A	Removal of iris	*5.13	2.34	2.12	4.09	3.81	0.48	9.70	9.42
66630		A	Removal of iris	*6.16	NA	2.26	NA	4.21	0.45	NA	10.82
66635		A	Removal of iris	*6.25	NA	2.17	NA	4.12	0.49	NA	10.86
66680		A	Repair iris & ciliary body	*5.44	NA	2.17	NA	3.91	0.35	NA	9.70
66682		A	Repair iris and ciliary body	*6.21	NA	2.26	NA	4.20	0.38	NA	10.79
66700		A	Destruction, ciliary body	4.55	2.27	1.88	3.84	3.37	0.35	8.74	8.27
66710		A	Destruction, ciliary body	4.55	2.31	1.88	3.91	3.38	0.41	8.87	8.34
66720		A	Destruction, ciliary body	*4.78	2.27	1.88	3.90	3.43	0.38	9.06	8.59
66740		A	Destruction, ciliary body	4.55	NA	2.17	NA	3.73	0.39	NA	8.67
66761		A	Revision of iris	*4.07	1.22	1.05	2.49	2.27	0.47	7.03	6.81
66762		A	Revision of iris	*4.58	1.15	1.02	2.53	2.37	0.55	7.66	7.50
66770		A	Removal of inner eye lesion	*5.18	1.15	1.02	2.64	2.48	0.45	8.27	8.11
66820		A	Incision, secondary cataract	*3.89	1.54	1.54	2.79	2.79	0.29	6.97	6.97
66821		A	After cataract laser surgery	*2.35	1.22	1.05	2.09	1.88	0.37	4.81	4.60
66825		A	Reposition intraocular lens	*8.23	NA	2.26	NA	4.64	0.38	NA	13.25
66830		A	Removal of lens lesion	*8.20	2.27	2.27	4.65	4.65	0.40	13.25	13.25
66840		A	Removal of lens material	*7.91	NA	2.34	NA	4.71	0.54	NA	13.16
66850		A	Removal of lens material	*9.11	NA	2.34	NA	5.01	0.70	NA	14.82
66852		A	Removal of lens material	*9.97	NA	2.34	NA	5.24	0.90	NA	16.11
66920		A	Extraction of lens	*8.86	NA	2.34	NA	4.93	0.60	NA	14.39
66930		A	Extraction of lens	*10.18	NA	2.34	NA	5.21	0.57	NA	15.96
66940		A	Extraction of lens	*8.93	NA	2.34	NA	4.95	0.62	NA	14.50
66983		A	Remove cataract, insert lens	*8.99	NA	1.96	NA	4.56	0.95	NA	14.50
66984		A	Remove cataract, insert lens	*10.28	NA	1.96	NA	4.84	0.94	NA	16.06
66985		A	Insert lens prosthesis	*8.39	NA	1.96	NA	4.36	0.63	NA	13.38
66986		A	Exchange lens prosthesis	*12.28	NA	2.31	NA	5.65	0.63	NA	18.56
67005		A	Partial removal of eye fluid	*5.70	NA	1.57	NA	3.41	1.13	NA	10.24
67010		A	Partial removal of eye fluid	*6.87	NA	1.57	NA	3.65	1.04	NA	11.56
67015		A	Release of eye fluid	*6.92	NA	2.44	NA	4.56	0.35	NA	11.83
67025		A	Replace eye fluid	*6.84	4.10	2.18	6.57	4.24	0.36	13.77	11.44
67028		A	Injection eye drug	2.52	2.29	0.16	3.39	0.79	0.18	6.09	3.49
67030		A	Incise inner eye strands	*4.84	NA	2.20	NA	3.85	0.50	NA	9.19
67031		A	Laser surgery, eye strands	*3.67	1.22	1.05	2.46	2.25	0.75	6.88	6.67
67036		A	Removal of inner eye fluid	*11.89	NA	1.88	NA	5.23	1.49	NA	18.61
67038		A	Strip retinal membrane	*21.24	NA	3.04	NA	8.75	1.80	NA	31.79
67039		A	Laser treatment of retina	*14.52	NA	2.74	NA	6.89	1.68	NA	23.09
67040		A	Laser treatment of retina	*17.23	NA	3.04	NA	7.86	1.75	NA	26.84
67101		A	Repair, detached retina	*7.53	3.12	2.83	5.59	5.25	0.66	13.78	13.44
67105		A	Repair, detached retina	*7.41	1.96	1.47	4.18	3.59	0.80	12.39	11.80
67107		A	Repair detached retina	*14.84	NA	3.21	NA	7.40	1.10	NA	23.34
67108		A	Repair detached retina	*20.82	NA	3.76	NA	9.53	1.76	NA	32.11
67110		A	Repair detached retina	*8.81	5.34	3.21	8.65	6.05	0.97	18.43	15.83
67112		A	Re-repair detached retina	*16.86	NA	3.76	NA	8.47	0.86	NA	26.19
67115		A	Release, encircling material	*4.99	NA	2.20	NA	3.87	0.44	NA	9.30
67120		A	Remove eye implant material	*5.98	3.90	2.18	6.15	4.05	0.38	12.51	10.41
67121		A	Remove eye implant material	*10.67	NA	3.35	NA	6.53	0.49	NA	17.69
67141		A	Treatment of retina	*5.20	2.17	2.17	3.89	3.89	0.48	9.57	9.57
67145		A	Treatment of retina	*5.37	1.44	1.24	3.04	2.80	0.49	8.90	8.66
67208		A	Treatment of retinal lesion	*6.70	1.96	1.96	3.97	3.97	0.52	11.19	11.19
67210		A	Treatment of retinal lesion	*10.05	1.56	1.24	4.20	3.82	0.47	14.72	14.34
67218		A	Treatment of retinal lesion	*13.52	NA	3.35	NA	7.20	0.70	NA	21.42
67227		A	Treatment of retinal lesion	*6.58	2.13	2.02	4.15	4.01	0.51	11.24	11.10
67228		A	Treatment of retinal lesion	*12.74	1.84	1.10	5.14	4.24	0.48	18.36	17.46
67250		A	Reinforce eye wall	*8.66	NA	2.79	NA	5.39	0.40	NA	14.45
67255		A	Reinforce/graft eye wall	*8.90	NA	2.79	NA	5.54	0.87	NA	15.31
67311		A	Revise eye muscle	*6.65	NA	1.96	NA	3.94	0.47	NA	11.06
67312		A	Revise two eye muscles	*8.54	NA	1.96	NA	4.37	0.53	NA	13.44
67314		A	Revise eye muscle	*7.52	NA	1.96	NA	4.16	0.58	NA	12.26
67316		A	Revise two eye muscles	*9.66	NA	1.96	NA	4.65	0.67	NA	14.98
67318		A	Revise eye muscle(s)	*7.85	NA	2.18	NA	4.45	0.33	NA	12.63
67320		A	Revise eye muscle(s)	*8.66	NA	2.81	NA	5.48	0.69	NA	14.83
67331		A	Eye surgery follow-up	*8.12	NA	2.13	NA	4.49	0.54	NA	13.15
67332		A	Rerevise eye muscles	*8.99	NA	2.34	NA	4.95	0.58	NA	14.52
67334		A	Revise eye muscle w/suture	*7.96	NA	2.10	NA	4.37	0.33	NA	12.66
67335		A	Eye suture during surgery	2.49	NA	0.00	NA	0.64	0.43	NA	3.56
67340		A	Revise eye muscle	*9.85	NA	2.81	NA	5.68	0.41	NA	15.94
67343		A	Release eye tissue	*7.35	NA	2.23	NA	4.40	0.31	NA	12.06
67345		A	Destroy nerve of eye muscle	*2.96	1.41	0.18	2.42	0.93	0.26	5.64	4.15
67350		A	Biopsy eye muscle	2.87	NA	0.16	NA	0.86	0.13	NA	3.86
67400		A	Explore/biopsy eye socket	*9.76	NA	3.15	NA	6.11	0.62	NA	16.49
67405		A	Explore/drain eye socket	*7.93	NA	3.15	NA	5.72	0.67	NA	14.32

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
67412		A	Explore/treat eye socket	*9.50	NA	3.80	NA	6.86	0.67	NA	17.03
67413		A	Explore/treat eye socket	*10.00	NA	3.15	NA	6.15	0.57	NA	16.72
67414		A	Explore/decompress eye socke	10.07	NA	3.80	NA	6.94	0.44	NA	17.45
67415		A	Aspiration orbital contents	1.76	NA	0.16	NA	0.61	0.12	NA	2.49
67420		A	Explore/treat eye socket	*20.06	NA	3.43	NA	8.82	1.11	NA	29.99
67430		A	Explore/treat eye socket	*13.39	NA	3.43	NA	7.24	0.54	NA	21.17
67440		A	Explore/drain eye socket	*13.09	NA	3.43	NA	7.27	0.97	NA	21.33
67445		A	Explore/decompress eye socke	13.36	NA	3.80	NA	7.68	0.57	NA	21.61
67450		A	Explore/biopsy eye socket	*13.51	NA	3.43	NA	7.34	0.87	NA	21.72
67500		A	Inject/treat eye socket	0.79	0.88	0.16	1.25	0.38	0.06	2.10	1.23
67505		A	Inject/treat eye socket	0.82	1.03	0.11	1.45	0.33	0.06	2.33	1.21
67515		A	Inject/treat eye socket	0.61	1.03	0.11	1.39	0.28	0.03	2.03	0.92
67550		A	Insert eye socket implant	*10.19	NA	2.79	NA	5.79	0.70	NA	16.68
67560		A	Revise eye socket implant	*10.60	NA	2.79	NA	5.83	0.48	NA	16.91
67570		A	Decompress optic nerve	12.52	NA	3.80	NA	7.46	0.39	NA	20.37
67700		A	Drainage of eyelid abscess	*1.35	1.72	0.84	2.40	1.32	0.03	3.78	2.70
67710		A	Incision of eyelid	*1.02	1.56	0.72	2.14	1.12	0.06	3.22	2.20
67715		A	Incision of eyelid fold	*1.22	NA	0.74	NA	1.19	0.09	NA	2.50
67800		A	Remove eyelid lesion	*1.38	1.59	0.84	2.25	1.33	0.05	3.68	2.76
67801		A	Remove eyelid lesions	*1.88	1.08	0.74	1.75	1.34	0.08	3.71	3.30
67805		A	Remove eyelid lesions	*2.22	3.08	0.72	4.25	1.39	0.08	6.55	3.69
67808		A	Remove eyelid lesion(s)	*3.80	NA	1.25	NA	2.39	0.13	NA	6.32
67810		A	Biopsy of eyelid	1.48	1.47	0.16	2.12	0.53	0.05	3.65	2.06
67820		A	Revise eyelashes	0.89	1.08	0.16	1.52	0.40	0.02	2.43	1.31
67825		A	Revise eyelashes	*1.38	1.64	0.72	2.31	1.20	0.05	3.74	2.63
67830		A	Revise eyelashes	*1.70	2.03	0.72	2.88	1.29	0.17	4.75	3.16
67835		A	Revise eyelashes	*5.56	NA	1.32	NA	2.93	0.45	NA	8.94
67840		A	Remove eyelid lesion	*2.04	2.23	0.83	3.18	1.47	0.07	5.29	3.58
67850		A	Treat eyelid lesion	*1.69	1.95	0.72	2.75	1.26	0.05	4.49	3.00
67875		A	Closure of eyelid by suture	1.35	1.90	0.16	2.63	0.52	0.13	4.11	2.00
67880		A	Revision of eyelid	*3.80	2.23	0.83	3.60	1.89	0.23	7.63	5.92
67882		A	Revision of eyelid	*5.07	3.59	1.24	5.56	2.71	0.37	11.00	8.15
67900		A	Repair brow defect	*6.14	2.89	1.99	4.92	3.81	0.20	11.26	10.15
67901		A	Repair eyelid defect	*6.97	NA	1.99	NA	4.09	0.64	NA	11.70
67902		A	Repair eyelid defect	*7.03	NA	1.99	NA	4.12	0.72	NA	11.87
67903		A	Repair eyelid defect	*6.37	2.69	1.99	4.83	3.98	0.73	11.93	11.08
67904		A	Repair eyelid defect	*6.26	4.07	2.94	6.48	5.12	0.71	13.45	12.09
67906		A	Repair eyelid defect	*6.79	2.62	1.99	4.76	3.99	0.36	11.91	11.14
67908		A	Repair eyelid defect	*5.13	2.87	2.26	4.74	4.00	0.54	10.41	9.67
67909		A	Revise eyelid defect	*5.40	2.87	2.26	4.79	4.05	0.48	10.67	9.93
67911		A	Revise eyelid defect	*5.27	NA	2.30	NA	4.13	0.79	NA	10.19
67914		A	Repair eyelid defect	*3.68	2.34	1.05	3.75	2.17	0.39	7.82	6.24
67915		A	Repair eyelid defect	*3.18	1.95	1.05	3.08	1.99	0.07	6.33	5.24
67916		A	Repair eyelid defect	*5.31	3.83	1.50	5.92	3.07	0.38	11.61	8.76
67917		A	Repair eyelid defect	*6.02	3.01	2.26	5.09	4.18	0.47	11.58	10.67
67921		A	Repair eyelid defect	*3.40	2.28	1.05	3.57	2.07	0.20	7.17	5.67
67922		A	Repair eyelid defect	*3.06	1.95	0.97	3.06	1.87	0.07	6.19	5.00
67923		A	Repair eyelid defect	*5.88	3.83	1.50	6.04	3.20	0.38	12.30	9.46
67924		A	Repair eyelid defect	*5.79	2.78	1.99	4.75	3.78	0.43	10.97	10.00
67930		A	Repair eyelid wound	*3.61	2.23	0.83	3.53	1.81	0.08	7.22	5.50
67935		A	Repair eyelid wound	*6.22	3.59	1.24	5.79	2.93	0.24	12.25	9.39
67938		A	Remove eyelid foreign body	*1.33	1.65	0.84	2.31	1.32	0.03	3.67	2.68
67950		A	Revision of eyelid	*5.82	2.73	2.30	4.70	4.18	0.45	10.97	10.45
67961		A	Revision of eyelid	*5.69	2.06	1.71	3.86	3.44	0.50	10.05	9.63
67966		A	Revision of eyelid	*6.57	2.73	1.57	4.91	3.50	0.66	12.14	10.73
67971		A	Reconstruction of eyelid	*9.79	NA	1.77	NA	4.45	0.64	NA	14.88
67973		A	Reconstruction of eyelid	*12.87	NA	2.00	NA	5.45	0.91	NA	19.23
67974		A	Reconstruction of eyelid	*12.84	NA	2.00	NA	5.44	0.87	NA	19.15
67975		A	Reconstruction of eyelid	*9.13	NA	1.77	NA	4.21	0.24	NA	13.58
68020		A	Incise/drain eyelid lining	*1.37	1.58	0.84	2.23	1.33	0.03	3.63	2.73
68040		A	Treatment of eyelid lesions	0.85	1.09	0.16	1.52	0.39	0.02	2.39	1.26
68100		A	Biopsy of eyelid lining	1.35	1.28	0.16	1.87	0.51	0.06	3.28	1.92
68110		A	Remove eyelid lining lesion	*1.77	1.72	0.72	2.50	1.28	0.07	4.34	3.12
68115		A	Remove eyelid lining lesion	*2.36	2.13	0.72	3.14	1.42	0.11	5.61	3.89
68130		A	Remove eyelid lining lesion	*4.93	NA	1.70	NA	3.20	0.22	NA	8.35
68135		A	Remove eyelid lining lesion	*1.84	1.72	0.72	2.51	1.29	0.04	4.39	3.17
68200		A	Treat eyelid by injection	0.49	1.02	0.11	1.36	0.25	0.03	1.88	0.77
68320		A	Revise/graft eyelid lining	*5.37	1.38	1.10	2.95	2.61	0.42	8.74	8.40
68325		A	Revise/graft eyelid lining	*7.36	NA	1.10	NA	3.09	0.62	NA	11.07
68326		A	Revise/graft eyelid lining	*7.15	NA	1.10	NA	3.02	0.49	NA	10.66
68328		A	Revise/graft eyelid lining	*8.18	NA	1.10	NA	3.31	0.82	NA	12.31
68330		A	Revise eyelid lining	*4.83	2.00	1.70	3.57	3.21	0.35	8.75	8.39
68335		A	Revise/graft eyelid lining	*7.19	NA	1.10	NA	3.07	0.68	NA	10.94
68340		A	Separate eyelid adhesions	*4.17	3.59	1.24	5.32	2.47	0.17	9.66	6.81

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
68360		A	Revise eyelid lining	*4.37	1.99	1.70	3.45	3.10	0.33	8.15	7.80
68362		A	Revise eyelid lining	*7.34	NA	2.58	NA	4.84	0.42	NA	12.60
68400		A	Incise/drain tear gland	*1.69	2.13	0.83	2.98	1.39	0.06	4.73	3.14
68420		A	Incise/drain tear sac	*2.30	2.19	0.83	3.19	1.52	0.06	5.55	3.88
68440		A	Incise tear duct opening	*0.94	1.53	0.72	2.08	1.10	0.04	3.06	2.08
68500		A	Removal of tear gland	*11.02	NA	2.40	NA	5.51	0.75	NA	17.28
68505		A	Partial removal tear gland	*10.94	NA	2.40	NA	5.44	0.49	NA	16.87
68510		A	Biopsy of tear gland	4.61	2.65	0.16	4.30	1.27	0.28	9.19	6.16
68520		A	Removal of tear sac	*7.51	NA	1.87	NA	4.04	0.51	NA	12.06
68525		A	Biopsy of tear sac	4.43	NA	0.16	NA	1.22	0.23	NA	5.88
68530		A	Clearance of tear duct	*3.66	3.08	0.72	4.59	1.72	0.17	8.42	5.55
68540		A	Remove tear gland lesion	*10.60	NA	2.10	NA	4.99	0.50	NA	16.09
68550		A	Remove tear gland lesion	*13.26	NA	2.44	NA	6.04	0.74	NA	20.04
68700		A	Repair tear ducts	*6.60	NA	1.87	NA	3.76	0.15	NA	10.51
68705		A	Revise tear duct opening	*2.06	1.62	0.72	2.44	1.34	0.05	4.55	3.45
68720		A	Create tear sac drain	*8.96	NA	1.87	NA	4.41	0.74	NA	14.11
68745		A	Create tear duct drain	*8.63	NA	1.87	NA	4.27	0.45	NA	13.35
68750		A	Create tear duct drain	*8.66	NA	2.15	NA	4.70	0.83	NA	14.19
68760		A	Close tear duct opening	*1.73	1.54	0.84	2.26	1.41	0.04	4.03	3.18
68761		A	Close tear duct opening	1.31	1.32	0.84	1.91	1.31	0.04	3.26	2.66
68770		A	Close tear system fistula	*7.02	3.83	1.50	6.26	3.41	0.23	13.51	10.66
68801		A	Dilate tear duct opening	*0.94	1.47	0.84	2.00	1.23	0.02	2.96	2.19
68810		A	Probe nasolacrimal duct	*1.90	1.86	0.72	2.70	1.30	0.03	4.63	3.23
68811		A	Probe nasolacrimal duct	*2.35	0.72	0.72	1.42	1.42	0.09	3.86	3.86
68815		A	Probe nasolacrimal duct	*3.20	3.08	0.72	4.47	1.60	0.10	7.77	4.90
68840		A	Explore/irrigate tear ducts	*1.25	1.53	0.84	2.14	1.30	0.03	3.42	2.58
68850		A	Injection for tear sac x-ray	0.80	4.30	0.09	5.43	0.30	0.04	6.27	1.14
69000		A	Drain external ear lesion	*1.45	0.83	0.43	1.33	0.85	0.03	2.81	2.33
69005		A	Drain external ear lesion	*2.11	0.83	0.67	1.50	1.31	0.13	3.74	3.55
69020		A	Drain outer ear canal lesion	*1.48	0.83	0.43	1.34	0.85	0.04	2.86	2.37
69100		A	Biopsy of external ear	0.81	1.19	0.16	1.65	0.39	0.07	2.53	1.27
69105		A	Biopsy of external ear canal	0.85	0.60	0.16	0.94	0.40	0.09	1.88	1.34
69110		A	Partial removal external ear	*3.44	1.11	0.79	2.19	1.80	0.37	6.00	5.61
69120		A	Removal of external ear	*4.05	NA	1.42	NA	2.63	0.07	NA	6.75
69140		A	Remove ear canal lesion(s)	*7.97	NA	1.96	NA	4.32	0.88	NA	13.17
69145		A	Remove ear canal lesion(s)	*2.62	1.11	0.79	1.99	1.60	0.28	4.89	4.50
69150		A	Extensive ear canal surgery	*13.43	NA	1.99	NA	5.64	1.25	NA	20.32
69155		A	Extensive ear/neck surgery	*20.80	NA	2.27	NA	7.68	1.61	NA	30.09
69200		A	Clear outer ear canal	0.77	0.54	0.10	0.84	0.30	0.04	1.65	1.11
69205		A	Clear outer ear canal	1.15	NA	0.67	NA	1.10	0.11	NA	2.36
69210		A	Remove impacted ear wax	0.61	0.54	0.10	0.80	0.26	0.02	1.43	0.89
69220		A	Clean out mastoid cavity	0.83	0.60	0.16	0.93	0.39	0.05	1.81	1.27
69222		A	Clean out mastoid cavity	*1.40	0.82	0.67	1.32	1.14	0.08	2.80	2.62
69300		R	Revise external ear	6.36	NA	0.50	NA	2.06	0.28	NA	8.70
69310		A	Rebuild outer ear canal	*10.79	NA	1.99	NA	5.02	1.08	NA	16.89
69320		A	Rebuild outer ear canal	*16.96	NA	2.27	NA	6.85	1.66	NA	25.47
69400		A	Inflate middle ear canal	0.83	0.60	0.16	0.93	0.39	0.05	1.81	1.27
69401		A	Inflate middle ear canal	0.63	0.56	0.16	0.83	0.34	0.03	1.49	1.00
69405		A	Catheterize middle ear canal	*2.63	0.83	0.43	1.59	1.11	0.04	4.26	3.78
69410		A	Inset middle ear baffle	0.33	0.61	0.16	0.83	0.29	0.07	1.23	0.69
69420		A	Incision of eardrum	*1.33	0.83	0.43	1.31	0.83	0.08	2.72	2.24
69421		A	Incision of eardrum	*1.73	0.83	0.67	1.41	1.23	0.13	3.27	3.09
69424		A	Remove ventilating tube	0.85	0.61	0.16	0.94	0.40	0.06	1.85	1.31
69433		A	Create eardrum opening	*1.52	0.83	0.43	1.37	0.89	0.15	3.04	2.56
69436		A	Create eardrum opening	*1.96	0.74	0.67	1.38	1.30	0.23	3.57	3.49
69440		A	Exploration of middle ear	*7.57	NA	1.70	NA	3.94	0.93	NA	12.44
69450		A	Eardrum revision	*5.57	NA	1.66	NA	3.50	1.15	NA	10.22
69501		A	Mastoidectomy	*9.07	NA	1.70	NA	4.32	1.17	NA	14.56
69502		A	Mastoidectomy	*12.38	NA	1.99	NA	5.45	1.45	NA	19.28
69505		A	Remove mastoid structures	*12.99	NA	1.99	NA	5.66	1.79	NA	20.44
69511		A	Extensive mastoid surgery	*13.52	NA	1.99	NA	5.79	1.84	NA	21.15
69530		A	Extensive mastoid surgery	*19.19	NA	2.27	NA	7.35	1.72	NA	28.26
69535		A	Remove part of temporal bone	*36.14	NA	2.27	NA	11.31	2.85	NA	50.30
69540		A	Remove ear lesion	*1.20	0.83	0.67	1.30	1.11	0.14	2.64	2.45
69550		A	Remove ear lesion	*10.99	NA	1.96	NA	5.23	2.00	NA	18.22
69552		A	Remove ear lesion	*19.46	NA	1.99	NA	7.09	1.86	NA	28.41
69554		A	Remove ear lesion	*33.16	NA	1.99	NA	10.26	2.63	NA	46.05
69601		A	Mastoid surgery revision	*13.24	NA	2.27	NA	6.01	1.55	NA	20.80
69602		A	Mastoid surgery revision	*13.58	NA	1.99	NA	5.78	1.75	NA	21.11
69603		A	Mastoid surgery revision	*14.02	NA	1.99	NA	5.91	1.88	NA	21.81
69604		A	Mastoid surgery revision	*14.02	NA	1.99	NA	6.08	2.70	NA	22.80
69605		A	Mastoid surgery revision	*18.49	NA	2.27	NA	7.23	1.86	NA	27.58
69610		A	Repair of eardrum	*4.43	0.87	0.67	2.05	1.81	0.10	6.58	6.34
69620		A	Repair of eardrum	*5.89	1.73	1.71	3.66	3.63	1.16	10.71	10.68

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
69631	.....	A	Repair eardrum structures	*9.86	NA	1.99	NA	4.93	1.61	NA	16.40
69632	.....	A	Rebuild eardrum structures	*12.75	NA	2.27	NA	5.94	1.73	NA	20.42
69633	.....	A	Rebuild eardrum structures	*12.10	NA	2.27	NA	5.81	1.78	NA	19.69
69635	.....	A	Repair eardrum structures	*13.33	NA	1.99	NA	5.76	1.91	NA	21.00
69636	.....	A	Rebuild eardrum structures	*15.22	NA	2.27	NA	6.57	2.11	NA	23.90
69637	.....	A	Rebuild eardrum structures	*15.11	NA	2.27	NA	6.57	2.22	NA	23.90
69641	.....	A	Revise middle ear & mastoid	*12.71	NA	1.99	NA	5.62	1.87	NA	20.20
69642	.....	A	Revise middle ear & mastoid	*16.84	NA	2.27	NA	6.94	2.21	NA	25.99
69643	.....	A	Revise middle ear & mastoid	*15.32	NA	2.27	NA	6.68	2.51	NA	24.51
69644	.....	A	Revise middle ear & mastoid	*16.97	NA	2.27	NA	7.08	2.70	NA	26.75
69645	.....	A	Revise middle ear & mastoid	*16.38	NA	2.27	NA	6.91	2.51	NA	25.80
69646	.....	A	Revise middle ear & mastoid	*17.99	NA	2.27	NA	7.24	2.40	NA	27.63
69650	.....	A	Release middle ear bone	*9.66	NA	1.66	NA	4.43	1.33	NA	15.42
69660	.....	A	Revise middle ear bone	*11.90	NA	1.66	NA	5.03	1.82	NA	18.75
69661	.....	A	Revise middle ear bone	*15.74	NA	1.96	NA	6.26	1.93	NA	23.93
69662	.....	A	Revise middle ear bone	*15.44	NA	1.96	NA	6.19	1.94	NA	23.57
69666	.....	A	Repair middle ear structures	*9.75	NA	1.66	NA	4.55	1.77	NA	16.07
69667	.....	A	Repair middle ear structures	*9.76	NA	1.66	NA	4.53	1.66	NA	15.95
69670	.....	A	Remove mastoid air cells	*11.51	NA	1.99	NA	5.18	1.08	NA	17.77
69676	.....	A	Remove middle ear nerve	*9.52	NA	1.96	NA	4.66	0.86	NA	15.04
69700	.....	A	Close mastoid fistula	*8.23	NA	0.90	NA	3.08	0.84	NA	12.15
69711	.....	A	Remove/repair hearing aid	*10.44	NA	1.99	NA	4.81	0.44	NA	15.69
69720	.....	A	Release facial nerve	*14.38	NA	2.28	NA	6.43	2.27	NA	23.08
69725	.....	A	Release facial nerve	*25.38	NA	1.99	NA	8.31	1.51	NA	35.20
69740	.....	A	Repair facial nerve	*15.96	NA	1.71	NA	5.95	1.69	NA	23.60
69745	.....	A	Repair facial nerve	*16.69	NA	1.99	NA	6.41	1.53	NA	24.63
69801	.....	A	Incise inner ear	*8.56	NA	1.70	NA	4.35	1.84	NA	14.75
69802	.....	A	Incise inner ear	*13.10	NA	1.99	NA	5.56	1.22	NA	19.88
69805	.....	A	Explore inner ear	*13.82	NA	1.70	NA	5.54	2.00	NA	21.36
69806	.....	A	Explore inner ear	*12.35	NA	1.99	NA	5.68	2.54	NA	20.57
69820	.....	A	Establish inner ear window	*10.34	NA	1.99	NA	4.91	1.00	NA	16.25
69840	.....	A	Revise inner ear window	*10.26	NA	1.99	NA	4.78	0.51	NA	15.55
69905	.....	A	Remove inner ear	*11.10	NA	1.96	NA	5.27	2.07	NA	18.44
69910	.....	A	Remove inner ear & mastoid	*13.63	NA	1.99	NA	5.92	2.34	NA	21.89
69915	.....	A	Incise inner ear nerve	*21.23	NA	1.99	NA	7.52	2.02	NA	30.77
69930	.....	A	Implant cochlear device	*16.81	NA	2.34	NA	7.27	3.34	NA	27.42
69950	.....	A	Incise inner ear nerve	*25.64	NA	2.39	NA	9.04	2.31	NA	36.99
69955	.....	A	Release facial nerve	*27.04	NA	1.99	NA	8.84	2.25	NA	38.13
69960	.....	A	Release inner ear canal	*27.04	NA	1.99	NA	8.77	1.93	NA	37.74
69970	.....	A	Remove inner ear lesion	*30.04	NA	2.77	NA	10.45	2.26	NA	42.75
70010	.....	A	Contrast x-ray of brain	1.19	1.01	1.01	1.56	1.56	0.34	3.09	3.09
70010	26	A	Contrast x-ray of brain	1.19	0.09	0.09	0.39	0.39	0.08	1.66	1.66
70010	TC	A	Contrast x-ray of brain	0.00	0.92	0.92	1.17	1.17	0.26	1.43	1.43
70015	.....	A	Contrast x-ray of brain	1.19	1.01	1.01	1.53	1.53	0.17	2.89	2.89
70015	26	A	Contrast x-ray of brain	1.19	0.09	0.09	0.39	0.39	0.08	1.66	1.66
70015	TC	A	Contrast x-ray of brain	0.00	0.92	0.92	1.14	1.14	0.09	1.23	1.23
70030	.....	A	X-ray eye for foreign body	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70030	TC	A	X-ray eye for foreign body	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70100	.....	A	X-ray exam of jaw	0.18	0.46	0.46	0.61	0.61	0.04	0.83	0.83
70100	26	A	X-ray exam of jaw	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70100	TC	A	X-ray exam of jaw	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
70110	.....	A	X-ray exam of jaw	0.25	0.50	0.50	0.67	0.67	0.06	0.98	0.98
70110	26	A	X-ray exam of jaw	0.25	0.06	0.06	0.13	0.13	0.02	0.40	0.40
70110	TC	A	X-ray exam of jaw	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
70120	.....	A	X-ray exam of mastoids	0.18	0.42	0.42	0.56	0.56	0.05	0.79	0.79
70120	26	A	X-ray exam of mastoids	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70120	TC	A	X-ray exam of mastoids	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70130	.....	A	X-ray exam of mastoids	0.34	0.63	0.63	0.86	0.86	0.07	1.27	1.27
70130	26	A	X-ray exam of mastoids	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70130	TC	A	X-ray exam of mastoids	0.00	0.57	0.57	0.71	0.71	0.05	0.76	0.76
70134	.....	A	X-ray exam of middle ear	0.34	0.50	0.50	0.70	0.70	0.07	1.11	1.11
70134	26	A	X-ray exam of middle ear	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70134	TC	A	X-ray exam of middle ear	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70140	.....	A	X-ray exam of facial bones	0.19	0.42	0.42	0.56	0.56	0.05	0.80	0.80
70140	26	A	X-ray exam of facial bones	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
70140	TC	A	X-ray exam of facial bones	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70150	.....	A	X-ray exam of facial bones	0.26	0.50	0.50	0.69	0.69	0.07	1.02	1.02
70150	26	A	X-ray exam of facial bones	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
70150	TC	A	X-ray exam of facial bones	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70160	.....	A	X-ray exam of nasal bones	0.17	0.50	0.50	0.65	0.65	0.04	0.86	0.86
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70160	TC	A	X-ray exam of nasal bones	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
70170	.....	A	X-ray exam of tear duct	0.30	1.10	1.10	1.43	1.43	0.08	1.81	1.81

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
70170	26	A	X-ray exam of tear duct	0.30	0.12	0.12	0.22	0.22	0.02	0.54	0.54
70170	TC	A	X-ray exam of tear duct	0.00	0.98	0.98	1.21	1.21	0.06	1.27	1.27
70190		A	X-ray exam of eye sockets	0.21	0.42	0.42	0.56	0.56	0.05	0.82	0.82
70190	26	A	X-ray exam of eye sockets	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
70190	TC	A	X-ray exam of eye sockets	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70200		A	X-ray exam of eye sockets	0.28	0.54	0.54	0.73	0.73	0.07	1.08	1.08
70200	26	A	X-ray exam of eye sockets	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
70200	TC	A	X-ray exam of eye sockets	0.00	0.48	0.48	0.59	0.59	0.05	0.64	0.64
70210		A	X-ray exam of sinuses	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70210	TC	A	X-ray exam of sinuses	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70220		A	X-ray exam of sinuses	0.25	0.50	0.50	0.68	0.68	0.07	1.00	1.00
70220	26	A	X-ray exam of sinuses	0.25	0.06	0.06	0.13	0.13	0.02	0.40	0.40
70220	TC	A	X-ray exam of sinuses	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70240		A	X-ray exam pituitary saddle	0.19	0.42	0.42	0.56	0.56	0.04	0.79	0.79
70240	26	A	X-ray exam pituitary saddle	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
70240	TC	A	X-ray exam pituitary saddle	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70250		A	X-ray exam of skull	0.24	0.45	0.45	0.61	0.61	0.06	0.91	0.91
70250	26	A	X-ray exam of skull	0.24	0.06	0.06	0.13	0.13	0.02	0.39	0.39
70250	TC	A	X-ray exam of skull	0.00	0.39	0.39	0.48	0.48	0.04	0.52	0.52
70260		A	X-ray exam of skull	0.34	0.54	0.54	0.75	0.75	0.08	1.17	1.17
70260	26	A	X-ray exam of skull	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70260	TC	A	X-ray exam of skull	0.00	0.48	0.48	0.60	0.60	0.06	0.66	0.66
70300		A	X-ray exam of teeth	0.10	0.35	0.35	0.45	0.45	0.03	0.58	0.58
70300	26	A	X-ray exam of teeth	0.10	0.06	0.06	0.10	0.10	0.01	0.21	0.21
70300	TC	A	X-ray exam of teeth	0.00	0.29	0.29	0.35	0.35	0.02	0.37	0.37
70310		A	X-ray exam of teeth	0.16	0.35	0.35	0.46	0.46	0.04	0.66	0.66
70310	26	A	X-ray exam of teeth	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
70310	TC	A	X-ray exam of teeth	0.00	0.29	0.29	0.35	0.35	0.03	0.38	0.38
70320		A	Full mouth x-ray of teeth	0.22	0.45	0.45	0.61	0.61	0.07	0.90	0.90
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
70320	TC	A	Full mouth x-ray of teeth	0.00	0.39	0.39	0.48	0.48	0.05	0.53	0.53
70328		A	X-ray exam of jaw joint	0.18	0.42	0.42	0.56	0.56	0.04	0.78	0.78
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70328	TC	A	X-ray exam of jaw joint	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70330		A	X-ray exam of jaw joints	0.24	0.50	0.50	0.68	0.68	0.07	0.99	0.99
70330	26	A	X-ray exam of jaw joints	0.24	0.06	0.06	0.13	0.13	0.02	0.39	0.39
70330	TC	A	X-ray exam of jaw joints	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70332		A	X-ray exam of jaw joint	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
70332	26	A	X-ray exam of jaw joint	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
70332	TC	A	X-ray exam of jaw joint	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
70336		A	Magnetic image jaw joint	1.48	8.30	8.30	10.61	10.61	0.73	12.82	12.82
70336	26	A	Magnetic image jaw joint	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
70336	TC	A	Magnetic image jaw joint	0.00	8.20	8.20	10.15	10.15	0.67	10.82	10.82
70350		A	X-ray head for orthodontia	0.17	0.37	0.37	0.49	0.49	0.03	0.69	0.69
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70350	TC	A	X-ray head for orthodontia	0.00	0.31	0.31	0.38	0.38	0.02	0.40	0.40
70355		A	Panoramic x-ray of jaws	0.20	0.37	0.37	0.50	0.50	0.05	0.75	0.75
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
70355	TC	A	Panoramic x-ray of jaws	0.00	0.31	0.31	0.38	0.38	0.04	0.42	0.42
70360		A	X-ray exam of neck	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70360	TC	A	X-ray exam of neck	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70370		A	Throat x-ray & fluoroscopy	0.32	0.82	0.82	1.10	1.10	0.10	1.52	1.52
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
70370	TC	A	Throat x-ray & fluoroscopy	0.00	0.76	0.76	0.95	0.95	0.08	1.03	1.03
70371		A	Speech evaluation, complex	0.84	0.24	0.24	0.53	0.53	0.19	1.56	1.56
70371	26	A	Speech evaluation, complex	0.84	0.12	0.12	0.35	0.35	0.06	1.25	1.25
70371	TC	A	Speech evaluation, complex	0.00	0.12	0.12	0.18	0.18	0.13	0.31	0.31
70373		A	Contrast x-ray of larynx	0.44	1.09	1.09	1.45	1.45	0.14	2.03	2.03
70373	26	A	Contrast x-ray of larynx	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
70373	TC	A	Contrast x-ray of larynx	0.00	0.97	0.97	1.20	1.20	0.11	1.31	1.31
70380		A	X-ray exam of salivary gland	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70380	TC	A	X-ray exam of salivary gland	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70390		A	X-ray exam of salivary duct	0.38	1.10	1.10	1.46	1.46	0.14	1.98	1.98
70390	26	A	X-ray exam of salivary duct	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
70390	TC	A	X-ray exam of salivary duct	0.00	0.98	0.98	1.22	1.22	0.11	1.33	1.33
70450		A	CAT scan of head or brain	0.85	2.30	2.30	3.07	3.07	0.35	4.27	4.27
70450	26	A	CAT scan of head or brain	0.85	0.10	0.10	0.32	0.32	0.06	1.23	1.23
70450	TC	A	CAT scan of head or brain	0.00	2.20	2.20	2.75	2.75	0.29	3.04	3.04
70460		A	Contrast CAT scan of head	1.13	2.79	2.79	3.75	3.75	0.43	5.31	5.31
70460	26	A	Contrast CAT scan of head	1.13	0.10	0.10	0.39	0.39	0.08	1.60	1.60
70460	TC	A	Contrast CAT scan of head	0.00	2.69	2.69	3.36	3.36	0.35	3.71	3.71

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
70470	.....	A	Contrast CAT scans of head	1.27	3.10	3.10	4.17	4.17	0.52	5.96	5.96
70470	26	A	Contrast CAT scans of head	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
70470	TC	A	Contrast CAT scans of head	0.00	3.00	3.00	3.75	3.75	0.43	4.18	4.18
70480	.....	A	CAT scan of skull	1.28	2.71	2.71	3.66	3.66	0.38	5.32	5.32
70480	26	A	CAT scan of skull	1.28	0.10	0.10	0.42	0.42	0.09	1.79	1.79
70480	TC	A	CAT scan of skull	0.00	2.61	2.61	3.24	3.24	0.29	3.53	3.53
70481	.....	A	Contrast CAT scan of skull	1.38	3.10	3.10	4.18	4.18	0.44	6.00	6.00
70481	26	A	Contrast CAT scan of skull	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
70481	TC	A	Contrast CAT scan of skull	0.00	3.00	3.00	3.73	3.73	0.35	4.08	4.08
70482	.....	A	Contrast CAT scans of skull	1.45	3.35	3.35	4.52	4.52	0.53	6.50	6.50
70482	26	A	Contrast CAT scans of skull	1.45	0.10	0.10	0.46	0.46	0.10	2.01	2.01
70482	TC	A	Contrast CAT scans of skull	0.00	3.25	3.25	4.06	4.06	0.43	4.49	4.49
70486	.....	A	CAT scan of face, jaw	1.14	2.46	2.46	3.34	3.34	0.37	4.85	4.85
70486	26	A	CAT scan of face, jaw	1.14	0.10	0.10	0.39	0.39	0.08	1.61	1.61
70486	TC	A	CAT scan of face, jaw	0.00	2.36	2.36	2.95	2.95	0.29	3.24	3.24
70487	.....	A	Contrast CAT scan, face/jaw	1.30	2.95	2.95	3.98	3.98	0.44	5.72	5.72
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.10	0.10	0.43	0.43	0.09	1.82	1.82
70487	TC	A	Contrast CAT scan, face/jaw	0.00	2.85	2.85	3.55	3.55	0.35	3.90	3.90
70488	.....	A	Contrast CAT scans face/jaw	1.42	3.15	3.15	4.27	4.27	0.53	6.22	6.22
70488	26	A	Contrast CAT scans face/jaw	1.42	0.10	0.10	0.46	0.46	0.10	1.98	1.98
70488	TC	A	Contrast CAT scans face/jaw	0.00	3.05	3.05	3.81	3.81	0.43	4.24	4.24
70490	.....	A	CAT scan of neck tissue	1.28	2.41	2.41	3.30	3.30	0.38	4.96	4.96
70490	26	A	CAT scan of neck tissue	1.28	0.10	0.10	0.42	0.42	0.09	1.79	1.79
70490	TC	A	CAT scan of neck tissue	0.00	2.31	2.31	2.88	2.88	0.29	3.17	3.17
70491	.....	A	Contrast CAT of neck tissue	1.38	2.89	2.89	3.93	3.93	0.44	5.75	5.75
70491	26	A	Contrast CAT of neck tissue	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
70491	TC	A	Contrast CAT of neck tissue	0.00	2.79	2.79	3.48	3.48	0.35	3.83	3.83
70492	.....	A	Contrast CAT of neck tissue	1.45	3.15	3.15	4.27	4.27	0.53	6.25	6.25
70492	26	A	Contrast CAT of neck tissue	1.45	0.10	0.10	0.46	0.46	0.10	2.01	2.01
70492	TC	A	Contrast CAT of neck tissue	0.00	3.05	3.05	3.81	3.81	0.43	4.24	4.24
70540	.....	A	Magnetic image, face, neck	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
70540	26	A	Magnetic image, face, neck	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
70540	TC	A	Magnetic image, face, neck	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
70541	.....	R	Magnetic image, head (MRA)	1.81	8.97	8.97	11.51	11.51	0.77	14.09	14.09
70541	26	R	Magnetic image, head (MRA)	1.81	0.10	0.10	0.54	0.54	0.10	2.45	2.45
70541	TC	R	Magnetic image, head (MRA)	0.00	8.87	8.87	10.97	10.97	0.67	11.64	11.64
70551	.....	A	Magnetic image, brain (MRI)	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
70551	26	A	Magnetic image, brain (MRI)	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
70551	TC	A	Magnetic image, brain (MRI)	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
70552	.....	A	Magnetic image, brain (MRI)	1.78	8.86	8.86	11.40	11.40	0.93	14.11	14.11
70552	26	A	Magnetic image, brain (MRI)	1.78	0.10	0.10	0.54	0.54	0.12	2.44	2.44
70552	TC	A	Magnetic image, brain (MRI)	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
70553	.....	A	Magnetic image, brain	2.36	10.68	10.68	13.90	13.90	1.65	17.91	17.91
70553	26	A	Magnetic image, brain	2.36	0.10	0.10	0.68	0.68	0.16	3.20	3.20
70553	TC	A	Magnetic image, brain	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
71010	.....	A	Chest x-ray	0.18	0.44	0.44	0.59	0.59	0.04	0.81	0.81
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
71010	TC	A	Chest x-ray	0.00	0.38	0.38	0.47	0.47	0.03	0.50	0.50
71015	.....	A	X-ray exam of chest	0.21	0.53	0.53	0.70	0.70	0.04	0.95	0.95
71015	26	A	X-ray exam of chest	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
71015	TC	A	X-ray exam of chest	0.00	0.47	0.47	0.58	0.58	0.03	0.61	0.61
71020	.....	A	Chest x-ray	0.22	0.58	0.58	0.76	0.76	0.05	1.03	1.03
71020	26	A	Chest x-ray	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
71020	TC	A	Chest x-ray	0.00	0.52	0.52	0.64	0.64	0.04	0.68	0.68
71021	.....	A	Chest x-ray	0.27	0.61	0.61	0.82	0.82	0.07	1.16	1.16
71021	26	A	Chest x-ray	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71021	TC	A	Chest x-ray	0.00	0.55	0.55	0.68	0.68	0.05	0.73	0.73
71022	.....	A	Chest x-ray	0.31	0.69	0.69	0.93	0.93	0.07	1.31	1.31
71022	26	A	Chest x-ray	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
71022	TC	A	Chest x-ray	0.00	0.63	0.63	0.78	0.78	0.05	0.83	0.83
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.91	0.91	1.20	1.20	0.08	1.66	1.66
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.85	0.85	1.04	1.04	0.05	1.09	1.09
71030	.....	A	Chest x-ray	0.31	0.78	0.78	1.04	1.04	0.07	1.42	1.42
71030	26	A	Chest x-ray	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
71030	TC	A	Chest x-ray	0.00	0.72	0.72	0.89	0.89	0.05	0.94	0.94
71034	.....	A	Chest x-ray & fluoroscopy	0.46	1.37	1.37	1.80	1.80	0.12	2.38	2.38
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.06	0.06	0.18	0.18	0.03	0.67	0.67
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.31	1.31	1.62	1.62	0.09	1.71	1.71
71035	.....	A	Chest x-ray	0.18	0.57	0.57	0.75	0.75	0.04	0.97	0.97
71035	26	A	Chest x-ray	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
71035	TC	A	Chest x-ray	0.00	0.51	0.51	0.63	0.63	0.03	0.66	0.66
71036	.....	A	X-ray guidance for biopsy	0.54	0.55	0.55	0.82	0.82	0.14	1.50	1.50
71036	26	A	X-ray guidance for biopsy	0.54	0.04	0.04	0.18	0.18	0.04	0.76	0.76

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
71036	TC	A	X-ray guidance for biopsy	0.00	0.51	0.51	0.64	0.64	0.10	0.74	0.74
71038		A	X-ray guidance for biopsy	0.54	0.38	0.38	0.61	0.61	0.15	1.30	1.30
71038	26	A	X-ray guidance for biopsy	0.54	0.02	0.02	0.15	0.15	0.04	0.73	0.73
71038	TC	A	X-ray guidance for biopsy	0.00	0.36	0.36	0.46	0.46	0.11	0.57	0.57
71040		A	Contrast x-ray of bronchi	0.58	1.09	1.09	1.48	1.48	0.13	2.19	2.19
71040	26	A	Contrast x-ray of bronchi	0.58	0.12	0.12	0.28	0.28	0.04	0.90	0.90
71040	TC	A	Contrast x-ray of bronchi	0.00	0.97	0.97	1.20	1.20	0.09	1.29	1.29
71060		A	Contrast x-ray of bronchi	0.74	1.09	1.09	1.53	1.53	0.19	2.46	2.46
71060	26	A	Contrast x-ray of bronchi	0.74	0.12	0.12	0.32	0.32	0.05	1.11	1.11
71060	TC	A	Contrast x-ray of bronchi	0.00	0.97	0.97	1.21	1.21	0.14	1.35	1.35
71090		A	X-ray & pacemaker insertion	0.54	0.54	0.54	0.81	0.81	0.15	1.50	1.50
71090	26	A	X-ray & pacemaker insertion	0.54	0.04	0.04	0.18	0.18	0.04	0.76	0.76
71090	TC	A	X-ray & pacemaker insertion	0.00	0.50	0.50	0.63	0.63	0.11	0.74	0.74
71100		A	X-ray exam of ribs	0.22	0.70	0.70	0.92	0.92	0.06	1.20	1.20
71100	26	A	X-ray exam of ribs	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
71100	TC	A	X-ray exam of ribs	0.00	0.64	0.64	0.79	0.79	0.04	0.83	0.83
71101		A	X-ray exam of ribs, chest	0.27	0.65	0.65	0.87	0.87	0.06	1.20	1.20
71101	26	A	X-ray exam of ribs, chest	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71101	TC	A	X-ray exam of ribs, chest	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
71110		A	X-ray exam of ribs	0.27	0.57	0.57	0.77	0.77	0.07	1.11	1.11
71110	26	A	X-ray exam of ribs	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71110	TC	A	X-ray exam of ribs	0.00	0.51	0.51	0.63	0.63	0.05	0.68	0.68
71111		A	X-ray exam of ribs, chest	0.32	0.73	0.73	0.98	0.98	0.08	1.38	1.38
71111	26	A	X-ray exam of ribs, chest	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
71111	TC	A	X-ray exam of ribs, chest	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
71120		A	X-ray exam of breastbone	0.20	0.46	0.46	0.61	0.61	0.05	0.86	0.86
71120	26	A	X-ray exam of breastbone	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
71120	TC	A	X-ray exam of breastbone	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
71130		A	X-ray exam of breastbone	0.22	0.50	0.50	0.66	0.66	0.05	0.93	0.93
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
71130	TC	A	X-ray exam of breastbone	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
71250		A	Cat scan of chest	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
71250	26	A	Cat scan of chest	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
71250	TC	A	Cat scan of chest	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
71260		A	Contrast CAT scan of chest	1.24	3.53	3.53	4.69	4.69	0.51	6.44	6.44
71260	26	A	Contrast CAT scan of chest	1.24	0.10	0.10	0.41	0.41	0.08	1.73	1.73
71260	TC	A	Contrast CAT scan of chest	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
71270		A	Contrast CAT scans of chest	1.38	3.79	3.79	5.06	5.06	0.61	7.05	7.05
71270	26	A	Contrast CAT scans of chest	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
71270	TC	A	Contrast CAT scans of chest	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
71550		A	Magnetic image, chest	1.60	9.48	9.48	12.09	12.09	0.78	14.47	14.47
71550	26	A	Magnetic image, chest	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
71550	TC	A	Magnetic image, chest	0.00	9.38	9.38	11.59	11.59	0.67	12.26	12.26
71555		N	Magnetic imaging/chest (MRA)	+1.81	8.97	8.97	11.51	11.51	0.78	14.10	14.10
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.10	0.10	0.54	0.54	0.11	2.46	2.46
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	8.87	8.87	10.97	10.97	0.67	11.64	11.64
72010		A	X-ray exam of spine	0.45	0.53	0.53	0.76	0.76	0.09	1.30	1.30
72010	26	A	X-ray exam of spine	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
72010	TC	A	X-ray exam of spine	0.00	0.47	0.47	0.58	0.58	0.06	0.64	0.64
72020		A	X-ray exam of spine	0.15	0.41	0.41	0.54	0.54	0.04	0.73	0.73
72020	26	A	X-ray exam of spine	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
72020	TC	A	X-ray exam of spine	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
72040		A	X-ray exam of neck spine	0.22	0.42	0.42	0.56	0.56	0.05	0.83	0.83
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72040	TC	A	X-ray exam of neck spine	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
72050		A	X-ray exam of neck spine	0.31	0.56	0.56	0.77	0.77	0.08	1.16	1.16
72050	26	A	X-ray exam of neck spine	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
72050	TC	A	X-ray exam of neck spine	0.00	0.50	0.50	0.62	0.62	0.06	0.68	0.68
72052		A	X-ray exam of neck spine	0.36	0.63	0.63	0.87	0.87	0.09	1.32	1.32
72052	26	A	X-ray exam of neck spine	0.36	0.06	0.06	0.16	0.16	0.02	0.54	0.54
72052	TC	A	X-ray exam of neck spine	0.00	0.57	0.57	0.71	0.71	0.07	0.78	0.78
72069		A	X-ray exam of trunk spine	0.22	0.65	0.65	0.85	0.85	0.04	1.11	1.11
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72069	TC	A	X-ray exam of trunk spine	0.00	0.59	0.59	0.73	0.73	0.03	0.76	0.76
72070		A	X-ray exam of thorax spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92
72070	26	A	X-ray exam of thorax spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72070	TC	A	X-ray exam of thorax spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72072		A	X-ray exam of thoracic spine	0.22	0.54	0.54	0.71	0.71	0.06	0.99	0.99
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72072	TC	A	X-ray exam of thoracic spine	0.00	0.48	0.48	0.59	0.59	0.05	0.64	0.64
72074		A	X-ray exam of thoracic spine	0.22	0.73	0.73	0.95	0.95	0.07	1.24	1.24
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72074	TC	A	X-ray exam of thoracic spine	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
72080		A	X-ray exam of trunk spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72080	TC	A	X-ray exam of trunk spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72090		A	X-ray exam of trunk spine	0.28	0.63	0.63	0.84	0.84	0.06	1.18	1.18
72090	26	A	X-ray exam of trunk spine	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
72090	TC	A	X-ray exam of trunk spine	0.00	0.57	0.57	0.70	0.70	0.04	0.74	0.74
72100		A	X-ray exam of lower spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72100	TC	A	X-ray exam of lower spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72110		A	X-ray exam of lower spine	0.31	0.75	0.75	1.01	1.01	0.08	1.40	1.40
72110	26	A	X-ray exam of lower spine	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
72110	TC	A	X-ray exam of lower spine	0.00	0.69	0.69	0.86	0.86	0.06	0.92	0.92
72114		A	X-ray exam of lower spine	0.36	0.90	0.90	1.19	1.19	0.09	1.64	1.64
72114	26	A	X-ray exam of lower spine	0.36	0.06	0.06	0.16	0.16	0.02	0.54	0.54
72114	TC	A	X-ray exam of lower spine	0.00	0.84	0.84	1.03	1.03	0.07	1.10	1.10
72120		A	X-ray exam of lower spine	0.22	0.73	0.73	0.95	0.95	0.07	1.24	1.24
72120	26	A	X-ray exam of lower spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72120	TC	A	X-ray exam of lower spine	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
72125		A	CAT scan of neck spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72125	26	A	CAT scan of neck spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72125	TC	A	CAT scan of neck spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72126		A	Contrast CAT scan of neck	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72126	26	A	Contrast CAT scan of neck	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72126	TC	A	Contrast CAT scan of neck	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72127		A	Contrast CAT scans of neck	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72127	26	A	Contrast CAT scans of neck	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72127	TC	A	Contrast CAT scans of neck	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72128		A	CAT scan of thorax spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72128	26	A	CAT scan of thorax spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72128	TC	A	CAT scan of thorax spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72129		A	Contrast CAT scan of thorax	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72129	26	A	Contrast CAT scan of thorax	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72129	TC	A	Contrast CAT scan of thorax	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72130		A	Contrast CAT scans of thorax	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72130	26	A	Contrast CAT scans of thorax	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72130	TC	A	Contrast CAT scans of thorax	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72131		A	CAT scan of lower spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72131	26	A	CAT scan of lower spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72131	TC	A	CAT scan of lower spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72132		A	Contrast CAT of lower spine	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72132	26	A	Contrast CAT of lower spine	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72132	TC	A	Contrast CAT of lower spine	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72133		A	Contrast CAT scans, low spine	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72133	26	A	Contrast CAT scans, low spine	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72133	TC	A	Contrast CAT scans, low spine	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72141		A	Magnetic image, neck spine	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
72141	26	A	Magnetic image, neck spine	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72141	TC	A	Magnetic image, neck spine	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
72142		A	Magnetic image, neck spine	1.92	8.86	8.86	11.43	11.43	0.94	14.29	14.29
72142	26	A	Magnetic image, neck spine	1.92	0.10	0.10	0.57	0.57	0.13	2.62	2.62
72142	TC	A	Magnetic image, neck spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72146		A	Magnetic image, chest spine	1.60	8.58	8.58	11.00	11.00	0.85	13.45	13.45
72146	26	A	Magnetic image, chest spine	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72146	TC	A	Magnetic image, chest spine	0.00	8.48	8.48	10.50	10.50	0.74	11.24	11.24
72147		A	Magnetic image, chest spine	1.92	8.86	8.86	11.43	11.43	0.94	14.29	14.29
72147	26	A	Magnetic image, chest spine	1.92	0.10	0.10	0.57	0.57	0.13	2.62	2.62
72147	TC	A	Magnetic image, chest spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72148		A	Magnetic image, lumbar spine	1.48	8.58	8.58	10.97	10.97	0.84	13.29	13.29
72148	26	A	Magnetic image, lumbar spine	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
72148	TC	A	Magnetic image, lumbar spine	0.00	8.48	8.48	10.50	10.50	0.74	11.24	11.24
72149		A	Magnetic image, lumbar spine	1.78	8.86	8.86	11.40	11.40	0.93	14.11	14.11
72149	26	A	Magnetic image, lumbar spine	1.78	0.10	0.10	0.54	0.54	0.12	2.44	2.44
72149	TC	A	Magnetic image, lumbar spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72156		A	Magnetic image, neck spine	2.57	10.68	10.68	13.94	13.94	1.66	18.17	18.17
72156	26	A	Magnetic image, neck spine	2.57	0.10	0.10	0.72	0.72	0.17	3.46	3.46
72156	TC	A	Magnetic image, neck spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72157		A	Magnetic image, chest spine	2.57	10.68	10.68	13.94	13.94	1.66	18.17	18.17
72157	26	A	Magnetic image, chest spine	2.57	0.10	0.10	0.72	0.72	0.17	3.46	3.46
72157	TC	A	Magnetic image, chest spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72158		A	Magnetic image, lumbar spine	2.36	10.68	10.68	13.90	13.90	1.65	17.91	17.91
72158	26	A	Magnetic image, lumbar spine	2.36	0.10	0.10	0.68	0.68	0.16	3.20	3.20
72158	TC	A	Magnetic image, lumbar spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72159		N	Magnetic imaging/spine (MRA)	+1.80	8.86	8.86	11.38	11.38	0.84	14.02	14.02
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.10	0.10	0.54	0.54	0.10	2.44	2.44
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	8.76	8.76	10.84	10.84	0.74	11.58	11.58

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
72170	.....	A	X-ray exam of pelvis	0.17	0.41	0.41	0.54	0.54	0.04	0.75	0.75
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72170	TC	A	X-ray exam of pelvis	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
72190	.....	A	X-ray exam of pelvis	0.21	0.65	0.65	0.85	0.85	0.05	1.11	1.11
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
72190	TC	A	X-ray exam of pelvis	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
72192	.....	A	CAT scan of pelvis	1.09	2.79	2.79	3.74	3.74	0.43	5.26	5.26
72192	26	A	CAT scan of pelvis	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
72192	TC	A	CAT scan of pelvis	0.00	2.69	2.69	3.36	3.36	0.36	3.72	3.72
72193	.....	A	Contrast CAT scan of pelvis	1.16	3.13	3.13	4.18	4.18	0.49	5.83	5.83
72193	26	A	Contrast CAT scan of pelvis	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72193	TC	A	Contrast CAT scan of pelvis	0.00	3.03	3.03	3.78	3.78	0.41	4.19	4.19
72194	.....	A	Contrast CAT scans of pelvis	1.22	3.66	3.66	4.85	4.85	0.58	6.65	6.65
72194	26	A	Contrast CAT scans of pelvis	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72194	TC	A	Contrast CAT scans of pelvis	0.00	3.56	3.56	4.44	4.44	0.50	4.94	4.94
72196	.....	A	Magnetic image, pelvis	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
72196	26	A	Magnetic image, pelvis	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72196	TC	A	Magnetic image, pelvis	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
72198	.....	N	Magnetic imaging/pelvis (MRA)	+1.80	8.86	8.86	11.37	11.37	0.78	13.95	13.95
72198	26	N	Magnetic imaging/pelvis (MRA)	+1.80	0.10	0.10	0.54	0.54	0.11	2.45	2.45
72198	TC	N	Magnetic imaging/pelvis (MRA)	+0.00	8.76	8.76	10.83	10.83	0.67	11.50	11.50
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.50	0.50	0.66	0.66	0.05	0.90	0.90
72202	26	A	X-ray exam sacroiliac joints	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
72220	.....	A	X-ray exam of tailbone	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72220	TC	A	X-ray exam of tailbone	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
72240	.....	A	Contrast x-ray of neck spine	0.91	1.01	1.01	1.50	1.50	0.35	2.76	2.76
72240	26	A	Contrast x-ray of neck spine	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
72240	TC	A	Contrast x-ray of neck spine	0.00	0.92	0.92	1.18	1.18	0.29	1.47	1.47
72255	.....	A	Contrast x-ray thorax spine	0.91	1.13	1.13	1.64	1.64	0.32	2.87	2.87
72255	26	A	Contrast x-ray thorax spine	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
72255	TC	A	Contrast x-ray thorax spine	0.00	1.04	1.04	1.32	1.32	0.26	1.58	1.58
72265	.....	A	Contrast x-ray lower spine	0.83	0.97	0.97	1.43	1.43	0.31	2.57	2.57
72265	26	A	Contrast x-ray lower spine	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72265	TC	A	Contrast x-ray lower spine	0.00	0.88	0.88	1.12	1.12	0.25	1.37	1.37
72270	.....	A	Contrast x-ray of spine	1.33	1.27	1.27	1.94	1.94	0.46	3.73	3.73
72270	26	A	Contrast x-ray of spine	1.33	0.09	0.09	0.42	0.42	0.09	1.84	1.84
72270	TC	A	Contrast x-ray of spine	0.00	1.18	1.18	1.52	1.52	0.37	1.89	1.89
72285	.....	A	X-ray of neck spine disk	0.83	1.01	1.01	1.54	1.54	0.56	2.93	2.93
72285	26	A	X-ray of neck spine disk	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72285	TC	A	X-ray of neck spine disk	0.00	0.92	0.92	1.23	1.23	0.50	1.73	1.73
72295	.....	A	X-ray of lower spine disk	0.83	1.01	1.01	1.53	1.53	0.52	2.88	2.88
72295	26	A	X-ray of lower spine disk	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72295	TC	A	X-ray of lower spine disk	0.00	0.92	0.92	1.22	1.22	0.46	1.68	1.68
73000	.....	A	X-ray exam of collarbone	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73000	26	A	X-ray exam of collarbone	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73000	TC	A	X-ray exam of collarbone	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73010	.....	A	X-ray exam of shoulder blade	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73010	TC	A	X-ray exam of shoulder blade	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73020	.....	A	X-ray exam of shoulder	0.15	0.38	0.38	0.50	0.50	0.04	0.69	0.69
73020	26	A	X-ray exam of shoulder	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
73020	TC	A	X-ray exam of shoulder	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
73030	.....	A	X-ray exam of shoulder	0.18	0.46	0.46	0.61	0.61	0.05	0.84	0.84
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
73030	TC	A	X-ray exam of shoulder	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
73040	.....	A	Contrast x-ray of shoulder	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73040	26	A	Contrast x-ray of shoulder	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73040	TC	A	Contrast x-ray of shoulder	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73050	.....	A	X-ray exam of shoulders	0.20	0.65	0.65	0.85	0.85	0.05	1.10	1.10
73050	26	A	X-ray exam of shoulders	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
73050	TC	A	X-ray exam of shoulders	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
73060	.....	A	X-ray exam of humerus	0.17	0.57	0.57	0.74	0.74	0.05	0.96	0.96
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73060	TC	A	X-ray exam of humerus	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
73070	.....	A	X-ray exam of elbow	0.15	0.42	0.42	0.55	0.55	0.04	0.74	0.74
73070	26	A	X-ray exam of elbow	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
73070	TC	A	X-ray exam of elbow	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73080	.....	A	X-ray exam of elbow	0.17	0.50	0.50	0.65	0.65	0.05	0.87	0.87
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
73080	TC	A	X-ray exam of elbow	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
73085		A	Contrast x-ray of elbow	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73085	26	A	Contrast x-ray of elbow	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73085	TC	A	Contrast x-ray of elbow	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73090		A	X-ray exam of forearm	0.16	0.49	0.49	0.64	0.64	0.04	0.84	0.84
73090	26	A	X-ray exam of forearm	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73090	TC	A	X-ray exam of forearm	0.00	0.43	0.43	0.53	0.53	0.03	0.56	0.56
73092		A	X-ray exam of arm, infant	0.16	0.46	0.46	0.60	0.60	0.04	0.80	0.80
73092	26	A	X-ray exam of arm, infant	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73092	TC	A	X-ray exam of arm, infant	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73100		A	X-ray exam of wrist	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73100	26	A	X-ray exam of wrist	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73100	TC	A	X-ray exam of wrist	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73110		A	X-ray exam of wrist	0.17	0.50	0.50	0.65	0.65	0.04	0.86	0.86
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73110	TC	A	X-ray exam of wrist	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
73115		A	Contrast x-ray of wrist	0.54	1.09	1.09	1.48	1.48	0.14	2.16	2.16
73115	26	A	Contrast x-ray of wrist	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73115	TC	A	Contrast x-ray of wrist	0.00	0.97	0.97	1.20	1.20	0.10	1.30	1.30
73120		A	X-ray exam of hand	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73120	26	A	X-ray exam of hand	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73120	TC	A	X-ray exam of hand	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73130		A	X-ray exam of hand	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73130	TC	A	X-ray exam of hand	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73140		A	X-ray exam of finger(s)	0.13	0.46	0.46	0.60	0.60	0.04	0.77	0.77
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.06	0.11	0.11	0.01	0.25	0.25
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73200		A	CAT scan of arm	1.09	2.46	2.46	3.33	3.33	0.37	4.79	4.79
73200	26	A	CAT scan of arm	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
73200	TC	A	CAT scan of arm	0.00	2.36	2.36	2.95	2.95	0.30	3.25	3.25
73201		A	Contrast CAT scan of arm	1.16	2.80	2.80	3.77	3.77	0.44	5.37	5.37
73201	26	A	Contrast CAT scan of arm	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
73201	TC	A	Contrast CAT scan of arm	0.00	2.70	2.70	3.37	3.37	0.36	3.73	3.73
73202		A	Contrast CAT scans of arm	1.22	3.21	3.21	4.30	4.30	0.53	6.05	6.05
73202	26	A	Contrast CAT scans of arm	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
73202	TC	A	Contrast CAT scans of arm	0.00	3.11	3.11	3.89	3.89	0.45	4.34	4.34
73220		A	Magnetic image, arm, hand	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
73220	26	A	Magnetic image, arm, hand	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
73220	TC	A	Magnetic image, arm, hand	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73221		A	Magnetic image, joint of arm	1.48	8.58	8.58	10.94	10.94	0.73	13.15	13.15
73221	26	A	Magnetic image, joint of arm	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
73221	TC	A	Magnetic image, joint of arm	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73225		N	Magnetic imaging/upper (MRA)	+1.73	8.86	8.86	11.36	11.36	0.77	13.86	13.86
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.10	0.10	0.53	0.53	0.10	2.36	2.36
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	8.76	8.76	10.83	10.83	0.67	11.50	11.50
73500		A	X-ray exam of hip	0.17	0.38	0.38	0.50	0.50	0.04	0.71	0.71
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73500	TC	A	X-ray exam of hip	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
73510		A	X-ray exam of hip	0.21	0.42	0.42	0.56	0.56	0.05	0.82	0.82
73510	26	A	X-ray exam of hip	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
73510	TC	A	X-ray exam of hip	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
73520		A	X-ray exam of hips	0.26	0.66	0.66	0.88	0.88	0.06	1.20	1.20
73520	26	A	X-ray exam of hips	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
73520	TC	A	X-ray exam of hips	0.00	0.60	0.60	0.74	0.74	0.04	0.78	0.78
73525		A	Contrast x-ray of hip	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73525	26	A	Contrast x-ray of hip	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73525	TC	A	Contrast x-ray of hip	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73530		A	X-ray exam of hip	0.29	0.08	0.08	0.18	0.18	0.05	0.52	0.52
73530	26	A	X-ray exam of hip	0.29	0.04	0.04	0.12	0.12	0.02	0.43	0.43
73530	TC	A	X-ray exam of hip	0.00	0.04	0.04	0.06	0.06	0.03	0.09	0.09
73540		A	X-ray exam of pelvis & hips	0.20	0.42	0.42	0.56	0.56	0.05	0.81	0.81
73540	26	A	X-ray exam of pelvis & hips	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
73550		A	X-ray exam of thigh	0.17	0.49	0.49	0.64	0.64	0.05	0.86	0.86
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73550	TC	A	X-ray exam of thigh	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
73560		A	X-ray exam of knee	0.17	0.43	0.43	0.56	0.56	0.04	0.77	0.77
73560	26	A	X-ray exam of knee	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73560	TC	A	X-ray exam of knee	0.00	0.37	0.37	0.45	0.45	0.03	0.48	0.48
73562		A	X-ray exam of knee	0.18	0.44	0.44	0.59	0.59	0.05	0.82	0.82
73562	26	A	X-ray exam of knee	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
73562	TC	A	X-ray exam of knee	0.00	0.38	0.38	0.47	0.47	0.04	0.51	0.51
73564		A	X-ray exam of knee	0.22	0.56	0.56	0.75	0.75	0.06	1.03	1.03

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
73564	26	A	X-ray exam of knee	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
73564	TC	A	X-ray exam of knee	0.00	0.50	0.50	0.62	0.62	0.04	0.66	0.66
73565		A	X-ray exam of knee	0.17	0.41	0.41	0.54	0.54	0.04	0.75	0.75
73565	26	A	X-ray exam of knee	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73565	TC	A	X-ray exam of knee	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
73580		A	Contrast x-ray of knee joint	0.54	1.09	1.09	1.50	1.50	0.21	2.25	2.25
73580	26	A	Contrast x-ray of knee joint	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73580	TC	A	Contrast x-ray of knee joint	0.00	0.97	0.97	1.22	1.22	0.17	1.39	1.39
73590		A	X-ray exam of lower leg	0.17	0.49	0.49	0.64	0.64	0.04	0.85	0.85
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73590	TC	A	X-ray exam of lower leg	0.00	0.43	0.43	0.53	0.53	0.03	0.56	0.56
73592		A	X-ray exam of leg, infant	0.16	0.46	0.46	0.60	0.60	0.04	0.80	0.80
73592	26	A	X-ray exam of leg, infant	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73592	TC	A	X-ray exam of leg, infant	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73600		A	X-ray exam of ankle	0.16	0.45	0.45	0.59	0.59	0.04	0.79	0.79
73600	26	A	X-ray exam of ankle	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73600	TC	A	X-ray exam of ankle	0.00	0.39	0.39	0.48	0.48	0.03	0.51	0.51
73610		A	X-ray exam of ankle	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73610	TC	A	X-ray exam of ankle	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73615		A	Contrast x-ray of ankle	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73615	26	A	Contrast x-ray of ankle	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73615	TC	A	Contrast x-ray of ankle	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73620		A	X-ray exam of foot	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73620	26	A	X-ray exam of foot	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73620	TC	A	X-ray exam of foot	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73630		A	X-ray exam of foot	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73630	26	A	X-ray exam of foot	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73630	TC	A	X-ray exam of foot	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73650		A	X-ray exam of heel	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73650	26	A	X-ray exam of heel	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73650	TC	A	X-ray exam of heel	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73660		A	X-ray exam of toe(s)	0.13	0.46	0.46	0.60	0.60	0.04	0.77	0.77
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.06	0.11	0.11	0.01	0.25	0.25
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73700		A	CAT scan of leg	1.09	2.70	2.70	3.61	3.61	0.37	5.07	5.07
73700	26	A	CAT scan of leg	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
73700	TC	A	CAT scan of leg	0.00	2.60	2.60	3.23	3.23	0.30	3.53	3.53
73701		A	Contrast CAT scan of leg	1.16	2.80	2.80	3.77	3.77	0.44	5.37	5.37
73701	26	A	Contrast CAT scan of leg	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
73701	TC	A	Contrast CAT scan of leg	0.00	2.70	2.70	3.37	3.37	0.36	3.73	3.73
73702		A	Contrast CAT scans of leg	1.22	3.21	3.21	4.30	4.30	0.53	6.05	6.05
73702	26	A	Contrast CAT scans of leg	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
73702	TC	A	Contrast CAT scans of leg	0.00	3.11	3.11	3.89	3.89	0.45	4.34	4.34
73720		A	Magnetic image, leg, foot	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
73720	26	A	Magnetic image, leg, foot	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
73720	TC	A	Magnetic image, leg, foot	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73721		A	Magnetic image, joint of leg	1.48	8.58	8.58	10.94	10.94	0.73	13.15	13.15
73721	26	A	Magnetic image, joint of leg	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
73721	TC	A	Magnetic image, joint of leg	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73725		N	Magnetic imaging/lower (MRA)	+1.82	9.67	9.67	12.35	12.35	0.77	14.94	14.94
73725	26	N	Magnetic imaging/lower (MRA)	+1.82	0.10	0.10	0.54	0.54	0.10	2.46	2.46
73725	TC	N	Magnetic imaging/lower (MRA)	+0.00	9.57	9.57	11.81	11.81	0.67	12.48	12.48
74000		A	X-ray exam of abdomen	0.18	0.41	0.41	0.55	0.55	0.04	0.77	0.77
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
74000	TC	A	X-ray exam of abdomen	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
74010		A	X-ray exam of abdomen	0.23	0.57	0.57	0.76	0.76	0.06	1.05	1.05
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.06	0.13	0.13	0.02	0.38	0.38
74010	TC	A	X-ray exam of abdomen	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
74020		A	X-ray exam of abdomen	0.27	0.57	0.57	0.77	0.77	0.06	1.10	1.10
74020	26	A	X-ray exam of abdomen	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
74020	TC	A	X-ray exam of abdomen	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
74022		A	X-ray exam series, abdomen	0.32	0.65	0.65	0.88	0.88	0.07	1.27	1.27
74022	26	A	X-ray exam series, abdomen	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
74022	TC	A	X-ray exam series, abdomen	0.00	0.59	0.59	0.73	0.73	0.05	0.78	0.78
74150		A	CAT scan of abdomen	1.19	3.29	3.29	4.36	4.36	0.43	5.98	5.98
74150	26	A	CAT scan of abdomen	1.19	0.10	0.10	0.40	0.40	0.08	1.67	1.67
74150	TC	A	CAT scan of abdomen	0.00	3.19	3.19	3.96	3.96	0.35	4.31	4.31
74160		A	Contrast CAT scan of abdomen	1.27	3.58	3.58	4.76	4.76	0.50	6.53	6.53
74160	26	A	Contrast CAT scan of abdomen	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
74160	TC	A	Contrast CAT scan of abdomen	0.00	3.48	3.48	4.34	4.34	0.41	4.75	4.75
74170		A	Contrast CAT scans, abdomen	1.40	3.98	3.98	5.29	5.29	0.60	7.29	7.29
74170	26	A	Contrast CAT scans, abdomen	1.40	0.10	0.10	0.45	0.45	0.10	1.95	1.95
74170	TC	A	Contrast CAT scans, abdomen	0.00	3.88	3.88	4.84	4.84	0.50	5.34	5.34

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74181	.....	A	Magnetic image, abdomen (MRI) ...	1.60	9.48	9.48	12.09	12.09	0.78	14.47	14.47
74181	26	A	Magnetic image, abdomen (MRI) ...	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
74181	TC	A	Magnetic image, abdomen (MRI) ...	0.00	9.38	9.38	11.59	11.59	0.67	12.26	12.26
74185	.....	N	Magnetic image/abdomen (MRA) ...	+1.80	10.56	10.56	13.44	13.44	0.78	16.02	16.02
74185	26	N	Magnetic image/abdomen (MRA) ...	+1.80	0.10	0.10	0.54	0.54	0.11	2.45	2.45
74185	TC	N	Magnetic image/abdomen (MRA) ...	+0.00	10.46	10.46	12.90	12.90	0.67	13.57	13.57
74190	.....	A	X-ray exam of peritoneum	0.48	1.19	1.19	1.58	1.58	0.10	2.16	2.16
74190	26	A	X-ray exam of peritoneum	0.48	0.12	0.12	0.26	0.26	0.02	0.76	0.76
74190	TC	A	X-ray exam of peritoneum	0.00	1.07	1.07	1.32	1.32	0.08	1.40	1.40
74210	.....	A	Contrast xray exam of throat	0.36	1.43	1.43	1.85	1.85	0.09	2.30	2.30
74210	26	A	Contrast xray exam of throat	0.36	0.09	0.09	0.20	0.20	0.02	0.58	0.58
74210	TC	A	Contrast xray exam of throat	0.00	1.34	1.34	1.65	1.65	0.07	1.72	1.72
74220	.....	A	Contrast xray exam, esophagus	0.46	1.62	1.62	2.10	2.10	0.10	2.66	2.66
74220	26	A	Contrast xray exam, esophagus	0.46	0.09	0.09	0.22	0.22	0.03	0.71	0.71
74220	TC	A	Contrast xray exam, esophagus	0.00	1.53	1.53	1.88	1.88	0.07	1.95	1.95
74230	.....	A	Cinema xray throat/esophagus	0.53	1.40	1.40	1.86	1.86	0.12	2.51	2.51
74230	26	A	Cinema xray throat/esophagus	0.53	0.09	0.09	0.24	0.24	0.04	0.81	0.81
74230	TC	A	Cinema xray throat/esophagus	0.00	1.31	1.31	1.62	1.62	0.08	1.70	1.70
74235	.....	A	Remove esophagus obstruction	1.19	0.24	0.24	0.62	0.62	0.25	2.06	2.06
74235	26	A	Remove esophagus obstruction	1.19	0.12	0.12	0.43	0.43	0.08	1.70	1.70
74235	TC	A	Remove esophagus obstruction	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74240	.....	A	X-ray exam upper GI tract	0.69	1.72	1.72	2.28	2.28	0.14	3.11	3.11
74240	26	A	X-ray exam upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74240	TC	A	X-ray exam upper GI tract	0.00	1.63	1.63	2.01	2.01	0.09	2.10	2.10
74241	.....	A	X-ray exam upper GI tract	0.69	1.72	1.72	2.28	2.28	0.14	3.11	3.11
74241	26	A	X-ray exam upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74241	TC	A	X-ray exam upper GI tract	0.00	1.63	1.63	2.01	2.01	0.09	2.10	2.10
74245	.....	A	X-ray exam upper GI tract	0.91	2.37	2.37	3.14	3.14	0.21	4.26	4.26
74245	26	A	X-ray exam upper GI tract	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
74245	TC	A	X-ray exam upper GI tract	0.00	2.28	2.28	2.82	2.82	0.15	2.97	2.97
74246	.....	A	Contrast xray upper GI tract	0.69	1.96	1.96	2.58	2.58	0.15	3.42	3.42
74246	26	A	Contrast xray upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74246	TC	A	Contrast xray upper GI tract	0.00	1.87	1.87	2.31	2.31	0.10	2.41	2.41
74247	.....	A	Contrast xray upper GI tract	0.69	2.02	2.02	2.64	2.64	0.16	3.49	3.49
74247	26	A	Contrast xray upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74247	TC	A	Contrast xray upper GI tract	0.00	1.93	1.93	2.37	2.37	0.11	2.48	2.48
74249	.....	A	Contrast xray upper GI tract	0.91	2.50	2.50	3.30	3.30	0.22	4.43	4.43
74249	26	A	Contrast xray upper GI tract	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
74249	TC	A	Contrast xray upper GI tract	0.00	2.41	2.41	2.98	2.98	0.16	3.14	3.14
74250	.....	A	X-ray exam of small bowel	0.47	2.20	2.20	2.81	2.81	0.11	3.39	3.39
74250	26	A	X-ray exam of small bowel	0.47	0.09	0.09	0.22	0.22	0.03	0.72	0.72
74250	TC	A	X-ray exam of small bowel	0.00	2.11	2.11	2.59	2.59	0.08	2.67	2.67
74251	.....	A	X-ray exam of small bowel	0.69	6.26	6.26	7.82	7.82	0.11	8.62	8.62
74251	26	A	X-ray exam of small bowel	0.69	0.12	0.12	0.31	0.31	0.03	1.03	1.03
74251	TC	A	X-ray exam of small bowel	0.00	6.14	6.14	7.51	7.51	0.08	7.59	7.59
74260	.....	A	X-ray exam of small bowel	0.50	5.32	5.32	6.62	6.62	0.12	7.24	7.24
74260	26	A	X-ray exam of small bowel	0.50	0.12	0.12	0.27	0.27	0.03	0.80	0.80
74260	TC	A	X-ray exam of small bowel	0.00	5.20	5.20	6.35	6.35	0.09	6.44	6.44
74270	.....	A	Contrast x-ray exam of colon	0.69	2.29	2.29	2.98	2.98	0.16	3.83	3.83
74270	26	A	Contrast x-ray exam of colon	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74270	TC	A	Contrast x-ray exam of colon	0.00	2.20	2.20	2.71	2.71	0.11	2.82	2.82
74280	.....	A	Contrast x-ray exam of colon	0.99	2.48	2.48	3.29	3.29	0.21	4.49	4.49
74280	26	A	Contrast x-ray exam of colon	0.99	0.09	0.09	0.34	0.34	0.07	1.40	1.40
74280	TC	A	Contrast x-ray exam of colon	0.00	2.39	2.39	2.95	2.95	0.14	3.09	3.09
74283	.....	A	Contrast x-ray exam of colon	2.02	2.01	2.01	2.95	2.95	0.30	5.27	5.27
74283	26	A	Contrast x-ray exam of colon	2.02	0.09	0.09	0.58	0.58	0.14	2.74	2.74
74283	TC	A	Contrast x-ray exam of colon	0.00	1.92	1.92	2.37	2.37	0.16	2.53	2.53
74290	.....	A	Contrast x-ray, gallbladder	0.32	1.38	1.38	1.78	1.78	0.07	2.17	2.17
74290	26	A	Contrast x-ray, gallbladder	0.32	0.09	0.09	0.19	0.19	0.02	0.53	0.53
74290	TC	A	Contrast x-ray, gallbladder	0.00	1.29	1.29	1.59	1.59	0.05	1.64	1.64
74291	.....	A	Contrast x-rays, gallbladder	0.20	1.43	1.43	1.81	1.81	0.04	2.05	2.05
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.09	0.16	0.16	0.01	0.37	0.37
74291	TC	A	Contrast x-rays, gallbladder	0.00	1.34	1.34	1.65	1.65	0.03	1.68	1.68
74300	26	A	X-ray bile ducts, pancreas	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
74301	26	A	Additional x-rays at surgery	0.21	0.12	0.12	0.20	0.20	0.01	0.42	0.42
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.24	0.24	0.41	0.41	0.08	0.91	0.91
74305	26	A	X-ray bile ducts, pancreas	0.42	0.12	0.12	0.25	0.25	0.03	0.70	0.70
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.12	0.12	0.16	0.16	0.05	0.21	0.21
74320	.....	A	Contrast x-ray of bile ducts	0.54	0.24	0.24	0.47	0.47	0.23	1.24	1.24
74320	26	A	Contrast x-ray of bile ducts	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74320	TC	A	Contrast x-ray of bile ducts	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74327	.....	A	X-ray for bile stone removal	0.70	0.24	0.24	0.48	0.48	0.16	1.34	1.34
74327	26	A	X-ray for bile stone removal	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74327	TC	A	X-ray for bile stone removal	0.00	0.12	0.12	0.17	0.17	0.11	0.28	0.28

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74328	.....	A	Xray for bile duct endoscopy	0.70	0.24	0.24	0.50	0.50	0.24	1.44	1.44
74328	26	A	Xray for bile duct endoscopy	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74328	TC	A	Xray for bile duct endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74329	.....	A	X-ray for pancreas endoscopy	0.70	0.24	0.24	0.50	0.50	0.24	1.44	1.44
74329	26	A	X-ray for pancreas endoscopy	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74329	TC	A	X-ray for pancreas endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74330	.....	A	Xray, bile/pancreas endoscopy	0.90	0.24	0.24	0.55	0.55	0.24	1.69	1.69
74330	26	A	Xray, bile/pancreas endoscopy	0.90	0.12	0.12	0.36	0.36	0.05	1.31	1.31
74330	TC	A	Xray, bile/pancreas endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74340	.....	A	X-ray guide for GI tube	0.54	0.24	0.24	0.47	0.47	0.21	1.22	1.22
74340	26	A	X-ray guide for GI tube	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74340	TC	A	X-ray guide for GI tube	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74350	.....	A	X-ray guide, stomach tube	0.76	0.24	0.24	0.52	0.52	0.24	1.52	1.52
74350	26	A	X-ray guide, stomach tube	0.76	0.12	0.12	0.33	0.33	0.05	1.14	1.14
74350	TC	A	X-ray guide, stomach tube	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74355	.....	A	X-ray guide, intestinal tube	0.76	0.24	0.24	0.52	0.52	0.22	1.50	1.50
74355	26	A	X-ray guide, intestinal tube	0.76	0.12	0.12	0.33	0.33	0.05	1.14	1.14
74355	TC	A	X-ray guide, intestinal tube	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74360	.....	A	X-ray guide, GI dilation	0.54	0.24	0.24	0.46	0.46	0.23	1.23	1.23
74360	26	A	X-ray guide, GI dilation	0.54	0.12	0.12	0.27	0.27	0.04	0.85	0.85
74360	TC	A	X-ray guide, GI dilation	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74363	.....	A	X-ray, bile duct dilation	0.88	0.24	0.24	0.58	0.58	0.43	1.89	1.89
74363	26	A	X-ray, bile duct dilation	0.88	0.12	0.12	0.35	0.35	0.06	1.29	1.29
74363	TC	A	X-ray, bile duct dilation	0.00	0.12	0.12	0.23	0.23	0.37	0.60	0.60
74400	.....	A	Contrast x-ray urinary tract	0.49	1.64	1.64	2.13	2.13	0.14	2.76	2.76
74400	26	A	Contrast x-ray urinary tract	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
74400	TC	A	Contrast x-ray urinary tract	0.00	1.52	1.52	1.87	1.87	0.11	1.98	1.98
74405	.....	A	Contrast x-ray urinary tract	0.49	1.62	1.62	2.12	2.12	0.16	2.77	2.77
74405	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74405	TC	A	Contrast x-ray urinary tract	0.00	1.53	1.53	1.89	1.89	0.13	2.02	2.02
74410	.....	A	Contrast x-ray urinary tract	0.49	1.58	1.58	2.07	2.07	0.15	2.71	2.71
74410	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74410	TC	A	Contrast x-ray urinary tract	0.00	1.49	1.49	1.84	1.84	0.12	1.96	1.96
74415	.....	A	Contrast x-ray urinary tract	0.49	1.93	1.93	2.51	2.51	0.16	3.16	3.16
74415	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74415	TC	A	Contrast x-ray urinary tract	0.00	1.84	1.84	2.28	2.28	0.13	2.41	2.41
74420	.....	A	Contrast x-ray urinary tract	0.36	1.85	1.85	2.39	2.39	0.19	2.94	2.94
74420	26	A	Contrast x-ray urinary tract	0.36	0.05	0.05	0.15	0.15	0.02	0.53	0.53
74420	TC	A	Contrast x-ray urinary tract	0.00	1.80	1.80	2.24	2.24	0.17	2.41	2.41
74425	.....	A	Contrast x-ray urinary tract	0.36	1.99	1.99	2.53	2.53	0.10	2.99	2.99
74425	26	A	Contrast x-ray urinary tract	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
74425	TC	A	Contrast x-ray urinary tract	0.00	1.87	1.87	2.30	2.30	0.08	2.38	2.38
74430	.....	A	Contrast x-ray of bladder	0.32	1.27	1.27	1.64	1.64	0.09	2.05	2.05
74430	26	A	Contrast x-ray of bladder	0.32	0.12	0.12	0.22	0.22	0.02	0.56	0.56
74430	TC	A	Contrast x-ray of bladder	0.00	1.15	1.15	1.42	1.42	0.07	1.49	1.49
74440	.....	A	Xray exam male genital tract	0.38	0.50	0.50	0.71	0.71	0.10	1.19	1.19
74440	26	A	Xray exam male genital tract	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
74440	TC	A	Xray exam male genital tract	0.00	0.38	0.38	0.47	0.47	0.07	0.54	0.54
74445	.....	A	X-ray exam of penis	1.14	1.77	1.77	2.45	2.45	0.15	3.74	3.74
74445	26	A	X-ray exam of penis	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
74445	TC	A	X-ray exam of penis	0.00	1.65	1.65	2.03	2.03	0.07	2.10	2.10
74450	.....	A	X-ray exam urethra/bladder	0.33	1.27	1.27	1.65	1.65	0.11	2.09	2.09
74450	26	A	X-ray exam urethra/bladder	0.33	0.12	0.12	0.23	0.23	0.02	0.58	0.58
74450	TC	A	X-ray exam urethra/bladder	0.00	1.15	1.15	1.42	1.42	0.09	1.51	1.51
74455	.....	A	X-ray exam urethra/bladder	0.33	1.27	1.27	1.66	1.66	0.12	2.11	2.11
74455	26	A	X-ray exam urethra/bladder	0.33	0.12	0.12	0.23	0.23	0.02	0.58	0.58
74455	TC	A	X-ray exam urethra/bladder	0.00	1.15	1.15	1.43	1.43	0.10	1.53	1.53
74470	.....	A	X-ray exam of kidney lesion	0.54	1.19	1.19	1.60	1.60	0.12	2.26	2.26
74470	26	A	X-ray exam of kidney lesion	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74470	TC	A	X-ray exam of kidney lesion	0.00	1.07	1.07	1.32	1.32	0.08	1.40	1.40
74475	.....	A	Xray control catheter insert	0.54	0.24	0.24	0.48	0.48	0.29	1.31	1.31
74475	26	A	Xray control catheter insert	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74475	TC	A	Xray control catheter insert	0.00	0.12	0.12	0.20	0.20	0.25	0.45	0.45
74480	.....	A	Xray control catheter insert	0.54	9.93	9.93	12.29	12.29	0.29	13.12	13.12
74480	26	A	Xray control catheter insert	0.54	0.07	0.07	0.21	0.21	0.04	0.79	0.79
74480	TC	A	Xray control catheter insert	0.00	9.86	9.86	12.08	12.08	0.25	12.33	12.33
74485	.....	A	X-ray guide, GU dilation	0.54	9.80	9.80	12.11	12.11	0.23	12.88	12.88
74485	26	A	X-ray guide, GU dilation	0.54	0.07	0.07	0.21	0.21	0.04	0.79	0.79
74485	TC	A	X-ray guide, GU dilation	0.00	9.73	9.73	11.90	11.90	0.19	12.09	12.09
74710	.....	A	X-ray measurement of pelvis	0.34	1.18	1.18	1.53	1.53	0.09	1.96	1.96
74710	26	A	X-ray measurement of pelvis	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
74710	TC	A	X-ray measurement of pelvis	0.00	1.12	1.12	1.38	1.38	0.07	1.45	1.45
74740	.....	A	X-ray female genital tract	0.38	1.27	1.27	1.66	1.66	0.11	2.15	2.15
74740	26	A	X-ray female genital tract	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74740	TC	A	X-ray female genital tract	0.00	1.15	1.15	1.42	1.42	0.08	1.50	1.50
74742		A	X-ray fallopian tube	0.61	1.27	1.27	1.74	1.74	0.23	2.58	2.58
74742	26	A	X-ray fallopian tube	0.61	0.12	0.12	0.29	0.29	0.04	0.94	0.94
74742	TC	A	X-ray fallopian tube	0.00	1.15	1.15	1.45	1.45	0.19	1.64	1.64
74775		A	X-ray exam of perineum	0.62	1.24	1.24	1.68	1.68	0.13	2.43	2.43
74775	26	A	X-ray exam of perineum	0.62	0.12	0.12	0.29	0.29	0.04	0.95	0.95
74775	TC	A	X-ray exam of perineum	0.00	1.12	1.12	1.39	1.39	0.09	1.48	1.48
75552		A	Magnetic image, myocardium	1.60	10.17	10.17	12.92	12.92	0.78	15.30	15.30
75552	26	A	Magnetic image, myocardium	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
75552	TC	A	Magnetic image, myocardium	0.00	10.07	10.07	12.42	12.42	0.67	13.09	13.09
75553		A	Magnetic image, myocardium	2.00	10.46	10.46	13.37	13.37	0.78	16.15	16.15
75553	26	A	Magnetic image, myocardium	2.00	0.10	0.10	0.59	0.59	0.11	2.70	2.70
75553	TC	A	Magnetic image, myocardium	0.00	10.36	10.36	12.78	12.78	0.67	13.45	13.45
75554		A	Cardiac MRI/function	1.83	12.28	12.28	15.54	15.54	0.78	18.15	18.15
75554	26	A	Cardiac MRI/function	1.83	0.10	0.10	0.55	0.55	0.11	2.49	2.49
75554	TC	A	Cardiac MRI/function	0.00	12.18	12.18	14.99	14.99	0.67	15.66	15.66
75555		A	Cardiac MRI/limited study	1.74	10.17	10.17	12.95	12.95	0.78	15.47	15.47
75555	26	A	Cardiac MRI/limited study	1.74	0.10	0.10	0.53	0.53	0.11	2.38	2.38
75555	TC	A	Cardiac MRI/limited study	0.00	10.07	10.07	12.42	12.42	0.67	13.09	13.09
75600		A	Contrast x-ray exam of aorta	0.49	8.27	8.27	10.36	10.36	0.78	11.63	11.63
75600	26	A	Contrast x-ray exam of aorta	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
75600	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75605		A	Contrast x-ray exam of aorta	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75605	26	A	Contrast x-ray exam of aorta	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75605	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75625		A	Contrast x-ray exam of aorta	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75625	26	A	Contrast x-ray exam of aorta	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75625	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75630		A	X-ray aorta, leg arteries	1.79	8.61	8.61	11.08	11.08	0.88	13.75	13.75
75630	26	A	X-ray aorta, leg arteries	1.79	0.12	0.12	0.56	0.56	0.09	2.44	2.44
75630	TC	A	X-ray aorta, leg arteries	0.00	8.49	8.49	10.52	10.52	0.79	11.31	11.31
75650		A	Artery x-rays, head & neck	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75650	26	A	Artery x-rays, head & neck	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75650	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75658		A	X-ray exam of arm arteries	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75658	26	A	X-ray exam of arm arteries	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75658	TC	A	X-ray exam of arm arteries	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75660		A	Artery x-rays, head & neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75660	26	A	Artery x-rays, head & neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75660	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75662		A	Artery x-rays, head & neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75662	26	A	Artery x-rays, head & neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75662	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75665		A	Artery x-rays, head & neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75665	26	A	Artery x-rays, head & neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75665	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75671		A	Artery x-rays, head & neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75671	26	A	Artery x-rays, head & neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75671	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75676		A	Artery x-rays, neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75676	26	A	Artery x-rays, neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75676	TC	A	Artery x-rays, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75680		A	Artery x-rays, neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75680	26	A	Artery x-rays, neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75680	TC	A	Artery x-rays, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75685		A	Artery x-rays, spine	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75685	26	A	Artery x-rays, spine	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75685	TC	A	Artery x-rays, spine	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75705		A	Artery x-rays, spine	2.18	8.27	8.27	10.76	10.76	0.90	13.84	13.84
75705	26	A	Artery x-rays, spine	2.18	0.12	0.12	0.66	0.66	0.15	2.99	2.99
75705	TC	A	Artery x-rays, spine	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75710		A	Artery x-rays, arm/leg	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75710	26	A	Artery x-rays, arm/leg	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75710	TC	A	Artery x-rays, arm/leg	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75716		A	Artery x-rays, arms/legs	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75716	26	A	Artery x-rays, arms/legs	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75716	TC	A	Artery x-rays, arms/legs	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75722		A	Artery x-rays, kidney	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75722	26	A	Artery x-rays, kidney	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75722	TC	A	Artery x-rays, kidney	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75724		A	Artery x-rays, kidneys	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75724	26	A	Artery x-rays, kidneys	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75724	TC	A	Artery x-rays, kidneys	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75726		A	Artery x-rays, abdomen	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75726	26	A	Artery x-rays, abdomen	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75726	TC	A	Artery x-rays, abdomen	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75731		A	Artery x-rays, adrenal gland	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75731	26	A	Artery x-rays, adrenal gland	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75731	TC	A	Artery x-rays, adrenal gland	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75733		A	Artery x-rays, adrenal glands	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75733	26	A	Artery x-rays, adrenal glands	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75733	TC	A	Artery x-rays, adrenal glands	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75736		A	Artery x-rays, pelvis	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75736	26	A	Artery x-rays, pelvis	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75736	TC	A	Artery x-rays, pelvis	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75741		A	Artery x-rays, lung	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75741	26	A	Artery x-rays, lung	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75741	TC	A	Artery x-rays, lung	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75743		A	Artery x-rays, lungs	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75743	26	A	Artery x-rays, lungs	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75743	TC	A	Artery x-rays, lungs	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75746		A	Artery x-rays, lung	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75746	26	A	Artery x-rays, lung	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75746	TC	A	Artery x-rays, lung	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75756		A	Artery x-rays, chest	1.14	0.24	0.24	0.72	0.72	0.83	2.69	2.69
75756	26	A	Artery x-rays, chest	1.14	0.12	0.12	0.41	0.41	0.08	1.63	1.63
75756	TC	A	Artery x-rays, chest	0.00	0.12	0.12	0.31	0.31	0.75	1.06	1.06
75774		A	Artery x-ray, each vessel	0.36	8.16	8.16	10.20	10.20	0.77	11.33	11.33
75774	26	A	Artery x-ray, each vessel	0.36	0.01	0.01	0.10	0.10	0.02	0.48	0.48
75774	TC	A	Artery x-ray, each vessel	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75790		A	Visualize A-V shunt	1.84	1.00	1.00	1.67	1.67	0.21	3.72	3.72
75790	26	A	Visualize A-V shunt	1.84	0.12	0.12	0.58	0.58	0.12	2.54	2.54
75790	TC	A	Visualize A-V shunt	0.00	0.88	0.88	1.09	1.09	0.09	1.18	1.18
75801		A	Lymph vessel x-ray, arm/leg	0.81	3.62	3.62	4.68	4.68	0.38	5.87	5.87
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.12	0.12	0.34	0.34	0.05	1.20	1.20
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75803		A	Lymph vessel x-ray, arms/legs	1.17	3.62	3.62	4.76	4.76	0.41	6.34	6.34
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.12	0.12	0.42	0.42	0.08	1.67	1.67
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75805		A	Lymph vessel x-ray, trunk	0.81	4.06	4.06	5.22	5.22	0.42	6.45	6.45
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.12	0.12	0.34	0.34	0.05	1.20	1.20
75805	TC	A	Lymph vessel x-ray, trunk	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75807		A	Lymph vessel x-ray, trunk	1.17	4.06	4.06	5.30	5.30	0.45	6.92	6.92
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.12	0.12	0.42	0.42	0.08	1.67	1.67
75807	TC	A	Lymph vessel x-ray, trunk	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75809		A	Nonvascular shunt, x-ray	0.47	0.47	0.47	0.70	0.70	0.08	1.25	1.25
75809	26	A	Nonvascular shunt, x-ray	0.47	0.12	0.12	0.26	0.26	0.03	0.76	0.76
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.35	0.35	0.44	0.44	0.05	0.49	0.49
75810		A	Vein x-ray, spleen/liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75810	26	A	Vein x-ray, spleen/liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75810	TC	A	Vein x-ray, spleen/liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75820		A	Vein x-ray, arm/leg	0.70	0.73	0.73	1.07	1.07	0.11	1.88	1.88
75820	26	A	Vein x-ray, arm/leg	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
75820	TC	A	Vein x-ray, arm/leg	0.00	0.61	0.61	0.76	0.76	0.06	0.82	0.82
75822		A	Vein x-ray, arms/legs	1.06	1.08	1.08	1.59	1.59	0.16	2.81	2.81
75822	26	A	Vein x-ray, arms/legs	1.06	0.12	0.12	0.40	0.40	0.07	1.53	1.53
75822	TC	A	Vein x-ray, arms/legs	0.00	0.96	0.96	1.19	1.19	0.09	1.28	1.28
75825		A	Vein x-ray, trunk	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75825	26	A	Vein x-ray, trunk	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75825	TC	A	Vein x-ray, trunk	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75827		A	Vein x-ray, chest	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75827	26	A	Vein x-ray, chest	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75827	TC	A	Vein x-ray, chest	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75831		A	Vein x-ray, kidney	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75831	26	A	Vein x-ray, kidney	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75831	TC	A	Vein x-ray, kidney	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75833		A	Vein x-ray, kidneys	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75833	26	A	Vein x-ray, kidneys	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75833	TC	A	Vein x-ray, kidneys	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75840		A	Vein x-ray, adrenal gland	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75840	26	A	Vein x-ray, adrenal gland	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75840	TC	A	Vein x-ray, adrenal gland	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75842		A	Vein x-ray, adrenal glands	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75842	26	A	Vein x-ray, adrenal glands	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75842	TC	A	Vein x-ray, adrenal glands	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75860		A	Vein x-ray, neck	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75860	26	A	Vein x-ray, neck	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75860	TC	A	Vein x-ray, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75870	.....	A	Vein x-ray, skull	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75870	26	A	Vein x-ray, skull	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75870	TC	A	Vein x-ray, skull	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75872	.....	A	Vein x-ray, skull	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75872	26	A	Vein x-ray, skull	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75872	TC	A	Vein x-ray, skull	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75880	.....	A	Vein x-ray, eye socket	0.70	0.73	0.73	1.07	1.07	0.11	1.88	1.88
75880	26	A	Vein x-ray, eye socket	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
75880	TC	A	Vein x-ray, eye socket	0.00	0.61	0.61	0.76	0.76	0.06	0.82	0.82
75885	.....	A	Vein x-ray, liver	1.44	8.27	8.27	10.59	10.59	0.85	12.88	12.88
75885	26	A	Vein x-ray, liver	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03
75885	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75887	.....	A	Vein x-ray, liver	1.44	8.27	8.27	10.59	10.59	0.85	12.88	12.88
75887	26	A	Vein x-ray, liver	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03
75887	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75889	.....	A	Vein x-ray, liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75889	26	A	Vein x-ray, liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75889	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75891	.....	A	Vein x-ray, liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75891	26	A	Vein x-ray, liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75891	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75893	.....	A	Venous sampling by catheter	0.54	8.27	8.27	10.38	10.38	0.79	11.71	11.71
75893	26	A	Venous sampling by catheter	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75893	TC	A	Venous sampling by catheter	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75894	.....	A	Xrays, transcatheter therapy	1.31	15.73	15.73	19.81	19.81	1.53	22.65	22.65
75894	26	A	Xrays, transcatheter therapy	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75894	TC	A	Xrays, transcatheter therapy	0.00	15.61	15.61	19.35	19.35	1.44	20.79	20.79
75896	.....	A	Xrays, transcatheter therapy	1.31	13.69	13.69	17.28	17.28	1.34	19.93	19.93
75896	26	A	Xrays, transcatheter therapy	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75896	TC	A	Xrays, transcatheter therapy	0.00	13.57	13.57	16.82	16.82	1.25	18.07	18.07
75898	.....	A	Follow-up angiogram	1.65	0.80	0.80	1.37	1.37	0.18	3.20	3.20
75898	26	A	Follow-up angiogram	1.65	0.12	0.12	0.53	0.53	0.11	2.29	2.29
75898	TC	A	Follow-up angiogram	0.00	0.68	0.68	0.84	0.84	0.07	0.91	0.91
75900	.....	A	Arterial catheter exchange	0.49	13.69	13.69	17.08	17.08	1.29	18.86	18.86
75900	26	A	Arterial catheter exchange	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
75900	TC	A	Arterial catheter exchange	0.00	13.57	13.57	16.82	16.82	1.26	18.08	18.08
75940	.....	A	X-ray placement, vein filter	0.54	8.27	8.27	10.38	10.38	0.79	11.71	11.71
75940	26	A	X-ray placement, vein filter	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75940	TC	A	X-ray placement, vein filter	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75945	.....	A	Intravascular us	0.29	NA	1.14	NA	1.52	0.31	NA	2.12
75945	26	A	Intravascular us	0.29	NA	0.09	NA	0.18	0.03	NA	0.50
75945	TC	A	Intravascular us	0.00	NA	1.05	NA	1.34	0.28	NA	1.62
75946	.....	A	Intravascular us	0.29	NA	0.10	NA	0.22	0.17	NA	0.68
75946	26	A	Intravascular us	0.29	NA	0.05	NA	0.13	0.03	NA	0.45
75946	TC	A	Intravascular us	0.00	NA	0.05	NA	0.09	0.14	NA	0.23
75960	.....	A	Transcatheter intro, stent	0.82	9.76	9.76	12.28	12.28	0.94	14.04	14.04
75960	26	A	Transcatheter intro, stent	0.82	0.12	0.12	0.34	0.34	0.06	1.22	1.22
75960	TC	A	Transcatheter intro, stent	0.00	9.64	9.64	11.94	11.94	0.88	12.82	12.82
75961	.....	A	Retrieval, broken catheter	4.25	6.91	6.91	9.55	9.55	0.90	14.70	14.70
75961	26	A	Retrieval, broken catheter	4.25	0.12	0.12	1.14	1.14	0.28	5.67	5.67
75961	TC	A	Retrieval, broken catheter	0.00	6.79	6.79	8.41	8.41	0.62	9.03	9.03
75962	.....	A	Repair arterial blockage	0.54	10.30	10.30	12.90	12.90	0.98	14.42	14.42
75962	26	A	Repair arterial blockage	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75962	TC	A	Repair arterial blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75964	.....	A	Repair artery blockage, each	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75964	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75964	TC	A	Repair artery blockage, each	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75966	.....	A	Repair arterial blockage	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75966	26	A	Repair arterial blockage	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75966	TC	A	Repair arterial blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75968	.....	A	Repair artery blockage, each	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75968	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75968	TC	A	Repair artery blockage, each	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75970	.....	A	Vascular biopsy	0.83	7.58	7.58	9.59	9.59	0.75	11.17	11.17
75970	26	A	Vascular biopsy	0.83	0.12	0.12	0.34	0.34	0.06	1.23	1.23
75970	TC	A	Vascular biopsy	0.00	7.46	7.46	9.25	9.25	0.69	9.94	9.94
75978	.....	A	Repair venous blockage	0.54	10.30	10.30	12.90	12.90	0.98	14.42	14.42
75978	26	A	Repair venous blockage	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75978	TC	A	Repair venous blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75980	.....	A	Contrast xray exam bile duct	1.44	3.67	3.67	4.89	4.89	0.43	6.76	6.76
75980	26	A	Contrast xray exam bile duct	1.44	0.17	0.17	0.55	0.55	0.10	2.09	2.09
75980	TC	A	Contrast xray exam bile duct	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75982	.....	A	Contrast xray exam bile duct	1.44	4.06	4.06	5.37	5.37	0.47	7.28	7.28
75982	26	A	Contrast xray exam bile duct	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75982	TC	A	Contrast xray exam bile duct	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75984		A	Xray control catheter change	0.72	1.38	1.38	1.88	1.88	0.17	2.77	2.77
75984	26	A	Xray control catheter change	0.72	0.12	0.12	0.32	0.32	0.05	1.09	1.09
75984	TC	A	Xray control catheter change	0.00	1.26	1.26	1.56	1.56	0.12	1.68	1.68
75989		A	Abscess drainage under x-ray	1.19	2.16	2.16	2.96	2.96	0.27	4.42	4.42
75989	26	A	Abscess drainage under x-ray	1.19	0.12	0.12	0.43	0.43	0.08	1.70	1.70
75989	TC	A	Abscess drainage under x-ray	0.00	2.04	2.04	2.53	2.53	0.19	2.72	2.72
75992		A	Atherectomy, x-ray exam	0.54	10.34	10.34	12.95	12.95	0.98	14.47	14.47
75992	26	A	Atherectomy, x-ray exam	0.54	0.16	0.16	0.33	0.33	0.04	0.91	0.91
75992	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75993		A	Atherectomy, x-ray exam	0.36	5.59	5.59	7.01	7.01	0.52	7.89	7.89
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.28	0.28	0.02	0.66	0.66
75993	TC	A	Atherectomy, x-ray exam	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75994		A	Atherectomy, x-ray exam	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75994	26	A	Atherectomy, x-ray exam	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75994	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75995		A	Atherectomy, x-ray exam	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75995	26	A	Atherectomy, x-ray exam	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75995	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75996		A	Atherectomy, x-ray exam	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75996	TC	A	Atherectomy, x-ray exam	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
76000		A	Fluoroscope examination	0.17	1.20	1.20	1.52	1.52	0.09	1.78	1.78
76000	26	A	Fluoroscope examination	0.17	0.09	0.09	0.15	0.15	0.01	0.33	0.33
76000	TC	A	Fluoroscope examination	0.00	1.11	1.11	1.37	1.37	0.08	1.45	1.45
76001		A	Fluoroscope exam, extensive	0.67	1.71	1.71	2.28	2.28	0.22	3.17	3.17
76001	26	A	Fluoroscope exam, extensive	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76001	TC	A	Fluoroscope exam, extensive	0.00	1.62	1.62	2.01	2.01	0.17	2.18	2.18
76003		A	Needle localization by x-ray	0.54	0.98	0.98	1.34	1.34	0.12	2.00	2.00
76003	26	A	Needle localization by x-ray	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
76003	TC	A	Needle localization by x-ray	0.00	0.86	0.86	1.06	1.06	0.08	1.14	1.14
76010		A	X-ray, nose to rectum	0.18	0.56	0.56	0.74	0.74	0.04	0.96	0.96
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.50	0.62	0.62	0.03	0.65	0.65
76020		A	X-rays for bone age	0.19	0.38	0.38	0.51	0.51	0.04	0.74	0.74
76020	26	A	X-rays for bone age	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
76020	TC	A	X-rays for bone age	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
76040		A	X-rays, bone evaluation	0.27	0.55	0.55	0.75	0.75	0.07	1.09	1.09
76040	26	A	X-rays, bone evaluation	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
76040	TC	A	X-rays, bone evaluation	0.00	0.49	0.49	0.61	0.61	0.05	0.66	0.66
76061		A	X-rays, bone survey	0.45	0.74	0.74	1.03	1.03	0.09	1.57	1.57
76061	26	A	X-rays, bone survey	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
76061	TC	A	X-rays, bone survey	0.00	0.68	0.68	0.85	0.85	0.06	0.91	0.91
76062		A	X-rays, bone survey	0.54	0.99	0.99	1.35	1.35	0.13	2.02	2.02
76062	26	A	X-rays, bone survey	0.54	0.06	0.06	0.20	0.20	0.04	0.78	0.78
76062	TC	A	X-rays, bone survey	0.00	0.93	0.93	1.15	1.15	0.09	1.24	1.24
76065		A	X-rays, bone evaluation	0.28	0.63	0.63	0.85	0.85	0.07	1.20	1.20
76065	26	A	X-rays, bone evaluation	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
76065	TC	A	X-rays, bone evaluation	0.00	0.57	0.57	0.71	0.71	0.05	0.76	0.76
76066		A	Joint(s) survey, single film	0.31	0.38	0.38	0.55	0.55	0.09	0.95	0.95
76066	26	A	Joint(s) survey, single film	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
76066	TC	A	Joint(s) survey, single film	0.00	0.32	0.32	0.40	0.40	0.07	0.47	0.47
76070		G	CT scan, bone density study	+0.25	2.30	2.30	2.90	2.90	0.20	3.35	3.35
76070	26	G	CT scan, bone density study	+0.25	0.10	0.10	0.18	0.18	0.02	0.45	0.45
76070	TC	G	CT scan, bone density study	+0.00	2.20	2.20	2.72	2.72	0.18	2.90	2.90
76075		G	Dual energy x-ray study	+0.30	0.39	0.39	0.58	0.58	0.21	1.09	1.09
76075	26	G	Dual energy x-ray study	+0.30	0.09	0.09	0.18	0.18	0.02	0.50	0.50
76075	TC	G	Dual energy x-ray study	+0.00	0.30	0.30	0.40	0.40	0.19	0.59	0.59
76080		A	X-ray exam of fistula	0.54	1.04	1.04	1.41	1.41	0.11	2.06	2.06
76080	26	A	X-ray exam of fistula	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
76080	TC	A	X-ray exam of fistula	0.00	0.92	0.92	1.13	1.13	0.07	1.20	1.20
76086		A	X-ray of mammary duct	0.36	0.86	0.86	1.17	1.17	0.19	1.72	1.72
76086	26	A	X-ray of mammary duct	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
76086	TC	A	X-ray of mammary duct	0.00	0.74	0.74	0.94	0.94	0.17	1.11	1.11
76088		A	X-ray of mammary ducts	0.45	1.02	1.02	1.39	1.39	0.25	2.09	2.09
76088	26	A	X-ray of mammary ducts	0.45	0.12	0.12	0.25	0.25	0.03	0.73	0.73
76088	TC	A	X-ray of mammary ducts	0.00	0.90	0.90	1.14	1.14	0.22	1.36	1.36
76090		A	Mammogram, one breast	0.58	0.62	0.62	0.91	0.91	0.09	1.58	1.58
76090	26	A	Mammogram, one breast	0.58	0.07	0.07	0.22	0.22	0.02	0.82	0.82
76090	TC	A	Mammogram, one breast	0.00	0.55	0.55	0.69	0.69	0.07	0.76	0.76
76091		A	Mammogram, both breasts	0.69	0.82	0.82	1.18	1.18	0.11	1.98	1.98
76091	26	A	Mammogram, both breasts	0.69	0.07	0.07	0.24	0.24	0.03	0.96	0.96
76091	TC	A	Mammogram, both breasts	0.00	0.75	0.75	0.94	0.94	0.08	1.02	1.02
76093		A	Magnetic image, breast	1.63	8.97	8.97	11.56	11.56	1.16	14.35	14.35

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76093	26	A	Magnetic image, breast	1.63	0.10	0.10	0.51	0.51	0.11	2.25	2.25
76093	TC	A	Magnetic image, breast	0.00	8.87	8.87	11.05	11.05	1.05	12.10	12.10
76094		A	Magnetic image, both breasts	1.63	8.97	8.97	11.64	11.64	1.53	14.80	14.80
76094	26	A	Magnetic image, both breasts	1.63	0.10	0.10	0.51	0.51	0.11	2.25	2.25
76094	TC	A	Magnetic image, both breasts	0.00	8.87	8.87	11.13	11.13	1.42	12.55	12.55
76095		A	Stereotactic breast biopsy	1.59	0.65	0.65	1.26	1.26	0.54	3.39	3.39
76095	26	A	Stereotactic breast biopsy	1.59	0.04	0.04	0.42	0.42	0.11	2.12	2.12
76095	TC	A	Stereotactic breast biopsy	0.00	0.61	0.61	0.84	0.84	0.43	1.27	1.27
76096		A	X-ray of needle wire, breast	0.56	1.92	1.92	2.49	2.49	0.12	3.17	3.17
76096	26	A	X-ray of needle wire, breast	0.56	0.09	0.09	0.24	0.24	0.04	0.84	0.84
76096	TC	A	X-ray of needle wire, breast	0.00	1.83	1.83	2.25	2.25	0.08	2.33	2.33
76098		A	X-ray exam, breast specimen	0.16	1.65	1.65	2.05	2.05	0.04	2.25	2.25
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.07	0.12	0.12	0.01	0.29	0.29
76098	TC	A	X-ray exam, breast specimen	0.00	1.58	1.58	1.93	1.93	0.03	1.96	1.96
76100		A	X-ray exam of body section	0.58	0.97	0.97	1.33	1.33	0.12	2.03	2.03
76100	26	A	X-ray exam of body section	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76100	TC	A	X-ray exam of body section	0.00	0.91	0.91	1.12	1.12	0.08	1.20	1.20
76101		A	Complex body section x-ray	0.58	0.52	0.52	0.79	0.79	0.13	1.50	1.50
76101	26	A	Complex body section x-ray	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76101	TC	A	Complex body section x-ray	0.00	0.46	0.46	0.58	0.58	0.09	0.67	0.67
76102		A	Complex body section x-rays	0.58	0.91	0.91	1.27	1.27	0.15	2.00	2.00
76102	26	A	Complex body section x-rays	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76102	TC	A	Complex body section x-rays	0.00	0.85	0.85	1.06	1.06	0.11	1.17	1.17
76120		A	Cinematic x-rays	0.38	1.96	1.96	2.49	2.49	0.10	2.97	2.97
76120	26	A	Cinematic x-rays	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
76120	TC	A	Cinematic x-rays	0.00	1.90	1.90	2.33	2.33	0.07	2.40	2.40
76125		A	Cinematic x-rays	0.27	1.96	1.96	2.46	2.46	0.07	2.80	2.80
76125	26	A	Cinematic x-rays	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
76125	TC	A	Cinematic x-rays	0.00	1.90	1.90	2.32	2.32	0.05	2.37	2.37
76150		A	X-ray exam, dry process	0.00	0.35	0.07	0.43	0.09	0.03	0.46	0.12
76355		A	CAT scan for localization	1.21	2.85	2.85	3.87	3.87	0.57	5.65	5.65
76355	26	A	CAT scan for localization	1.21	0.12	0.12	0.43	0.43	0.08	1.72	1.72
76355	TC	A	CAT scan for localization	0.00	2.73	2.73	3.44	3.44	0.49	3.93	3.93
76360		A	CAT scan for needle biopsy	1.16	2.92	2.92	3.94	3.94	0.57	5.67	5.67
76360	26	A	CAT scan for needle biopsy	1.16	0.09	0.09	0.38	0.38	0.08	1.62	1.62
76360	TC	A	CAT scan for needle biopsy	0.00	2.83	2.83	3.56	3.56	0.49	4.05	4.05
76365		A	CAT scan for cyst aspiration	1.16	2.80	2.80	3.79	3.79	0.57	5.52	5.52
76365	26	A	CAT scan for cyst aspiration	1.16	0.09	0.09	0.38	0.38	0.08	1.62	1.62
76365	TC	A	CAT scan for cyst aspiration	0.00	2.71	2.71	3.41	3.41	0.49	3.90	3.90
76370		A	CAT scan for therapy guide	0.85	2.18	2.18	2.89	2.89	0.24	3.98	3.98
76370	26	A	CAT scan for therapy guide	0.85	0.10	0.10	0.32	0.32	0.06	1.23	1.23
76370	TC	A	CAT scan for therapy guide	0.00	2.08	2.08	2.57	2.57	0.18	2.75	2.75
76375		A	CAT scans, other planes	0.16	3.08	3.08	3.83	3.83	0.22	4.21	4.21
76375	26	A	CAT scans, other planes	0.16	0.10	0.10	0.16	0.16	0.01	0.33	0.33
76375	TC	A	CAT scans, other planes	0.00	2.98	2.98	3.67	3.67	0.21	3.88	3.88
76380		A	CAT scan follow-up study	0.98	2.54	2.54	3.36	3.36	0.28	4.62	4.62
76380	26	A	CAT scan follow-up study	0.98	0.10	0.10	0.35	0.35	0.07	1.40	1.40
76380	TC	A	CAT scan follow-up study	0.00	2.44	2.44	3.01	3.01	0.21	3.22	3.22
76400		A	Magnetic image, bone marrow	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
76400	26	A	Magnetic image, bone marrow	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
76400	TC	A	Magnetic image, bone marrow	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
76506		A	Echo exam of head	0.63	1.09	1.09	1.50	1.50	0.13	2.26	2.26
76506	26	A	Echo exam of head	0.63	0.09	0.09	0.26	0.26	0.04	0.93	0.93
76506	TC	A	Echo exam of head	0.00	1.00	1.00	1.24	1.24	0.09	1.33	1.33
76511		A	Echo exam of eye	0.94	0.50	0.50	0.84	0.84	0.12	1.90	1.90
76511	26	A	Echo exam of eye	0.94	0.03	0.03	0.25	0.25	0.04	1.23	1.23
76511	TC	A	Echo exam of eye	0.00	0.47	0.47	0.59	0.59	0.08	0.67	0.67
76512		A	Echo exam of eye	0.66	0.52	0.52	0.81	0.81	0.15	1.62	1.62
76512	26	A	Echo exam of eye	0.66	0.03	0.03	0.19	0.19	0.05	0.90	0.90
76512	TC	A	Echo exam of eye	0.00	0.49	0.49	0.62	0.62	0.10	0.72	0.72
76513		A	Echo exam of eye, water bath	0.66	0.65	0.65	0.97	0.97	0.15	1.78	1.78
76513	26	A	Echo exam of eye, water bath	0.66	0.03	0.03	0.19	0.19	0.05	0.90	0.90
76513	TC	A	Echo exam of eye, water bath	0.00	0.62	0.62	0.78	0.78	0.10	0.88	0.88
76516		A	Echo exam of eye	0.54	0.38	0.38	0.60	0.60	0.12	1.26	1.26
76516	26	A	Echo exam of eye	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
76516	TC	A	Echo exam of eye	0.00	0.35	0.35	0.44	0.44	0.08	0.52	0.52
76519		A	Echo exam of eye	0.54	0.44	0.44	0.67	0.67	0.12	1.33	1.33
76519	26	A	Echo exam of eye	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
76519	TC	A	Echo exam of eye	0.00	0.41	0.41	0.51	0.51	0.08	0.59	0.59
76529		A	Echo exam of eye	0.57	0.53	0.53	0.80	0.80	0.13	1.50	1.50
76529	26	A	Echo exam of eye	0.57	0.03	0.03	0.17	0.17	0.04	0.78	0.78
76529	TC	A	Echo exam of eye	0.00	0.50	0.50	0.63	0.63	0.09	0.72	0.72
76536		A	Echo exam of head and neck	0.56	0.98	0.98	1.34	1.34	0.13	2.03	2.03
76536	26	A	Echo exam of head and neck	0.56	0.09	0.09	0.24	0.24	0.04	0.84	0.84

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76536	TC	A	Echo exam of head and neck	0.00	0.89	0.89	1.10	1.10	0.09	1.19	1.19
76604		A	Echo exam of chest	0.55	0.97	0.97	1.33	1.33	0.12	2.00	2.00
76604	26	A	Echo exam of chest	0.55	0.09	0.09	0.24	0.24	0.04	0.83	0.83
76604	TC	A	Echo exam of chest	0.00	0.88	0.88	1.09	1.09	0.08	1.17	1.17
76645		A	Echo exam of breast	0.54	0.79	0.79	1.11	1.11	0.11	1.76	1.76
76645	26	A	Echo exam of breast	0.54	0.09	0.09	0.24	0.24	0.04	0.82	0.82
76645	TC	A	Echo exam of breast	0.00	0.70	0.70	0.87	0.87	0.07	0.94	0.94
76700		A	Echo exam of abdomen	0.81	1.16	1.16	1.63	1.63	0.17	2.61	2.61
76700	26	A	Echo exam of abdomen	0.81	0.09	0.09	0.30	0.30	0.05	1.16	1.16
76700	TC	A	Echo exam of abdomen	0.00	1.07	1.07	1.33	1.33	0.12	1.45	1.45
76705		A	Echo exam of abdomen	0.59	1.04	1.04	1.42	1.42	0.13	2.14	2.14
76705	26	A	Echo exam of abdomen	0.59	0.09	0.09	0.25	0.25	0.04	0.88	0.88
76705	TC	A	Echo exam of abdomen	0.00	0.95	0.95	1.17	1.17	0.09	1.26	1.26
76770		A	Echo exam abdomen back wall	0.74	1.11	1.11	1.55	1.55	0.17	2.46	2.46
76770	26	A	Echo exam abdomen back wall	0.74	0.09	0.09	0.28	0.28	0.05	1.07	1.07
76770	TC	A	Echo exam abdomen back wall	0.00	1.02	1.02	1.27	1.27	0.12	1.39	1.39
76775		A	Echo exam abdomen back wall	0.58	1.04	1.04	1.42	1.42	0.13	2.13	2.13
76775	26	A	Echo exam abdomen back wall	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76775	TC	A	Echo exam abdomen back wall	0.00	0.95	0.95	1.17	1.17	0.09	1.26	1.26
76778		A	Echo exam kidney transplant	0.74	1.20	1.20	1.66	1.66	0.17	2.57	2.57
76778	26	A	Echo exam kidney transplant	0.74	0.09	0.09	0.28	0.28	0.05	1.07	1.07
76778	TC	A	Echo exam kidney transplant	0.00	1.11	1.11	1.38	1.38	0.12	1.50	1.50
76800		A	Echo exam spinal canal	1.13	1.03	1.03	1.54	1.54	0.17	2.84	2.84
76800	26	A	Echo exam spinal canal	1.13	0.09	0.09	0.38	0.38	0.08	1.59	1.59
76800	TC	A	Echo exam spinal canal	0.00	0.94	0.94	1.16	1.16	0.09	1.25	1.25
76805		A	Echo exam of pregnant uterus	0.99	1.14	1.14	1.65	1.65	0.20	2.84	2.84
76805	26	A	Echo exam of pregnant uterus	0.99	0.12	0.12	0.38	0.38	0.07	1.44	1.44
76805	TC	A	Echo exam of pregnant uterus	0.00	1.02	1.02	1.27	1.27	0.13	1.40	1.40
76810		A	Echo exam of pregnant uterus	1.97	1.36	1.36	2.18	2.18	0.38	4.53	4.53
76810	26	A	Echo exam of pregnant uterus	1.97	0.12	0.12	0.61	0.61	0.13	2.71	2.71
76810	TC	A	Echo exam of pregnant uterus	0.00	1.24	1.24	1.57	1.57	0.25	1.82	1.82
76815		A	Echo exam of pregnant uterus	0.65	1.14	1.14	1.56	1.56	0.13	2.34	2.34
76815	26	A	Echo exam of pregnant uterus	0.65	0.12	0.12	0.30	0.30	0.04	0.99	0.99
76815	TC	A	Echo exam of pregnant uterus	0.00	1.02	1.02	1.26	1.26	0.09	1.35	1.35
76816		A	Echo exam followup or repeat	0.57	1.14	1.14	1.54	1.54	0.11	2.22	2.22
76816	26	A	Echo exam followup or repeat	0.57	0.12	0.12	0.28	0.28	0.04	0.89	0.89
76816	TC	A	Echo exam followup or repeat	0.00	1.02	1.02	1.26	1.26	0.07	1.33	1.33
76818		A	Fetal biophysical profile	0.77	1.36	1.36	1.87	1.87	0.15	2.79	2.79
76818	26	A	Fetal biophysical profile	0.77	0.12	0.12	0.33	0.33	0.05	1.15	1.15
76818	TC	A	Fetal biophysical profile	0.00	1.24	1.24	1.54	1.54	0.10	1.64	1.64
76825		A	Echo exam of fetal heart	1.67	1.50	1.50	2.23	2.23	0.17	4.07	4.07
76825	26	A	Echo exam of fetal heart	1.67	0.12	0.12	0.53	0.53	0.05	2.25	2.25
76825	TC	A	Echo exam of fetal heart	0.00	1.38	1.38	1.70	1.70	0.12	1.82	1.82
76826		A	Echo exam of fetal heart	0.83	1.01	1.01	1.43	1.43	0.10	2.36	2.36
76826	26	A	Echo exam of fetal heart	0.83	0.08	0.08	0.29	0.29	0.05	1.17	1.17
76826	TC	A	Echo exam of fetal heart	0.00	0.93	0.93	1.14	1.14	0.05	1.19	1.19
76827		A	Echo exam of fetal heart	0.58	0.84	0.84	1.20	1.20	0.18	1.96	1.96
76827	26	A	Echo exam of fetal heart	0.58	0.08	0.08	0.24	0.24	0.05	0.87	0.87
76827	TC	A	Echo exam of fetal heart	0.00	0.76	0.76	0.96	0.96	0.13	1.09	1.09
76828		A	Echo exam of fetal heart	0.56	0.84	0.84	1.18	1.18	0.11	1.85	1.85
76828	26	A	Echo exam of fetal heart	0.56	0.08	0.08	0.23	0.23	0.02	0.81	0.81
76828	TC	A	Echo exam of fetal heart	0.00	0.76	0.76	0.95	0.95	0.09	1.04	1.04
76830		A	Echo exam, transvaginal	0.69	1.11	1.11	1.53	1.53	0.15	2.37	2.37
76830	26	A	Echo exam, transvaginal	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76830	TC	A	Echo exam, transvaginal	0.00	1.02	1.02	1.26	1.26	0.10	1.36	1.36
76856		A	Echo exam of pelvis	0.69	1.24	1.24	1.70	1.70	0.15	2.54	2.54
76856	26	A	Echo exam of pelvis	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76856	TC	A	Echo exam of pelvis	0.00	1.15	1.15	1.43	1.43	0.10	1.53	1.53
76857		A	Echo exam of pelvis	0.38	1.04	1.04	1.37	1.37	0.10	1.85	1.85
76857	26	A	Echo exam of pelvis	0.38	0.09	0.09	0.20	0.20	0.03	0.61	0.61
76857	TC	A	Echo exam of pelvis	0.00	0.95	0.95	1.17	1.17	0.07	1.24	1.24
76870		A	Echo exam of scrotum	0.64	1.12	1.12	1.54	1.54	0.14	2.32	2.32
76870	26	A	Echo exam of scrotum	0.64	0.09	0.09	0.26	0.26	0.04	0.94	0.94
76870	TC	A	Echo exam of scrotum	0.00	1.03	1.03	1.28	1.28	0.10	1.38	1.38
76872		A	Echo exam, transrectal	0.69	0.98	0.98	1.37	1.37	0.15	2.21	2.21
76872	26	A	Echo exam, transrectal	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76872	TC	A	Echo exam, transrectal	0.00	0.89	0.89	1.10	1.10	0.10	1.20	1.20
76880		A	Echo exam of extremity	0.59	1.30	1.30	1.75	1.75	0.13	2.47	2.47
76880	26	A	Echo exam of extremity	0.59	0.09	0.09	0.25	0.25	0.04	0.88	0.88
76880	TC	A	Echo exam of extremity	0.00	1.21	1.21	1.50	1.50	0.09	1.59	1.59
76930		A	Echo guide for heart sac tap	0.67	0.10	0.10	0.30	0.30	0.15	1.12	1.12
76930	26	A	Echo guide for heart sac tap	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76930	TC	A	Echo guide for heart sac tap	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76932		A	Echo guide for heart biopsy	0.67	0.10	0.10	0.30	0.30	0.15	1.12	1.12

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76932	26	A	Echo guide for heart biopsy	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76932	TC	A	Echo guide for heart biopsy	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76934		A	Echo guide for chest tap	0.67	0.58	0.58	0.89	0.89	0.15	1.71	1.71
76934	26	A	Echo guide for chest tap	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76934	TC	A	Echo guide for chest tap	0.00	0.53	0.53	0.67	0.67	0.10	0.77	0.77
76936		A	Echo guide for artery repair	1.99	1.81	1.81	2.75	2.75	0.48	5.22	5.22
76936	26	A	Echo guide for artery repair	1.99	0.09	0.09	0.57	0.57	0.10	2.66	2.66
76936	TC	A	Echo guide for artery repair	0.00	1.72	1.72	2.18	2.18	0.38	2.56	2.56
76938		A	Echo exam for drainage	0.67	2.25	2.25	2.93	2.93	0.15	3.75	3.75
76938	26	A	Echo exam for drainage	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76938	TC	A	Echo exam for drainage	0.00	2.16	2.16	2.66	2.66	0.10	2.76	2.76
76941		A	Echo guide for transfusion	1.34	0.35	0.35	0.76	0.76	0.19	2.29	2.29
76941	26	A	Echo guide for transfusion	1.34	0.07	0.07	0.40	0.40	0.10	1.84	1.84
76941	TC	A	Echo guide for transfusion	0.00	0.28	0.28	0.36	0.36	0.09	0.45	0.45
76942		A	Echo guide for biopsy	0.67	0.66	0.66	0.99	0.99	0.15	1.81	1.81
76942	26	A	Echo guide for biopsy	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76942	TC	A	Echo guide for biopsy	0.00	0.57	0.57	0.72	0.72	0.10	0.82	0.82
76945		A	Echo guide, villus sampling	0.67	1.22	1.22	1.68	1.68	0.19	2.54	2.54
76945	26	A	Echo guide, villus sampling	0.67	0.12	0.12	0.32	0.32	0.10	1.09	1.09
76945	TC	A	Echo guide, villus sampling	0.00	1.10	1.10	1.36	1.36	0.09	1.45	1.45
76946		A	Echo guide for amniocentesis	0.38	1.24	1.24	1.63	1.63	0.13	2.14	2.14
76946	26	A	Echo guide for amniocentesis	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
76946	TC	A	Echo guide for amniocentesis	0.00	1.12	1.12	1.39	1.39	0.10	1.49	1.49
76948		A	Echo guide, ova aspiration	0.38	1.22	1.22	1.60	1.60	0.13	2.11	2.11
76948	26	A	Echo guide, ova aspiration	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
76948	TC	A	Echo guide, ova aspiration	0.00	1.10	1.10	1.36	1.36	0.10	1.46	1.46
76950		A	Echo guidance radiotherapy	0.58	1.70	1.70	2.23	2.23	0.12	2.93	2.93
76950	26	A	Echo guidance radiotherapy	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76950	TC	A	Echo guidance radiotherapy	0.00	1.61	1.61	1.98	1.98	0.08	2.06	2.06
76960		A	Echo guidance radiotherapy	0.58	1.70	1.70	2.23	2.23	0.12	2.93	2.93
76960	26	A	Echo guidance radiotherapy	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76960	TC	A	Echo guidance radiotherapy	0.00	1.61	1.61	1.98	1.98	0.08	2.06	2.06
76965		A	Echo guidance radiotherapy	1.34	1.67	1.67	2.44	2.44	0.52	4.30	4.30
76965	26	A	Echo guidance radiotherapy	1.34	0.09	0.09	0.44	0.44	0.19	1.97	1.97
76965	TC	A	Echo guidance radiotherapy	0.00	1.58	1.58	2.00	2.00	0.33	2.33	2.33
76970		A	Ultrasound exam follow-up	0.40	1.29	1.29	1.69	1.69	0.10	2.19	2.19
76970	26	A	Ultrasound exam follow-up	0.40	0.09	0.09	0.21	0.21	0.03	0.64	0.64
76970	TC	A	Ultrasound exam follow-up	0.00	1.20	1.20	1.48	1.48	0.07	1.55	1.55
76975		A	GI endoscopic ultrasound	0.81	0.10	0.10	0.33	0.33	0.15	1.29	1.29
76975	26	A	GI endoscopic ultrasound	0.81	0.05	0.05	0.25	0.25	0.05	1.11	1.11
76975	TC	A	GI endoscopic ultrasound	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76986		A	Echo exam at surgery	1.20	1.32	1.32	1.93	1.93	0.25	3.38	3.38
76986	26	A	Echo exam at surgery	1.20	0.09	0.09	0.39	0.39	0.08	1.67	1.67
76986	TC	A	Echo exam at surgery	0.00	1.23	1.23	1.54	1.54	0.17	1.71	1.71
77261		A	Radiation therapy planning	1.39	0.62	0.05	1.08	0.39	0.09	2.56	1.87
77262		A	Radiation therapy planning	2.11	0.99	0.05	1.70	0.55	0.14	3.95	2.80
77263		A	Radiation therapy planning	3.14	2.20	0.05	3.41	0.79	0.20	6.75	4.13
77280		A	Set radiation therapy field	0.70	3.01	3.01	3.88	3.88	0.26	4.84	4.84
77280	26	A	Set radiation therapy field	0.70	0.08	0.08	0.26	0.26	0.05	1.01	1.01
77280	TC	A	Set radiation therapy field	0.00	2.93	2.93	3.62	3.62	0.21	3.83	3.83
77285		A	Set radiation therapy field	1.05	4.33	4.33	5.59	5.59	0.41	7.05	7.05
77285	26	A	Set radiation therapy field	1.05	0.08	0.08	0.34	0.34	0.07	1.46	1.46
77285	TC	A	Set radiation therapy field	0.00	4.25	4.25	5.25	5.25	0.34	5.59	5.59
77290		A	Set radiation therapy field	1.56	5.65	5.65	7.35	7.35	0.50	9.41	9.41
77290	26	A	Set radiation therapy field	1.56	0.08	0.08	0.47	0.47	0.11	2.14	2.14
77290	TC	A	Set radiation therapy field	0.00	5.57	5.57	6.88	6.88	0.39	7.27	7.27
77295		A	Set radiation therapy field	4.57	15.13	15.13	19.87	19.87	1.93	26.37	26.37
77295	26	A	Set radiation therapy field	4.57	0.08	0.08	1.15	1.15	0.23	5.95	5.95
77295	TC	A	Set radiation therapy field	0.00	15.05	15.05	18.72	18.72	1.70	20.42	20.42
77300		A	Radiation therapy dose plan	0.62	1.48	1.48	1.96	1.96	0.12	2.70	2.70
77300	26	A	Radiation therapy dose plan	0.62	0.04	0.04	0.19	0.19	0.04	0.85	0.85
77300	TC	A	Radiation therapy dose plan	0.00	1.44	1.44	1.77	1.77	0.08	1.85	1.85
77305		A	Radiation therapy dose plan	0.70	2.57	2.57	3.32	3.32	0.17	4.19	4.19
77305	26	A	Radiation therapy dose plan	0.70	0.04	0.04	0.21	0.21	0.05	0.96	0.96
77305	TC	A	Radiation therapy dose plan	0.00	2.53	2.53	3.11	3.11	0.12	3.23	3.23
77310		A	Radiation therapy dose plan	1.05	3.02	3.02	3.96	3.96	0.22	5.23	5.23
77310	26	A	Radiation therapy dose plan	1.05	0.04	0.04	0.30	0.30	0.07	1.42	1.42
77310	TC	A	Radiation therapy dose plan	0.00	2.98	2.98	3.66	3.66	0.15	3.81	3.81
77315		A	Radiation therapy dose plan	1.56	3.98	3.98	5.26	5.26	0.28	7.10	7.10
77315	26	A	Radiation therapy dose plan	1.56	0.04	0.04	0.42	0.42	0.11	2.09	2.09
77315	TC	A	Radiation therapy dose plan	0.00	3.94	3.94	4.84	4.84	0.17	5.01	5.01
77321		A	Radiation therapy port plan	0.95	4.33	4.33	5.55	5.55	0.30	6.80	6.80
77321	26	A	Radiation therapy port plan	0.95	0.05	0.05	0.28	0.28	0.06	1.29	1.29
77321	TC	A	Radiation therapy port plan	0.00	4.28	4.28	5.27	5.27	0.24	5.51	5.51

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
77326	.....	A	Radiation therapy dose plan	0.93	4.19	4.19	5.36	5.36	0.21	6.50	6.50
77326	26	A	Radiation therapy dose plan	0.93	0.04	0.04	0.27	0.27	0.06	1.26	1.26
77326	TC	A	Radiation therapy dose plan	0.00	4.15	4.15	5.09	5.09	0.15	5.24	5.24
77327	.....	A	Radiation therapy dose plan	1.39	5.04	5.04	6.51	6.51	0.30	8.20	8.20
77327	26	A	Radiation therapy dose plan	1.39	0.04	0.04	0.37	0.37	0.09	1.85	1.85
77327	TC	A	Radiation therapy dose plan	0.00	5.00	5.00	6.14	6.14	0.21	6.35	6.35
77328	.....	A	Radiation therapy dose plan	2.09	7.63	7.63	9.86	9.86	0.44	12.39	12.39
77328	26	A	Radiation therapy dose plan	2.09	0.04	0.04	0.54	0.54	0.14	2.77	2.77
77328	TC	A	Radiation therapy dose plan	0.00	7.59	7.59	9.32	9.32	0.30	9.62	9.62
77331	.....	A	Special radiation dosimetry	0.87	4.25	4.25	5.39	5.39	0.09	6.35	6.35
77331	26	A	Special radiation dosimetry	0.87	0.05	0.05	0.27	0.27	0.06	1.20	1.20
77331	TC	A	Special radiation dosimetry	0.00	4.20	4.20	5.12	5.12	0.03	5.15	5.15
77332	.....	A	Radiation treatment aid(s)	0.54	0.50	0.50	0.75	0.75	0.12	1.41	1.41
77332	26	A	Radiation treatment aid(s)	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
77332	TC	A	Radiation treatment aid(s)	0.00	0.47	0.47	0.59	0.59	0.08	0.67	0.67
77333	.....	A	Radiation treatment aid(s)	0.84	0.88	0.88	1.29	1.29	0.18	2.31	2.31
77333	26	A	Radiation treatment aid(s)	0.84	0.03	0.03	0.23	0.23	0.06	1.13	1.13
77333	TC	A	Radiation treatment aid(s)	0.00	0.85	0.85	1.06	1.06	0.12	1.18	1.18
77334	.....	A	Radiation treatment aid(s)	1.24	1.01	1.01	1.56	1.56	0.27	3.07	3.07
77334	26	A	Radiation treatment aid(s)	1.24	0.03	0.03	0.33	0.33	0.08	1.65	1.65
77334	TC	A	Radiation treatment aid(s)	0.00	0.98	0.98	1.23	1.23	0.19	1.42	1.42
77336	.....	A	Radiation physics consu	0.00	2.30	0.04	2.85	0.09	0.18	3.03	0.27
77370	.....	A	Radiation physics consult	0.00	4.54	0.11	5.59	0.18	0.21	5.80	0.39
77401	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77402	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77403	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77404	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77406	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77407	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77408	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77409	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77411	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.13	4.31	0.22
77412	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77413	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77414	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77416	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77417	.....	A	Radiology port film(s)	0.00	0.79	0.05	0.98	0.07	0.04	1.02	0.11
77419	.....	A	Weekly radiation therapy	3.60	1.56	0.13	2.74	1.00	0.23	6.57	4.83
77420	.....	A	Weekly radiation therapy	1.61	1.02	0.12	1.62	0.53	0.11	3.34	2.25
77425	.....	A	Weekly radiation therapy	2.44	1.22	0.12	2.06	0.72	0.17	4.67	3.33
77430	.....	A	Weekly radiation therapy	3.60	1.24	0.10	2.35	0.96	0.23	6.18	4.79
77431	.....	A	Radiation therapy management	1.81	1.11	0.16	1.78	0.62	0.12	3.71	2.55
77432	.....	A	Stereotactic radiation trmt	7.93	1.71	0.16	3.91	2.02	0.40	12.24	10.35
77470	.....	A	Special radiation treatment	2.09	5.93	5.93	7.86	7.86	0.80	10.75	10.75
77470	26	A	Special radiation treatment	2.09	0.06	0.06	0.56	0.56	0.14	2.79	2.79
77470	TC	A	Special radiation treatment	0.00	5.87	5.87	7.30	7.30	0.66	7.96	7.96
77600	.....	A	Hyperthermia treatment	1.56	2.69	2.69	3.68	3.68	0.29	5.53	5.53
77600	26	A	Hyperthermia treatment	1.56	0.11	0.11	0.50	0.50	0.11	2.17	2.17
77600	TC	A	Hyperthermia treatment	0.00	2.58	2.58	3.18	3.18	0.18	3.36	3.36
77605	.....	A	Hyperthermia treatment	2.09	2.69	2.69	3.82	3.82	0.39	6.30	6.30
77605	26	A	Hyperthermia treatment	2.09	0.11	0.11	0.62	0.62	0.14	2.85	2.85
77605	TC	A	Hyperthermia treatment	0.00	2.58	2.58	3.20	3.20	0.25	3.45	3.45
77610	.....	A	Hyperthermia treatment	1.56	1.05	1.05	1.69	1.69	0.29	3.54	3.54
77610	26	A	Hyperthermia treatment	1.56	0.10	0.10	0.49	0.49	0.11	2.16	2.16
77610	TC	A	Hyperthermia treatment	0.00	0.95	0.95	1.20	1.20	0.18	1.38	1.38
77615	.....	A	Hyperthermia treatment	2.09	1.05	1.05	1.82	1.82	0.39	4.30	4.30
77615	26	A	Hyperthermia treatment	2.09	0.10	0.10	0.61	0.61	0.14	2.84	2.84
77615	TC	A	Hyperthermia treatment	0.00	0.95	0.95	1.21	1.21	0.25	1.46	1.46
77620	.....	A	Hyperthermia treatment	1.56	1.94	1.94	2.78	2.78	0.29	4.63	4.63
77620	26	A	Hyperthermia treatment	1.56	0.11	0.11	0.50	0.50	0.11	2.17	2.17
77620	TC	A	Hyperthermia treatment	0.00	1.83	1.83	2.28	2.28	0.18	2.46	2.46
77750	.....	A	Infuse radioactive materials	4.59	2.10	2.10	3.65	3.65	0.38	8.62	8.62
77750	26	A	Infuse radioactive materials	4.59	0.19	0.19	1.31	1.31	0.30	6.20	6.20
77750	TC	A	Infuse radioactive materials	0.00	1.91	1.91	2.34	2.34	0.08	2.42	2.42
77761	.....	A	Radioelement application	3.56	1.21	1.21	2.35	2.35	0.39	6.30	6.30
77761	26	A	Radioelement application	3.56	0.11	0.11	0.97	0.97	0.23	4.76	4.76
77761	TC	A	Radioelement application	0.00	1.10	1.10	1.38	1.38	0.16	1.54	1.54
77762	.....	A	Radioelement application	5.35	1.53	1.53	3.16	3.16	0.57	9.08	9.08
77762	26	A	Radioelement application	5.35	0.11	0.11	1.39	1.39	0.35	7.09	7.09
77762	TC	A	Radioelement application	0.00	1.42	1.42	1.77	1.77	0.22	1.99	1.99
77763	.....	A	Radioelement application	8.01	1.68	1.68	3.97	3.97	0.77	12.75	12.75
77763	26	A	Radioelement application	8.01	0.11	0.11	2.00	2.00	0.50	10.51	10.51
77763	TC	A	Radioelement application	0.00	1.57	1.57	1.97	1.97	0.27	2.24	2.24
77776	.....	A	Radioelement application	4.66	1.66	1.66	3.15	3.15	0.45	8.26	8.26

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
77776	26	A	Radioelement application	4.66	0.11	0.11	1.23	1.23	0.31	6.20	6.20
77776	TC	A	Radioelement application	0.00	1.55	1.55	1.92	1.92	0.14	2.06	2.06
77777		A	Radioelement application	6.99	2.02	2.02	4.15	4.15	0.71	11.85	11.85
77777	26	A	Radioelement application	6.99	0.11	0.11	1.77	1.77	0.45	9.21	9.21
77777	TC	A	Radioelement application	0.00	1.91	1.91	2.38	2.38	0.26	2.64	2.64
77778		A	Radioelement application	10.46	2.48	2.48	5.53	5.53	0.98	16.97	16.97
77778	26	A	Radioelement application	10.46	0.11	0.11	2.57	2.57	0.67	13.70	13.70
77778	TC	A	Radioelement application	0.00	2.37	2.37	2.96	2.96	0.31	3.27	3.27
77781		A	High intensity brachytherapy	1.55	2.74	2.74	3.97	3.97	1.32	6.84	6.84
77781	26	A	High intensity brachytherapy	1.55	0.11	0.11	0.50	0.50	0.11	2.16	2.16
77781	TC	A	High intensity brachytherapy	0.00	2.63	2.63	3.47	3.47	1.21	4.68	4.68
77782		A	High intensity brachytherapy	2.33	2.94	2.94	4.40	4.40	1.37	8.10	8.10
77782	26	A	High intensity brachytherapy	2.33	0.11	0.11	0.68	0.68	0.16	3.17	3.17
77782	TC	A	High intensity brachytherapy	0.00	2.83	2.83	3.72	3.72	1.21	4.93	4.93
77783		A	High intensity brachytherapy	3.49	3.05	3.05	4.80	4.80	1.44	9.73	9.73
77783	26	A	High intensity brachytherapy	3.49	0.11	0.11	0.95	0.95	0.23	4.67	4.67
77783	TC	A	High intensity brachytherapy	0.00	2.94	2.94	3.85	3.85	1.21	5.06	5.06
77784		A	High intensity brachytherapy	5.24	3.26	3.26	5.46	5.46	1.56	12.26	12.26
77784	26	A	High intensity brachytherapy	5.24	0.11	0.11	1.36	1.36	0.35	6.95	6.95
77784	TC	A	High intensity brachytherapy	0.00	3.15	3.15	4.10	4.10	1.21	5.31	5.31
77789		A	Radioelement application	1.05	0.72	0.72	1.14	1.14	0.10	2.29	2.29
77789	26	A	Radioelement application	1.05	0.09	0.09	0.36	0.36	0.07	1.48	1.48
77789	TC	A	Radioelement application	0.00	0.63	0.63	0.78	0.78	0.03	0.81	0.81
77790		A	Radioelement handling	1.05	0.97	0.97	1.44	1.44	0.10	2.59	2.59
77790	26	A	Radioelement handling	1.05	0.04	0.04	0.30	0.30	0.07	1.42	1.42
77790	TC	A	Radioelement handling	0.00	0.93	0.93	1.14	1.14	0.03	1.17	1.17
78000		A	Thyroid, single uptake	0.19	2.20	2.20	2.74	2.74	0.07	3.00	3.00
78000	26	A	Thyroid, single uptake	0.19	0.10	0.10	0.17	0.17	0.01	0.37	0.37
78000	TC	A	Thyroid, single uptake	0.00	2.10	2.10	2.57	2.57	0.06	2.63	2.63
78001		A	Thyroid, multiple uptakes	0.26	3.63	3.63	4.51	4.51	0.10	4.87	4.87
78001	26	A	Thyroid, multiple uptakes	0.26	0.10	0.10	0.19	0.19	0.02	0.47	0.47
78001	TC	A	Thyroid, multiple uptakes	0.00	3.53	3.53	4.32	4.32	0.08	4.40	4.40
78003		A	Thyroid suppress/stimul	0.33	2.48	2.48	3.12	3.12	0.08	3.53	3.53
78003	26	A	Thyroid suppress/stimul	0.33	0.10	0.10	0.20	0.20	0.02	0.55	0.55
78003	TC	A	Thyroid suppress/stimul	0.00	2.38	2.38	2.92	2.92	0.06	2.98	2.98
78006		A	Thyroid, imaging with uptake	0.49	2.48	2.48	3.18	3.18	0.18	3.85	3.85
78006	26	A	Thyroid, imaging with uptake	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78006	TC	A	Thyroid, imaging with uptake	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78007		A	Thyroid, image, mult uptakes	0.50	3.63	3.63	4.57	4.57	0.19	5.26	5.26
78007	26	A	Thyroid, image, mult uptakes	0.50	0.10	0.10	0.24	0.24	0.03	0.77	0.77
78007	TC	A	Thyroid, image, mult uptakes	0.00	3.53	3.53	4.33	4.33	0.16	4.49	4.49
78010		A	Thyroid imaging	0.39	2.48	2.48	3.15	3.15	0.14	3.68	3.68
78010	26	A	Thyroid imaging	0.39	0.10	0.10	0.22	0.22	0.03	0.64	0.64
78010	TC	A	Thyroid imaging	0.00	2.38	2.38	2.93	2.93	0.11	3.04	3.04
78011		A	Thyroid imaging with flow	0.45	2.48	2.48	3.17	3.17	0.18	3.80	3.80
78011	26	A	Thyroid imaging with flow	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78011	TC	A	Thyroid imaging with flow	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78015		A	Thyroid met imaging	0.67	5.11	5.11	6.42	6.42	0.21	7.30	7.30
78015	26	A	Thyroid met imaging	0.67	0.11	0.11	0.29	0.29	0.05	1.01	1.01
78015	TC	A	Thyroid met imaging	0.00	5.00	5.00	6.13	6.13	0.16	6.29	6.29
78016		A	Thyroid met imaging/studies	0.82	6.39	6.39	8.03	8.03	0.27	9.12	9.12
78016	26	A	Thyroid met imaging/studies	0.82	0.11	0.11	0.33	0.33	0.06	1.21	1.21
78016	TC	A	Thyroid met imaging/studies	0.00	6.28	6.28	7.70	7.70	0.21	7.91	7.91
78017		A	Thyroid met imaging, mult	0.87	5.11	5.11	6.49	6.49	0.28	7.64	7.64
78017	26	A	Thyroid met imaging, mult	0.87	0.11	0.11	0.34	0.34	0.06	1.27	1.27
78017	TC	A	Thyroid met imaging, mult	0.00	5.00	5.00	6.15	6.15	0.22	6.37	6.37
78018		A	Thyroid, met imaging, body	0.95	7.65	7.65	9.62	9.62	0.39	10.96	10.96
78018	26	A	Thyroid, met imaging, body	0.95	0.11	0.11	0.36	0.36	0.06	1.37	1.37
78018	TC	A	Thyroid, met imaging, body	0.00	7.54	7.54	9.26	9.26	0.33	9.59	9.59
78070		A	Parathyroid nuclear imaging	0.82	5.11	5.11	6.45	6.45	0.15	7.42	7.42
78070	26	A	Parathyroid nuclear imaging	0.82	0.11	0.11	0.33	0.33	0.04	1.19	1.19
78070	TC	A	Parathyroid nuclear imaging	0.00	5.00	5.00	6.12	6.12	0.11	6.23	6.23
78075		A	Adrenal nuclear imaging	0.74	6.82	6.82	8.57	8.57	0.38	9.69	9.69
78075	26	A	Adrenal nuclear imaging	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78075	TC	A	Adrenal nuclear imaging	0.00	6.72	6.72	8.27	8.27	0.33	8.60	8.60
78102		A	Bone marrow imaging, ltd	0.55	2.48	2.48	3.18	3.18	0.17	3.90	3.90
78102	26	A	Bone marrow imaging, ltd	0.55	0.10	0.10	0.25	0.25	0.04	0.84	0.84
78102	TC	A	Bone marrow imaging, ltd	0.00	2.38	2.38	2.93	2.93	0.13	3.06	3.06
78103		A	Bone marrow imaging, mult	0.75	2.48	2.48	3.25	3.25	0.24	4.24	4.24
78103	26	A	Bone marrow imaging, mult	0.75	0.10	0.10	0.30	0.30	0.05	1.10	1.10
78103	TC	A	Bone marrow imaging, mult	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78104		A	Bone marrow imaging, body	0.80	4.30	4.30	5.48	5.48	0.30	6.58	6.58
78104	26	A	Bone marrow imaging, body	0.80	0.10	0.10	0.31	0.31	0.05	1.16	1.16
78104	TC	A	Bone marrow imaging, body	0.00	4.20	4.20	5.17	5.17	0.25	5.42	5.42

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78110		A	Plasma volume, single	0.19	0.50	0.50	0.66	0.66	0.07	0.92	0.92
78110	26	A	Plasma volume, single	0.19	0.04	0.04	0.09	0.09	0.01	0.29	0.29
78110	TC	A	Plasma volume, single	0.00	0.46	0.46	0.57	0.57	0.06	0.63	0.63
78111		A	Plasma volume, multiple	0.22	0.50	0.50	0.69	0.69	0.18	1.09	1.09
78111	26	A	Plasma volume, multiple	0.22	0.04	0.04	0.10	0.10	0.02	0.34	0.34
78111	TC	A	Plasma volume, multiple	0.00	0.46	0.46	0.59	0.59	0.16	0.75	0.75
78120		A	Red cell mass, single	0.23	0.50	0.50	0.68	0.68	0.13	1.04	1.04
78120	26	A	Red cell mass, single	0.23	0.04	0.04	0.10	0.10	0.02	0.35	0.35
78120	TC	A	Red cell mass, single	0.00	0.46	0.46	0.58	0.58	0.11	0.69	0.69
78121		A	Red cell mass, multiple	0.32	0.50	0.50	0.72	0.72	0.19	1.23	1.23
78121	26	A	Red cell mass, multiple	0.32	0.04	0.04	0.12	0.12	0.02	0.46	0.46
78121	TC	A	Red cell mass, multiple	0.00	0.46	0.46	0.60	0.60	0.17	0.77	0.77
78122		A	Blood volume	0.45	0.50	0.50	0.77	0.77	0.31	1.53	1.53
78122	26	A	Blood volume	0.45	0.04	0.04	0.15	0.15	0.03	0.63	0.63
78122	TC	A	Blood volume	0.00	0.46	0.46	0.62	0.62	0.28	0.90	0.90
78130		A	Red cell survival study	0.61	0.50	0.50	0.79	0.79	0.21	1.61	1.61
78130	26	A	Red cell survival study	0.61	0.04	0.04	0.19	0.19	0.04	0.84	0.84
78130	TC	A	Red cell survival study	0.00	0.46	0.46	0.60	0.60	0.17	0.77	0.77
78135		A	Red cell survival kinetics	0.64	7.65	7.65	9.55	9.55	0.34	10.53	10.53
78135	26	A	Red cell survival kinetics	0.64	0.11	0.11	0.29	0.29	0.04	0.97	0.97
78135	TC	A	Red cell survival kinetics	0.00	7.54	7.54	9.26	9.26	0.30	9.56	9.56
78140		A	Red cell sequestration	0.61	7.65	7.65	9.52	9.52	0.28	10.41	10.41
78140	26	A	Red cell sequestration	0.61	0.11	0.11	0.28	0.28	0.04	0.93	0.93
78140	TC	A	Red cell sequestration	0.00	7.54	7.54	9.24	9.24	0.24	9.48	9.48
78160		A	Plasma iron turnover	0.33	0.50	0.50	0.74	0.74	0.24	1.31	1.31
78160	26	A	Plasma iron turnover	0.33	0.04	0.04	0.13	0.13	0.02	0.48	0.48
78160	TC	A	Plasma iron turnover	0.00	0.46	0.46	0.61	0.61	0.22	0.83	0.83
78162		A	Iron absorption exam	0.45	0.50	0.50	0.75	0.75	0.22	1.42	1.42
78162	26	A	Iron absorption exam	0.45	0.04	0.04	0.15	0.15	0.03	0.63	0.63
78162	TC	A	Iron absorption exam	0.00	0.46	0.46	0.60	0.60	0.19	0.79	0.79
78170		A	Red cell iron utilization	0.41	0.50	0.50	0.78	0.78	0.35	1.54	1.54
78170	26	A	Red cell iron utilization	0.41	0.04	0.04	0.15	0.15	0.03	0.59	0.59
78170	TC	A	Red cell iron utilization	0.00	0.46	0.46	0.63	0.63	0.32	0.95	0.95
78172	26	A	Total body iron estimation	0.53	0.04	0.04	0.17	0.17	0.04	0.74	0.74
78185		A	Spleen imaging	0.40	2.48	2.48	3.16	3.16	0.18	3.74	3.74
78185	26	A	Spleen imaging	0.40	0.10	0.10	0.22	0.22	0.03	0.65	0.65
78185	TC	A	Spleen imaging	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78190		A	Platelet survival, kinetics	1.09	7.65	7.65	9.66	9.66	0.42	11.17	11.17
78190	26	A	Platelet survival, kinetics	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78190	TC	A	Platelet survival, kinetics	0.00	7.54	7.54	9.27	9.27	0.35	9.62	9.62
78191		A	Platelet survival	0.61	0.50	0.50	0.85	0.85	0.48	1.94	1.94
78191	26	A	Platelet survival	0.61	0.04	0.04	0.19	0.19	0.04	0.84	0.84
78191	TC	A	Platelet survival	0.00	0.46	0.46	0.66	0.66	0.44	1.10	1.10
78195		A	Lymph system imaging	1.20	6.82	6.82	8.65	8.65	0.30	10.15	10.15
78195	26	A	Lymph system imaging	1.20	0.10	0.10	0.40	0.40	0.05	1.65	1.65
78195	TC	A	Lymph system imaging	0.00	6.72	6.72	8.25	8.25	0.25	8.50	8.50
78201		A	Liver imaging	0.44	2.48	2.48	3.17	3.17	0.18	3.79	3.79
78201	26	A	Liver imaging	0.44	0.10	0.10	0.23	0.23	0.03	0.70	0.70
78201	TC	A	Liver imaging	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78202		A	Liver imaging with flow	0.51	2.48	2.48	3.18	3.18	0.21	3.90	3.90
78202	26	A	Liver imaging with flow	0.51	0.10	0.10	0.24	0.24	0.04	0.79	0.79
78202	TC	A	Liver imaging with flow	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78205		A	Liver imaging (3D)	0.71	5.41	5.41	6.84	6.84	0.41	7.96	7.96
78205	26	A	Liver imaging (3D)	0.71	0.13	0.13	0.33	0.33	0.05	1.09	1.09
78205	TC	A	Liver imaging (3D)	0.00	5.28	5.28	6.51	6.51	0.36	6.87	6.87
78215		A	Liver and spleen imaging	0.49	2.48	2.48	3.18	3.18	0.20	3.87	3.87
78215	26	A	Liver and spleen imaging	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78215	TC	A	Liver and spleen imaging	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78216		A	Liver & spleen image, flow	0.57	2.48	2.48	3.21	3.21	0.25	4.03	4.03
78216	26	A	Liver & spleen image, flow	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78216	TC	A	Liver & spleen image, flow	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78220		A	Liver function study	0.49	4.30	4.30	5.41	5.41	0.25	6.15	6.15
78220	26	A	Liver function study	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78220	TC	A	Liver function study	0.00	4.20	4.20	5.17	5.17	0.22	5.39	5.39
78223		A	Hepatobiliary imaging	0.84	5.56	5.56	7.03	7.03	0.28	8.15	8.15
78223	26	A	Hepatobiliary imaging	0.84	0.10	0.10	0.32	0.32	0.06	1.22	1.22
78223	TC	A	Hepatobiliary imaging	0.00	5.46	5.46	6.71	6.71	0.22	6.93	6.93
78230		A	Salivary gland imaging	0.45	2.48	2.48	3.17	3.17	0.17	3.79	3.79
78230	26	A	Salivary gland imaging	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78230	TC	A	Salivary gland imaging	0.00	2.38	2.38	2.94	2.94	0.14	3.08	3.08
78231		A	Serial salivary imaging	0.52	2.48	2.48	3.20	3.20	0.23	3.95	3.95
78231	26	A	Serial salivary imaging	0.52	0.10	0.10	0.25	0.25	0.04	0.81	0.81
78231	TC	A	Serial salivary imaging	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78232		A	Salivary gland function exam	0.47	2.48	2.48	3.18	3.18	0.24	3.89	3.89

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78232	26	A	Salivary gland function exam	0.47	0.10	0.10	0.23	0.23	0.03	0.73	0.73
78232	TC	A	Salivary gland function exam	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78258		A	Esophageal motility study	0.74	4.30	4.30	5.45	5.45	0.22	6.41	6.41
78258	26	A	Esophageal motility study	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78258	TC	A	Esophageal motility study	0.00	4.20	4.20	5.15	5.15	0.17	5.32	5.32
78261		A	Gastric mucosa imaging	0.69	2.48	2.48	3.25	3.25	0.30	4.24	4.24
78261	26	A	Gastric mucosa imaging	0.69	0.10	0.10	0.29	0.29	0.05	1.03	1.03
78261	TC	A	Gastric mucosa imaging	0.00	2.38	2.38	2.96	2.96	0.25	3.21	3.21
78262		A	Gastroesophageal reflux exam	0.68	4.30	4.30	5.45	5.45	0.31	6.44	6.44
78262	26	A	Gastroesophageal reflux exam	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78262	TC	A	Gastroesophageal reflux exam	0.00	4.20	4.20	5.17	5.17	0.26	5.43	5.43
78264		A	Gastric emptying study	0.78	5.11	5.11	6.47	6.47	0.30	7.55	7.55
78264	26	A	Gastric emptying study	0.78	0.11	0.11	0.32	0.32	0.05	1.15	1.15
78264	TC	A	Gastric emptying study	0.00	5.00	5.00	6.15	6.15	0.25	6.40	6.40
78270		A	Vit B–12 absorption exam	0.20	0.50	0.50	0.68	0.68	0.11	0.99	0.99
78270	26	A	Vit B–12 absorption exam	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
78270	TC	A	Vit B–12 absorption exam	0.00	0.46	0.46	0.58	0.58	0.10	0.68	0.68
78271		A	Vit B–12 absorp exam, IF	0.20	0.50	0.50	0.68	0.68	0.11	0.99	0.99
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
78271	TC	A	Vit B–12 absorp exam, IF	0.00	0.46	0.46	0.58	0.58	0.10	0.68	0.68
78272		A	Vit B–12 absorp, combined	0.27	0.73	0.73	0.99	0.99	0.17	1.43	1.43
78272	26	A	Vit B–12 absorp, combined	0.27	0.04	0.04	0.11	0.11	0.02	0.40	0.40
78272	TC	A	Vit B–12 absorp, combined	0.00	0.69	0.69	0.88	0.88	0.15	1.03	1.03
78278		A	Acute GI blood loss imaging	0.99	5.56	5.56	7.08	7.08	0.37	8.44	8.44
78278	26	A	Acute GI blood loss imaging	0.99	0.10	0.10	0.36	0.36	0.07	1.42	1.42
78278	TC	A	Acute GI blood loss imaging	0.00	5.46	5.46	6.72	6.72	0.30	7.02	7.02
78282	26	A	GI protein loss exam	0.38	0.04	0.04	0.14	0.14	0.03	0.55	0.55
78290		A	Meckel's divert exam	0.68	3.05	3.05	3.92	3.92	0.23	4.83	4.83
78290	26	A	Meckel's divert exam	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78290	TC	A	Meckel's divert exam	0.00	2.95	2.95	3.64	3.64	0.18	3.82	3.82
78291		A	Leveen/shunt patency exam	0.88	4.30	4.30	5.49	5.49	0.24	6.61	6.61
78291	26	A	Leveen/shunt patency exam	0.88	0.10	0.10	0.33	0.33	0.06	1.27	1.27
78291	TC	A	Leveen/shunt patency exam	0.00	4.20	4.20	5.16	5.16	0.18	5.34	5.34
78300		A	Bone imaging, limited area	0.62	2.48	2.48	3.21	3.21	0.20	4.03	4.03
78300	26	A	Bone imaging, limited area	0.62	0.10	0.10	0.27	0.27	0.04	0.93	0.93
78300	TC	A	Bone imaging, limited area	0.00	2.38	2.38	2.94	2.94	0.16	3.10	3.10
78305		A	Bone imaging, multiple areas	0.83	3.05	3.05	3.97	3.97	0.28	5.08	5.08
78305	26	A	Bone imaging, multiple areas	0.83	0.10	0.10	0.32	0.32	0.06	1.21	1.21
78305	TC	A	Bone imaging, multiple areas	0.00	2.95	2.95	3.65	3.65	0.22	3.87	3.87
78306		A	Bone imaging, whole body	0.86	4.30	4.30	5.50	5.50	0.32	6.68	6.68
78306	26	A	Bone imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78306	TC	A	Bone imaging, whole body	0.00	4.20	4.20	5.17	5.17	0.26	5.43	5.43
78315		A	Bone imaging, 3 phase	1.02	5.56	5.56	7.08	7.08	0.36	8.46	8.46
78315	26	A	Bone imaging, 3 phase	1.02	0.10	0.10	0.36	0.36	0.07	1.45	1.45
78315	TC	A	Bone imaging, 3 phase	0.00	5.46	5.46	6.72	6.72	0.29	7.01	7.01
78320		A	Bone imaging (3D)	1.04	5.17	5.17	6.63	6.63	0.43	8.10	8.10
78320	26	A	Bone imaging (3D)	1.04	0.13	0.13	0.40	0.40	0.07	1.51	1.51
78320	TC	A	Bone imaging (3D)	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78350		G	Bone mineral, single photon	+0.22	0.97	0.97	1.25	1.25	0.07	1.54	1.54
78350	26	G	Bone mineral, single photon	+0.22	0.10	0.10	0.18	0.18	0.02	0.42	0.42
78350	TC	G	Bone mineral, single photon	+0.00	0.87	0.87	1.07	1.07	0.05	1.12	1.12
78351		N	Bone mineral, dual photon	+0.30	0.71	0.12	0.94	0.22	0.02	1.26	0.54
78414	26	A	Non-imaging heart function	0.45	0.11	0.11	0.24	0.24	0.03	0.72	0.72
78428		A	Cardiac shunt imaging	0.78	3.21	3.21	4.13	4.13	0.19	5.10	5.10
78428	26	A	Cardiac shunt imaging	0.78	0.11	0.11	0.32	0.32	0.05	1.15	1.15
78428	TC	A	Cardiac shunt imaging	0.00	3.10	3.10	3.81	3.81	0.14	3.95	3.95
78445		A	Vascular flow imaging	0.49	2.20	2.20	2.82	2.82	0.15	3.46	3.46
78445	26	A	Vascular flow imaging	0.49	0.10	0.10	0.24	0.24	0.04	0.77	0.77
78445	TC	A	Vascular flow imaging	0.00	2.10	2.10	2.58	2.58	0.11	2.69	2.69
78455		A	Venous thrombosis study	0.73	1.37	1.37	1.91	1.91	0.29	2.93	2.93
78455	26	A	Venous thrombosis study	0.73	0.10	0.10	0.30	0.30	0.05	1.08	1.08
78455	TC	A	Venous thrombosis study	0.00	1.27	1.27	1.61	1.61	0.24	1.85	1.85
78457		A	Venous thrombosis imaging	0.77	3.19	3.19	4.10	4.10	0.22	5.09	5.09
78457	26	A	Venous thrombosis imaging	0.77	0.10	0.10	0.30	0.30	0.05	1.12	1.12
78457	TC	A	Venous thrombosis imaging	0.00	3.09	3.09	3.80	3.80	0.17	3.97	3.97
78458		A	Ven thrombosis images, bilat	0.90	3.19	3.19	4.15	4.15	0.30	5.35	5.35
78458	26	A	Ven thrombosis images, bilat	0.90	0.10	0.10	0.33	0.33	0.06	1.29	1.29
78458	TC	A	Ven thrombosis images, bilat	0.00	3.09	3.09	3.82	3.82	0.24	4.06	4.06
78459	26	G	Heart muscle imaging (PET)	+1.88	5.33	5.33	6.93	6.93	0.10	8.91	8.91
78460		A	Heart muscle blood single	0.86	7.21	7.21	9.03	9.03	0.21	10.10	10.10
78460	26	A	Heart muscle blood single	0.86	0.13	0.13	0.36	0.36	0.06	1.28	1.28
78460	TC	A	Heart muscle blood single	0.00	7.08	7.08	8.67	8.67	0.15	8.82	8.82
78461		A	Heart muscle blood multiple	1.23	8.90	8.90	11.21	11.21	0.37	12.81	12.81
78461	26	A	Heart muscle blood multiple	1.23	0.13	0.13	0.45	0.45	0.08	1.76	1.76

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78461	TC	A	Heart muscle blood multiple	0.00	8.77	8.77	10.76	10.76	0.29	11.05	11.05
78464		A	Heart image (3D) single	1.09	5.54	5.54	7.10	7.10	0.50	8.69	8.69
78464	26	A	Heart image (3D) single	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78464	TC	A	Heart image (3D) single	0.00	5.43	5.43	6.71	6.71	0.43	7.14	7.14
78465		A	Heart image (3D) multiple	1.46	6.41	6.41	8.31	8.31	0.80	10.57	10.57
78465	26	A	Heart image (3D) multiple	1.46	0.11	0.11	0.48	0.48	0.10	2.04	2.04
78465	TC	A	Heart image (3D) multiple	0.00	6.30	6.30	7.83	7.83	0.70	8.53	8.53
78466		A	Heart infarct image	0.69	7.07	7.07	8.82	8.82	0.22	9.73	9.73
78466	26	A	Heart infarct image	0.69	0.13	0.13	0.32	0.32	0.05	1.06	1.06
78466	TC	A	Heart infarct image	0.00	6.94	6.94	8.50	8.50	0.17	8.67	8.67
78468		A	Heart infarct image, EF	0.80	7.49	7.49	9.37	9.37	0.27	10.44	10.44
78468	26	A	Heart infarct image, EF	0.80	0.13	0.13	0.35	0.35	0.05	1.20	1.20
78468	TC	A	Heart infarct image, EF	0.00	7.36	7.36	9.02	9.02	0.22	9.24	9.24
78469		A	Heart infarct image (3D)	0.92	5.17	5.17	6.60	6.60	0.38	7.90	7.90
78469	26	A	Heart infarct image (3D)	0.92	0.13	0.13	0.38	0.38	0.06	1.36	1.36
78469	TC	A	Heart infarct image (3D)	0.00	5.04	5.04	6.22	6.22	0.32	6.54	6.54
78472		A	Gated heart, resting	0.98	7.51	7.51	9.46	9.46	0.41	10.85	10.85
78472	26	A	Gated heart, resting	0.98	0.13	0.13	0.39	0.39	0.07	1.44	1.44
78472	TC	A	Gated heart, resting	0.00	7.38	7.38	9.07	9.07	0.34	9.41	9.41
78473		A	Gated heart, multiple	1.47	8.91	8.91	11.32	11.32	0.59	13.38	13.38
78473	26	A	Gated heart, multiple	1.47	0.13	0.13	0.51	0.51	0.10	2.08	2.08
78473	TC	A	Gated heart, multiple	0.00	8.78	8.78	10.81	10.81	0.49	11.30	11.30
78478		A	Heart wall motion (add-on)	0.62	0.67	0.67	0.98	0.98	0.14	1.74	1.74
78478	26	A	Heart wall motion (add-on)	0.62	0.00	0.00	0.14	0.14	0.04	0.80	0.80
78478	TC	A	Heart wall motion (add-on)	0.00	0.67	0.67	0.84	0.84	0.10	0.94	0.94
78480		A	Heart function, (add-on)	0.62	0.67	0.67	0.98	0.98	0.14	1.74	1.74
78480	26	A	Heart function, (add-on)	0.62	0.00	0.00	0.14	0.14	0.04	0.80	0.80
78480	TC	A	Heart function, (add-on)	0.00	0.67	0.67	0.84	0.84	0.10	0.94	0.94
78481		A	Heart first pass single	0.98	4.87	4.87	6.24	6.24	0.39	7.61	7.61
78481	26	A	Heart first pass single	0.98	0.11	0.11	0.37	0.37	0.07	1.42	1.42
78481	TC	A	Heart first pass single	0.00	4.76	4.76	5.87	5.87	0.32	6.19	6.19
78483		A	Heart first pass multiple	1.47	4.97	4.97	6.51	6.51	0.57	8.55	8.55
78483	26	A	Heart first pass multiple	1.47	0.11	0.11	0.48	0.48	0.10	2.05	2.05
78483	TC	A	Heart first pass multiple	0.00	4.86	4.86	6.03	6.03	0.47	6.50	6.50
78580		A	Lung perfusion imaging	0.74	2.48	2.48	3.25	3.25	0.26	4.25	4.25
78580	26	A	Lung perfusion imaging	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78580	TC	A	Lung perfusion imaging	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78584		A	Lung V/Q image single breath	0.99	4.48	4.48	5.74	5.74	0.26	6.99	6.99
78584	26	A	Lung V/Q image single breath	0.99	0.11	0.11	0.37	0.37	0.07	1.43	1.43
78584	TC	A	Lung V/Q image single breath	0.00	4.37	4.37	5.37	5.37	0.19	5.56	5.56
78585		A	Lung V/Q imaging	1.09	4.69	4.69	6.05	6.05	0.41	7.55	7.55
78585	26	A	Lung V/Q imaging	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78585	TC	A	Lung V/Q imaging	0.00	4.58	4.58	5.66	5.66	0.34	6.00	6.00
78586		A	Aerosol lung image, single	0.40	2.34	2.34	2.99	2.99	0.19	3.58	3.58
78586	26	A	Aerosol lung image, single	0.40	0.10	0.10	0.22	0.22	0.03	0.65	0.65
78586	TC	A	Aerosol lung image, single	0.00	2.24	2.24	2.77	2.77	0.16	2.93	2.93
78587		A	Aerosol lung image, multiple	0.49	2.48	2.48	3.18	3.18	0.20	3.87	3.87
78587	26	A	Aerosol lung image, multiple	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78587	TC	A	Aerosol lung image, multiple	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78591		A	Vent image, 1 breath, 1 proj	0.40	4.06	4.06	5.09	5.09	0.20	5.69	5.69
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.11	0.23	0.23	0.03	0.66	0.66
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	3.95	3.95	4.86	4.86	0.17	5.03	5.03
78593		A	Vent image, 1 proj, gas	0.49	4.06	4.06	5.12	5.12	0.24	5.85	5.85
78593	26	A	Vent image, 1 proj, gas	0.49	0.11	0.11	0.25	0.25	0.03	0.77	0.77
78593	TC	A	Vent image, 1 proj, gas	0.00	3.95	3.95	4.87	4.87	0.21	5.08	5.08
78594		A	Vent image, mult proj, gas	0.53	4.48	4.48	5.65	5.65	0.34	6.52	6.52
78594	26	A	Vent image, mult proj, gas	0.53	0.11	0.11	0.26	0.26	0.04	0.83	0.83
78594	TC	A	Vent image, mult proj, gas	0.00	4.37	4.37	5.39	5.39	0.30	5.69	5.69
78596		A	Lung differential function	1.27	5.11	5.11	6.62	6.62	0.52	8.41	8.41
78596	26	A	Lung differential function	1.27	0.11	0.11	0.43	0.43	0.09	1.79	1.79
78596	TC	A	Lung differential function	0.00	5.00	5.00	6.19	6.19	0.43	6.62	6.62
78600		A	Brain imaging, ltd static	0.44	2.48	2.48	3.17	3.17	0.20	3.81	3.81
78600	26	A	Brain imaging, ltd static	0.44	0.10	0.10	0.23	0.23	0.03	0.70	0.70
78600	TC	A	Brain imaging, ltd static	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78601		A	Brain ltd imaging & flow	0.51	2.48	2.48	3.19	3.19	0.24	3.94	3.94
78601	26	A	Brain ltd imaging & flow	0.51	0.10	0.10	0.24	0.24	0.04	0.79	0.79
78601	TC	A	Brain ltd imaging & flow	0.00	2.38	2.38	2.95	2.95	0.20	3.15	3.15
78605		A	Brain imaging, complete	0.53	2.48	2.48	3.20	3.20	0.24	3.97	3.97
78605	26	A	Brain imaging, complete	0.53	0.10	0.10	0.25	0.25	0.04	0.82	0.82
78605	TC	A	Brain imaging, complete	0.00	2.38	2.38	2.95	2.95	0.20	3.15	3.15
78606		A	Brain imaging comp & flow	0.64	2.48	2.48	3.23	3.23	0.27	4.14	4.14
78606	26	A	Brain imaging comp & flow	0.64	0.10	0.10	0.27	0.27	0.04	0.95	0.95
78606	TC	A	Brain imaging comp & flow	0.00	2.38	2.38	2.96	2.96	0.23	3.19	3.19
78607		A	Brain imaging (3D)	1.23	5.47	5.47	7.04	7.04	0.47	8.74	8.74

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78607	26	A	Brain imaging (3D)	1.23	0.13	0.13	0.45	0.45	0.08	1.76	1.76
78607	TC	A	Brain imaging (3D)	0.00	5.34	5.34	6.59	6.59	0.39	6.98	6.98
78610		A	Brain flow imaging only	0.30	2.20	2.20	2.77	2.77	0.12	3.19	3.19
78610	26	A	Brain flow imaging only	0.30	0.10	0.10	0.19	0.19	0.02	0.51	0.51
78610	TC	A	Brain flow imaging only	0.00	2.10	2.10	2.58	2.58	0.10	2.68	2.68
78615		A	Cerebral blood flow imaging	0.42	4.30	4.30	5.39	5.39	0.26	6.07	6.07
78615	26	A	Cerebral blood flow imaging	0.42	0.10	0.10	0.22	0.22	0.03	0.67	0.67
78615	TC	A	Cerebral blood flow imaging	0.00	4.20	4.20	5.17	5.17	0.23	5.40	5.40
78630		A	Cerebrospinal fluid scan	0.68	8.09	8.09	10.09	10.09	0.36	11.13	11.13
78630	26	A	Cerebrospinal fluid scan	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78630	TC	A	Cerebrospinal fluid scan	0.00	7.99	7.99	9.81	9.81	0.31	10.12	10.12
78635		A	CSF ventriculography	0.61	8.09	8.09	10.04	10.04	0.20	10.85	10.85
78635	26	A	CSF ventriculography	0.61	0.10	0.10	0.27	0.27	0.04	0.92	0.92
78635	TC	A	CSF ventriculography	0.00	7.99	7.99	9.77	9.77	0.16	9.93	9.93
78645		A	CSF shunt evaluation	0.57	4.30	4.30	5.42	5.42	0.25	6.24	6.24
78645	26	A	CSF shunt evaluation	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78645	TC	A	CSF shunt evaluation	0.00	4.20	4.20	5.16	5.16	0.21	5.37	5.37
78647		A	Cerebrospinal fluid scan	0.90	5.17	5.17	6.60	6.60	0.42	7.92	7.92
78647	26	A	Cerebrospinal fluid scan	0.90	0.13	0.13	0.37	0.37	0.06	1.33	1.33
78647	TC	A	Cerebrospinal fluid scan	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78650		A	CSF leakage imaging	0.61	4.30	4.30	5.45	5.45	0.32	6.38	6.38
78650	26	A	CSF leakage imaging	0.61	0.10	0.10	0.27	0.27	0.04	0.92	0.92
78650	TC	A	CSF leakage imaging	0.00	4.20	4.20	5.18	5.18	0.28	5.46	5.46
78660		A	Nuclear exam of tear flow	0.53	2.48	2.48	3.18	3.18	0.17	3.88	3.88
78660	26	A	Nuclear exam of tear flow	0.53	0.10	0.10	0.25	0.25	0.04	0.82	0.82
78660	TC	A	Nuclear exam of tear flow	0.00	2.38	2.38	2.93	2.93	0.13	3.06	3.06
78700		A	Kidney imaging, static	0.45	2.48	2.48	3.18	3.18	0.21	3.84	3.84
78700	26	A	Kidney imaging, static	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78700	TC	A	Kidney imaging, static	0.00	2.38	2.38	2.95	2.95	0.18	3.13	3.13
78701		A	Kidney imaging with flow	0.49	2.48	2.48	3.19	3.19	0.24	3.92	3.92
78701	26	A	Kidney imaging with flow	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78701	TC	A	Kidney imaging with flow	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78704		A	Imaging renogram	0.74	5.11	5.11	6.46	6.46	0.29	7.49	7.49
78704	26	A	Imaging renogram	0.74	0.11	0.11	0.31	0.31	0.05	1.10	1.10
78704	TC	A	Imaging renogram	0.00	5.00	5.00	6.15	6.15	0.24	6.39	6.39
78707		A	Kidney flow & function image	0.94	5.11	5.11	6.52	6.52	0.33	7.79	7.79
78707	26	A	Kidney flow & function image	0.94	0.11	0.11	0.36	0.36	0.06	1.36	1.36
78707	TC	A	Kidney flow & function image	0.00	5.00	5.00	6.16	6.16	0.27	6.43	6.43
78710		A	Kidney imaging (3D)	0.66	5.17	5.17	6.55	6.55	0.41	7.62	7.62
78710	26	A	Kidney imaging (3D)	0.66	0.13	0.13	0.32	0.32	0.05	1.03	1.03
78710	TC	A	Kidney imaging (3D)	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78715		A	Renal vascular flow exam	0.30	2.20	2.20	2.77	2.77	0.12	3.19	3.19
78715	26	A	Renal vascular flow exam	0.30	0.10	0.10	0.19	0.19	0.02	0.51	0.51
78715	TC	A	Renal vascular flow exam	0.00	2.10	2.10	2.58	2.58	0.10	2.68	2.68
78725		A	Kidney function study	0.38	2.48	2.48	3.14	3.14	0.14	3.66	3.66
78725	26	A	Kidney function study	0.38	0.10	0.10	0.21	0.21	0.03	0.62	0.62
78725	TC	A	Kidney function study	0.00	2.38	2.38	2.93	2.93	0.11	3.04	3.04
78726		A	Kidney function w/intervent	0.87	2.48	2.48	3.28	3.28	0.24	4.39	4.39
78726	26	A	Kidney function w/intervent	0.87	0.10	0.10	0.33	0.33	0.06	1.26	1.26
78726	TC	A	Kidney function w/intervent	0.00	2.38	2.38	2.95	2.95	0.18	3.13	3.13
78727		A	Kidney transplant evaluation	0.99	5.11	5.11	6.52	6.52	0.31	7.82	7.82
78727	26	A	Kidney transplant evaluation	0.99	0.11	0.11	0.37	0.37	0.07	1.43	1.43
78727	TC	A	Kidney transplant evaluation	0.00	5.00	5.00	6.15	6.15	0.24	6.39	6.39
78730		A	Urinary bladder retention	0.36	2.48	2.48	3.14	3.14	0.11	3.61	3.61
78730	26	A	Urinary bladder retention	0.36	0.10	0.10	0.21	0.21	0.02	0.59	0.59
78730	TC	A	Urinary bladder retention	0.00	2.38	2.38	2.93	2.93	0.09	3.02	3.02
78740		A	Ureteral reflux study	0.57	4.30	4.30	5.41	5.41	0.17	6.15	6.15
78740	26	A	Ureteral reflux study	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78740	TC	A	Ureteral reflux study	0.00	4.20	4.20	5.15	5.15	0.13	5.28	5.28
78760		A	Testicular imaging	0.66	2.48	2.48	3.22	3.22	0.21	4.09	4.09
78760	26	A	Testicular imaging	0.66	0.10	0.10	0.28	0.28	0.04	0.98	0.98
78760	TC	A	Testicular imaging	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78761		A	Testicular imaging & flow	0.71	2.48	2.48	3.24	3.24	0.24	4.19	4.19
78761	26	A	Testicular imaging & flow	0.71	0.10	0.10	0.29	0.29	0.05	1.05	1.05
78761	TC	A	Testicular imaging & flow	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78800		A	Tumor imaging, limited area	0.66	4.30	4.30	5.44	5.44	0.24	6.34	6.34
78800	26	A	Tumor imaging, limited area	0.66	0.10	0.10	0.28	0.28	0.04	0.98	0.98
78800	TC	A	Tumor imaging, limited area	0.00	4.20	4.20	5.16	5.16	0.20	5.36	5.36
78801		A	Tumor imaging, mult areas	0.79	6.82	6.82	8.56	8.56	0.31	9.66	9.66
78801	26	A	Tumor imaging, mult areas	0.79	0.10	0.10	0.31	0.31	0.05	1.15	1.15
78801	TC	A	Tumor imaging, mult areas	0.00	6.72	6.72	8.25	8.25	0.26	8.51	8.51
78802		A	Tumor imaging, whole body	0.86	6.82	6.82	8.60	8.60	0.40	9.86	9.86
78802	26	A	Tumor imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78802	TC	A	Tumor imaging, whole body	0.00	6.72	6.72	8.27	8.27	0.34	8.61	8.61

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78803		A	Tumor imaging (3D)	1.09	5.47	5.47	7.01	7.01	0.46	8.56	8.56
78803	26	A	Tumor imaging (3D)	1.09	0.13	0.13	0.42	0.42	0.07	1.58	1.58
78803	TC	A	Tumor imaging (3D)	0.00	5.34	5.34	6.59	6.59	0.39	6.98	6.98
78805		A	Abscess imaging, ltd area	0.73	4.30	4.30	5.46	5.46	0.25	6.44	6.44
78805	26	A	Abscess imaging, ltd area	0.73	0.10	0.10	0.30	0.30	0.05	1.08	1.08
78805	TC	A	Abscess imaging, ltd area	0.00	4.20	4.20	5.16	5.16	0.20	5.36	5.36
78806		A	Abscess imaging, whole body	0.86	4.30	4.30	5.53	5.53	0.45	6.84	6.84
78806	26	A	Abscess imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78806	TC	A	Abscess imaging, whole body	0.00	4.20	4.20	5.20	5.20	0.39	5.59	5.59
78807		A	Nuclear localization/abscess	1.09	5.17	5.17	6.65	6.65	0.46	8.20	8.20
78807	26	A	Nuclear localization/abscess	1.09	0.13	0.13	0.42	0.42	0.07	1.58	1.58
78807	TC	A	Nuclear localization/abscess	0.00	5.04	5.04	6.23	6.23	0.39	6.62	6.62
78810	26	N	Tumor imaging (PET)	+1.93	4.95	4.95	6.48	6.48	0.10	8.51	8.51
78890		B	Nuclear medicine data proc	+0.05	0.56	0.56	0.71	0.71	0.08	0.84	0.84
78890	26	B	Nuclear medicine data proc	+0.05	0.11	0.11	0.15	0.15	0.00	0.20	0.20
78890	TC	B	Nuclear medicine data proc	+0.00	0.45	0.45	0.56	0.56	0.08	0.64	0.64
78891		B	Nuclear med data proc	+0.10	0.91	0.91	1.18	1.18	0.18	1.46	1.46
78891	26	B	Nuclear med data proc	+0.10	0.11	0.11	0.16	0.16	0.01	0.27	0.27
78891	TC	B	Nuclear med data proc	+0.00	0.80	0.80	1.02	1.02	0.17	1.19	1.19
79000		A	Intial hyperthyroid therapy	1.80	1.27	1.27	2.01	2.01	0.29	4.10	4.10
79000	26	A	Intial hyperthyroid therapy	1.80	0.11	0.11	0.56	0.56	0.12	2.48	2.48
79000	TC	A	Intial hyperthyroid therapy	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79001		A	Repeat hyperthyroid therapy	1.05	1.27	1.27	1.81	1.81	0.15	3.01	3.01
79001	26	A	Repeat hyperthyroid therapy	1.05	0.11	0.11	0.38	0.38	0.07	1.50	1.50
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.16	1.16	1.43	1.43	0.08	1.51	1.51
79020		A	Thyroid ablation	1.81	1.27	1.27	2.01	2.01	0.29	4.11	4.11
79020	26	A	Thyroid ablation	1.81	0.11	0.11	0.56	0.56	0.12	2.49	2.49
79020	TC	A	Thyroid ablation	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79030		A	Thyroid ablation, carcinoma	2.10	1.27	1.27	2.08	2.08	0.31	4.49	4.49
79030	26	A	Thyroid ablation, carcinoma	2.10	0.11	0.11	0.63	0.63	0.14	2.87	2.87
79030	TC	A	Thyroid ablation, carcinoma	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79035		A	Thyroid metastatic therapy	2.52	1.27	1.27	2.18	2.18	0.34	5.04	5.04
79035	26	A	Thyroid metastatic therapy	2.52	0.11	0.11	0.73	0.73	0.17	3.42	3.42
79035	TC	A	Thyroid metastatic therapy	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79100		A	Hematopoetic nuclear therapy	1.32	1.35	1.35	2.00	2.00	0.26	3.58	3.58
79100	26	A	Hematopoetic nuclear therapy	1.32	0.11	0.11	0.45	0.45	0.09	1.86	1.86
79100	TC	A	Hematopoetic nuclear therapy	0.00	1.24	1.24	1.55	1.55	0.17	1.72	1.72
79200		A	Intracavitary nuc treatment	1.99	2.30	2.30	3.31	3.31	0.31	5.61	5.61
79200	26	A	Intracavitary nuc treatment	1.99	0.11	0.11	0.60	0.60	0.14	2.73	2.73
79200	TC	A	Intracavitary nuc treatment	0.00	2.19	2.19	2.71	2.71	0.17	2.88	2.88
79300	26	A	Interstitial nuclear therapy	1.60	0.11	0.11	0.51	0.51	0.11	2.22	2.22
79400		A	Nonhemato nuclear therapy	1.96	1.35	1.35	2.14	2.14	0.30	4.40	4.40
79400	26	A	Nonhemato nuclear therapy	1.96	0.11	0.11	0.59	0.59	0.13	2.68	2.68
79400	TC	A	Nonhemato nuclear therapy	0.00	1.24	1.24	1.55	1.55	0.17	1.72	1.72
79420	26	A	Intravascular nuc therapy	1.51	0.11	0.11	0.49	0.49	0.10	2.10	2.10
79440		A	Nuclear joint therapy	1.99	1.47	1.47	2.29	2.29	0.31	4.59	4.59
79440	26	A	Nuclear joint therapy	1.99	0.11	0.11	0.60	0.60	0.14	2.73	2.73
79440	TC	A	Nuclear joint therapy	0.00	1.36	1.36	1.69	1.69	0.17	1.86	1.86
80500		A	Lab pathology consultation	0.37	0.16	0.13	0.28	0.24	0.01	0.66	0.62
80502		A	Lab pathology consultation	1.33	0.18	0.13	0.52	0.46	0.02	1.87	1.81
83020	26	A	Assay hemoglobin	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
83912	26	A	Genetic examination	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
84165	26	A	Assay serum proteins	0.37	0.18	0.13	0.30	0.24	0.01	0.68	0.62
84181	26	A	Western blot test	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
84182	26	A	Protein, western blot test	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
85060		A	Blood smear interpretation	0.45	0.21	0.13	0.36	0.26	0.02	0.83	0.73
85095		A	Bone marrow aspiration	1.08	0.80	0.11	1.23	0.38	0.05	2.36	1.51
85097		A	Bone marrow interpretation	0.94	1.51	0.16	2.05	0.41	0.04	3.03	1.39
85102		A	Bone marrow biopsy	1.37	1.83	0.11	2.55	0.45	0.05	3.97	1.87
85390	26	A	Fibrinolysins screen	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
85576	26	A	Blood platelet aggregation	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86077		A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86078		A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86079		A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.13	0.33	0.24	0.01	0.71	0.62
86256	26	A	Fluorescent antibody; titer	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86320	26	A	Serum immunoelectrophoresis	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86325	26	A	Other immunoelectrophoresis	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86327	26	A	Immunoelectrophoresis assay	0.42	0.13	0.13	0.25	0.25	0.01	0.68	0.68
86334	26	A	Immunofixation procedure	0.37	0.19	0.13	0.31	0.24	0.01	0.69	0.62
86490		A	Coccidioidomycosis skin test	0.00	0.26	0.11	0.33	0.14	0.02	0.35	0.16
86510		A	Histoplasmosis skin test	0.00	0.30	0.11	0.36	0.14	0.02	0.38	0.16
86580		A	TB intradermal test	0.00	0.17	0.02	0.22	0.03	0.02	0.24	0.05
86585		A	TB tine test	0.00	0.28	0.11	0.34	0.14	0.01	0.35	0.15

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
87164	26	A	Dark field examination	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
87207	26	A	Smear, stain & interpret	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
88104		A	Microscopic exam of cells	0.56	0.89	0.89	1.23	1.23	0.04	1.83	1.83
88104	26	A	Microscopic exam of cells	0.56	0.13	0.13	0.29	0.29	0.02	0.87	0.87
88104	TC	A	Microscopic exam of cells	0.00	0.76	0.76	0.94	0.94	0.02	0.96	0.96
88106		A	Microscopic exam of cells	0.56	1.07	1.07	1.44	1.44	0.03	2.03	2.03
88106	26	A	Microscopic exam of cells	0.56	0.13	0.13	0.29	0.29	0.01	0.86	0.86
88106	TC	A	Microscopic exam of cells	0.00	0.94	0.94	1.15	1.15	0.02	1.17	1.17
88107		A	Microscopic exam of cells	0.76	0.97	0.97	1.35	1.35	0.04	2.15	2.15
88107	26	A	Microscopic exam of cells	0.76	0.13	0.13	0.33	0.33	0.02	1.11	1.11
88107	TC	A	Microscopic exam of cells	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
88108		A	Cytopathology	0.56	1.03	1.03	1.39	1.39	0.04	1.99	1.99
88108	26	A	Cytopathology	0.56	0.13	0.13	0.29	0.29	0.02	0.87	0.87
88108	TC	A	Cytopathology	0.00	0.90	0.90	1.10	1.10	0.02	1.12	1.12
88125		A	Forensic cytopathology	0.26	0.42	0.42	0.57	0.57	0.00	0.83	0.83
88125	26	A	Forensic cytopathology	0.26	0.13	0.13	0.22	0.22	0.00	0.48	0.48
88125	TC	A	Forensic cytopathology	0.00	0.29	0.29	0.35	0.35	0.00	0.35	0.35
88151	26	A	Cytopathology interpretation	0.42	0.40	0.16	0.59	0.30	0.04	1.05	0.76
88157	26	A	TBS smear (bethesda system)	0.42	0.40	0.16	0.59	0.30	0.04	1.05	0.76
88160		A	Cytopathology	0.50	0.85	0.85	1.16	1.16	0.03	1.69	1.69
88160	26	A	Cytopathology	0.50	0.13	0.13	0.27	0.27	0.01	0.78	0.78
88160	TC	A	Cytopathology	0.00	0.72	0.72	0.89	0.89	0.02	0.91	0.91
88161		A	Cytopathology	0.50	0.91	0.91	1.23	1.23	0.03	1.76	1.76
88161	26	A	Cytopathology	0.50	0.13	0.13	0.27	0.27	0.01	0.78	0.78
88161	TC	A	Cytopathology	0.00	0.78	0.78	0.96	0.96	0.02	0.98	0.98
88162		A	Cytopathology, extensive	0.76	1.29	1.29	1.75	1.75	0.05	2.56	2.56
88162	26	A	Cytopathology, extensive	0.76	0.13	0.13	0.33	0.33	0.03	1.12	1.12
88162	TC	A	Cytopathology, extensive	0.00	1.16	1.16	1.42	1.42	0.02	1.44	1.44
88170		A	Fine needle aspiration	1.27	0.71	0.71	1.17	1.17	0.09	2.53	2.53
88170	26	A	Fine needle aspiration	1.27	0.17	0.17	0.50	0.50	0.05	1.82	1.82
88170	TC	A	Fine needle aspiration	0.00	0.54	0.54	0.67	0.67	0.04	0.71	0.71
88171		A	Fine needle aspiration	1.27	0.83	0.83	1.32	1.32	0.09	2.68	2.68
88171	26	A	Fine needle aspiration	1.27	0.17	0.17	0.50	0.50	0.05	1.82	1.82
88171	TC	A	Fine needle aspiration	0.00	0.66	0.66	0.82	0.82	0.04	0.86	0.86
88172		A	Evaluation of smear	0.60	0.98	0.98	1.33	1.33	0.05	1.98	1.98
88172	26	A	Evaluation of smear	0.60	0.14	0.14	0.31	0.31	0.03	0.94	0.94
88172	TC	A	Evaluation of smear	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
88173		A	Interpretation of smear	1.39	0.99	0.99	1.52	1.52	0.05	2.96	2.96
88173	26	A	Interpretation of smear	1.39	0.14	0.14	0.48	0.48	0.03	1.90	1.90
88173	TC	A	Interpretation of smear	0.00	0.85	0.85	1.04	1.04	0.02	1.06	1.06
88180		A	Cell marker study	0.36	0.50	0.50	0.70	0.70	0.03	1.09	1.09
88180	26	A	Cell marker study	0.36	0.02	0.02	0.11	0.11	0.01	0.48	0.48
88180	TC	A	Cell marker study	0.00	0.48	0.48	0.59	0.59	0.02	0.61	0.61
88182		A	Cell marker study	0.77	1.56	1.56	2.08	2.08	0.07	2.92	2.92
88182	26	A	Cell marker study	0.77	0.12	0.12	0.32	0.32	0.03	1.12	1.12
88182	TC	A	Cell marker study	0.00	1.44	1.44	1.76	1.76	0.04	1.80	1.80
88300		A	Surg path, gross	0.08	0.71	0.71	0.89	0.89	0.01	0.98	0.98
88300	26	A	Surg path, gross	0.08	0.13	0.13	0.18	0.18	0.01	0.27	0.27
88300	TC	A	Surg path, gross	0.00	0.58	0.58	0.71	0.71	0.00	0.71	0.71
88302		A	Tissue exam by pathologist	0.13	1.52	1.52	1.89	1.89	0.04	2.06	2.06
88302	26	A	Tissue exam by pathologist	0.13	0.14	0.14	0.21	0.21	0.02	0.36	0.36
88302	TC	A	Tissue exam by pathologist	0.00	1.38	1.38	1.68	1.68	0.02	1.70	1.70
88304		A	Tissue exam by pathologist	0.22	1.52	1.52	1.91	1.91	0.04	2.17	2.17
88304	26	A	Tissue exam by pathologist	0.22	0.14	0.14	0.23	0.23	0.02	0.47	0.47
88304	TC	A	Tissue exam by pathologist	0.00	1.38	1.38	1.68	1.68	0.02	1.70	1.70
88305		A	Tissue exam by pathologist	0.75	1.75	1.75	2.32	2.32	0.08	3.15	3.15
88305	26	A	Tissue exam by pathologist	0.75	0.14	0.14	0.35	0.35	0.04	1.14	1.14
88305	TC	A	Tissue exam by pathologist	0.00	1.61	1.61	1.97	1.97	0.04	2.01	2.01
88307		A	Tissue exam by pathologist	1.59	2.58	2.58	3.53	3.53	0.12	5.24	5.24
88307	26	A	Tissue exam by pathologist	1.59	0.17	0.17	0.57	0.57	0.06	2.22	2.22
88307	TC	A	Tissue exam by pathologist	0.00	2.41	2.41	2.96	2.96	0.06	3.02	3.02
88309		A	Tissue exam by pathologist	2.28	4.36	4.36	5.84	5.84	0.13	8.25	8.25
88309	26	A	Tissue exam by pathologist	2.28	0.20	0.20	0.76	0.76	0.07	3.11	3.11
88309	TC	A	Tissue exam by pathologist	0.00	4.16	4.16	5.08	5.08	0.06	5.14	5.14
88311		A	Decalcify tissue	0.24	0.21	0.21	0.32	0.32	0.01	0.57	0.57
88311	26	A	Decalcify tissue	0.24	0.06	0.06	0.13	0.13	0.01	0.38	0.38
88311	TC	A	Decalcify tissue	0.00	0.15	0.15	0.19	0.19	0.00	0.19	0.19
88312		A	Special stains	0.54	2.09	2.09	2.66	2.66	0.01	3.21	3.21
88312	26	A	Special stains	0.54	0.10	0.10	0.24	0.24	0.01	0.79	0.79
88312	TC	A	Special stains	0.00	1.99	1.99	2.42	2.42	0.00	2.42	2.42
88313		A	Special stains	0.24	1.81	1.81	2.27	2.27	0.01	2.52	2.52
88313	26	A	Special stains	0.24	0.10	0.10	0.18	0.18	0.01	0.43	0.43
88313	TC	A	Special stains	0.00	1.71	1.71	2.09	2.09	0.00	2.09	2.09
88314		A	Histochemical stain	0.45	1.78	1.78	2.27	2.27	0.04	2.76	2.76

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
88314	26	A	Histochemical stain	0.45	0.10	0.10	0.22	0.22	0.02	0.69	0.69
88314	TC	A	Histochemical stain	0.00	1.68	1.68	2.05	2.05	0.02	2.07	2.07
88318		A	Chemical histochemistry	0.42	1.83	1.83	2.33	2.33	0.01	2.76	2.76
88318	26	A	Chemical histochemistry	0.42	0.10	0.10	0.22	0.22	0.01	0.65	0.65
88318	TC	A	Chemical histochemistry	0.00	1.73	1.73	2.11	2.11	0.00	2.11	2.11
88319		A	Enzyme histochemistry	0.53	2.23	2.23	2.84	2.84	0.04	3.41	3.41
88319	26	A	Enzyme histochemistry	0.53	0.10	0.10	0.24	0.24	0.02	0.79	0.79
88319	TC	A	Enzyme histochemistry	0.00	2.13	2.13	2.60	2.60	0.02	2.62	2.62
88321		A	Microslide consultation	1.30	0.38	0.16	0.75	0.49	0.03	2.08	1.82
88323		A	Microslide consultation	1.35	1.70	1.70	2.38	2.38	0.05	3.78	3.78
88323	26	A	Microslide consultation	1.35	0.16	0.16	0.50	0.50	0.03	1.88	1.88
88323	TC	A	Microslide consultation	0.00	1.54	1.54	1.88	1.88	0.02	1.90	1.90
88325		A	Comprehensive review of data	2.22	0.38	0.16	0.95	0.69	0.04	3.21	2.95
88329		A	Pathology consult in surgery	0.67	0.29	0.16	0.50	0.35	0.03	1.20	1.05
88331		A	Pathology consult in surgery	1.19	0.72	0.72	1.16	1.16	0.08	2.43	2.43
88331	26	A	Pathology consult in surgery	1.19	0.18	0.18	0.49	0.49	0.04	1.72	1.72
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.54	0.67	0.67	0.04	0.71	0.71
88332		A	Pathology consult in surgery	0.59	0.40	0.40	0.64	0.64	0.04	1.27	1.27
88332	26	A	Pathology consult in surgery	0.59	0.14	0.14	0.31	0.31	0.02	0.92	0.92
88332	TC	A	Pathology consult in surgery	0.00	0.26	0.26	0.33	0.33	0.02	0.35	0.35
88342		A	Immunocytochemistry	0.85	1.66	1.66	2.21	2.21	0.04	3.10	3.10
88342	26	A	Immunocytochemistry	0.85	0.10	0.10	0.31	0.31	0.02	1.18	1.18
88342	TC	A	Immunocytochemistry	0.00	1.56	1.56	1.90	1.90	0.02	1.92	1.92
88346		A	Immunofluorescent study	0.86	1.29	1.29	1.78	1.78	0.04	2.68	2.68
88346	26	A	Immunofluorescent study	0.86	0.10	0.10	0.32	0.32	0.02	1.20	1.20
88346	TC	A	Immunofluorescent study	0.00	1.19	1.19	1.46	1.46	0.02	1.48	1.48
88347		A	Immunofluorescent study	0.86	1.29	1.29	1.78	1.78	0.04	2.68	2.68
88347	26	A	Immunofluorescent study	0.86	0.10	0.10	0.32	0.32	0.02	1.20	1.20
88347	TC	A	Immunofluorescent study	0.00	1.19	1.19	1.46	1.46	0.02	1.48	1.48
88348		A	Electron microscopy	1.51	5.62	5.62	7.23	7.23	0.16	8.90	8.90
88348	26	A	Electron microscopy	1.51	0.20	0.20	0.60	0.60	0.08	2.19	2.19
88348	TC	A	Electron microscopy	0.00	5.42	5.42	6.63	6.63	0.08	6.71	6.71
88349		A	Scanning electron microscopy	0.76	4.54	4.54	5.73	5.73	0.12	6.61	6.61
88349	26	A	Scanning electron microscopy	0.76	0.20	0.20	0.43	0.43	0.06	1.25	1.25
88349	TC	A	Scanning electron microscopy	0.00	4.34	4.34	5.30	5.30	0.06	5.36	5.36
88355		A	Analysis, skeletal muscle	1.85	2.13	2.13	3.03	3.03	0.13	5.01	5.01
88355	26	A	Analysis, skeletal muscle	1.85	0.17	0.17	0.63	0.63	0.07	2.55	2.55
88355	TC	A	Analysis, skeletal muscle	0.00	1.96	1.96	2.40	2.40	0.06	2.46	2.46
88356		A	Analysis, nerve	3.02	2.13	2.13	3.29	3.29	0.18	6.49	6.49
88356	26	A	Analysis, nerve	3.02	0.17	0.17	0.89	0.89	0.10	4.01	4.01
88356	TC	A	Analysis, nerve	0.00	1.96	1.96	2.40	2.40	0.08	2.48	2.48
88358		A	Analysis, tumor	2.82	2.13	2.13	3.25	3.25	0.16	6.23	6.23
88358	26	A	Analysis, tumor	2.82	0.17	0.17	0.85	0.85	0.08	3.75	3.75
88358	TC	A	Analysis, tumor	0.00	1.96	1.96	2.40	2.40	0.08	2.48	2.48
88362		A	Nerve teasing preparations	2.17	2.09	2.09	3.05	3.05	0.13	5.35	5.35
88362	26	A	Nerve teasing preparations	2.17	0.17	0.17	0.70	0.70	0.07	2.94	2.94
88362	TC	A	Nerve teasing preparations	0.00	1.92	1.92	2.35	2.35	0.06	2.41	2.41
88365		A	Tissue hybridization	0.93	2.62	2.62	3.40	3.40	0.05	4.38	4.38
88365	26	A	Tissue hybridization	0.93	0.10	0.10	0.33	0.33	0.03	1.29	1.29
88365	TC	A	Tissue hybridization	0.00	2.52	2.52	3.07	3.07	0.02	3.09	3.09
88371	26	A	Protein, western blot tissue	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
88372	26	A	Protein analysis w/probe	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
89060	26	A	Exam,synovial fluid crystals	0.37	0.19	0.13	0.31	0.24	0.01	0.69	0.62
89100		A	Sample intestinal contents	0.60	1.27	0.14	1.69	0.31	0.03	2.32	0.94
89105		A	Sample intestinal contents	0.50	1.27	0.14	1.67	0.29	0.03	2.20	0.82
89130		A	Sample stomach contents	0.45	1.27	0.14	1.66	0.28	0.03	2.14	0.76
89132		A	Sample stomach contents	0.19	1.27	0.14	1.60	0.22	0.02	1.81	0.43
89135		A	Sample stomach contents	0.79	1.31	0.14	1.78	0.36	0.04	2.61	1.19
89136		A	Sample stomach contents	0.21	1.44	0.14	1.80	0.22	0.02	2.03	0.45
89140		A	Sample stomach contents	0.94	1.44	0.14	1.97	0.40	0.07	2.98	1.41
89141		A	Sample stomach contents	0.85	1.58	0.14	2.12	0.37	0.06	3.03	1.28
89350		A	Sputum specimen collection	0.00	0.37	0.06	0.45	0.08	0.03	0.48	0.11
89360		A	Collect sweat for test	0.00	0.18	0.13	0.23	0.17	0.03	0.26	0.20
90780		A	IV infusion therapy, 1 hour	0.00	1.04	0.13	1.28	0.18	0.08	1.36	0.26
90781		A	IV infusion, additional hour	0.00	0.63	0.02	0.78	0.03	0.04	0.82	0.07
90782		T	Injection (SC)/(IM)	0.00	0.22	0.05	0.28	0.06	0.01	0.29	0.07
90783		T	Injection (IA)	0.00	0.29	0.05	0.35	0.07	0.03	0.38	0.10
90784		T	Injection (IV)	0.00	0.29	0.05	0.36	0.07	0.04	0.40	0.11
90788		T	Injection of antibiotic	0.00	0.20	0.05	0.25	0.06	0.01	0.26	0.07
90801		A	Psychiatric interview	2.80	0.53	0.16	1.28	0.83	0.09	4.17	3.72
90820		A	Diagnostic interview	3.01	0.53	0.16	1.32	0.87	0.05	4.38	3.93
90825		B	Evaluation of tests/records	+0.97	0.36	0.06	0.66	0.30	0.04	1.67	1.31
90835		A	Special interview	2.84	1.14	0.16	2.03	0.84	0.07	4.94	3.75
90842		G	Psychotherapy, 75–80 min.	+3.13	0.35	0.16	1.14	0.92	0.15	4.42	4.20

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
90843	.....	G	Psychotherapy, 20–30 min.	+1.47	0.35	0.16	0.76	0.53	0.05	2.28	2.05
90844	.....	G	Psychotherapy, 45–50 min.	+2.00	0.35	0.16	0.88	0.65	0.08	2.96	2.73
90845	.....	A	Medical psychoanalysis	1.79	0.35	0.16	0.83	0.60	0.05	2.67	2.44
90846	.....	R	Special family therapy	1.83	0.20	0.16	0.67	0.62	0.08	2.58	2.53
90847	.....	R	Special family therapy	2.21	0.20	0.16	0.75	0.70	0.08	3.04	2.99
90849	.....	R	Special family therapy	0.59	0.20	0.16	0.38	0.33	0.03	1.00	0.95
90853	.....	A	Special group therapy	0.59	0.20	0.16	0.38	0.33	0.03	1.00	0.95
90855	.....	G	Individual psychotherapy	+2.15	0.35	0.16	0.91	0.69	0.09	3.15	2.93
90857	.....	A	Special group therapy	0.63	0.20	0.16	0.39	0.34	0.02	1.04	0.99
90862	.....	A	Medication management	0.95	0.35	0.16	0.64	0.42	0.05	1.64	1.42
90870	.....	A	Electroconvulsive therapy	1.88	0.67	0.16	1.25	0.63	0.08	3.21	2.59
90871	.....	A	Electroconvulsive therapy	2.72	NA	0.16	NA	0.82	0.13	NA	3.67
90875	.....	A	Psychophysiological therapy	1.11	0.35	0.16	0.68	0.45	0.05	1.84	1.61
90876	.....	A	Psychophysiological therapy	1.73	0.35	0.16	0.82	0.60	0.08	2.63	2.41
90880	.....	A	Medical hypnotherapy	2.19	0.35	0.16	0.92	0.69	0.07	3.18	2.95
90887	.....	B	Consultation with family	+1.48	0.30	0.16	0.69	0.53	0.04	2.21	2.05
90901	.....	A	Biofeedback, any method	0.41	0.69	0.16	0.95	0.30	0.07	1.43	0.78
90911	.....	A	Anorectal biofeedback	0.89	0.69	0.16	1.10	0.45	0.27	2.26	1.61
90918	.....	A	ESRD related services, month	11.18	0.16	0.16	2.68	2.68	0.14	14.00	14.00
90919	.....	A	ESRD related services, month	8.54	0.16	0.16	2.10	2.10	0.14	10.78	10.78
90920	.....	A	ESRD related services, month	7.27	0.16	0.16	1.82	1.82	0.14	9.23	9.23
90921	.....	A	ESRD related services, month	4.47	0.16	0.16	1.21	1.21	0.14	5.82	5.82
90922	.....	A	ESRD related services, day	0.37	0.01	0.01	0.10	0.10	0.01	0.48	0.48
90923	.....	A	Esrd related services, day	0.28	0.01	0.01	0.08	0.08	0.01	0.37	0.37
90924	.....	A	Esrd related services, day	0.24	0.01	0.01	0.07	0.07	0.01	0.32	0.32
90925	.....	A	Esrd related services, day	0.15	0.01	0.01	0.05	0.05	0.01	0.21	0.21
90935	.....	A	Hemodialysis, one evaluation	1.22	NA	0.11	NA	0.43	0.10	NA	1.75
90937	.....	A	Hemodialysis, repeated eval	2.11	NA	0.11	NA	0.64	0.18	NA	2.93
90945	.....	A	Dialysis, one evaluation	1.28	NA	0.11	NA	0.43	0.08	NA	1.79
90947	.....	A	Dialysis, repeated eval	2.16	NA	0.11	NA	0.64	0.14	NA	2.94
90997	.....	A	Hemoperfusion	1.84	NA	0.11	NA	0.57	0.16	NA	2.57
91000	.....	A	Esophageal intubation	0.73	1.48	1.48	1.98	1.98	0.06	2.77	2.77
91000	26	A	Esophageal intubation	0.73	0.18	0.18	0.39	0.39	0.05	1.17	1.17
91000	TC	A	Esophageal intubation	0.00	1.30	1.30	1.59	1.59	0.01	1.60	1.60
91010	.....	A	Esophagus motility study	1.25	1.63	1.63	2.30	2.30	0.17	3.72	3.72
91010	26	A	Esophagus motility study	1.25	0.18	0.18	0.52	0.52	0.11	1.88	1.88
91010	TC	A	Esophagus motility study	0.00	1.45	1.45	1.78	1.78	0.06	1.84	1.84
91011	.....	A	Esophagus motility study	1.50	1.77	1.77	2.53	2.53	0.18	4.21	4.21
91011	26	A	Esophagus motility study	1.50	0.18	0.18	0.58	0.58	0.11	2.19	2.19
91011	TC	A	Esophagus motility study	0.00	1.59	1.59	1.95	1.95	0.07	2.02	2.02
91012	.....	A	Esophagus motility study	1.46	1.84	1.84	2.62	2.62	0.23	4.31	4.31
91012	26	A	Esophagus motility study	1.46	0.18	0.18	0.58	0.58	0.15	2.19	2.19
91012	TC	A	Esophagus motility study	0.00	1.66	1.66	2.04	2.04	0.08	2.12	2.12
91020	.....	A	Esophagogastric study	1.44	1.84	1.84	2.61	2.61	0.18	4.23	4.23
91020	26	A	Esophagogastric study	1.44	0.18	0.18	0.57	0.57	0.12	2.13	2.13
91020	TC	A	Esophagogastric study	0.00	1.66	1.66	2.04	2.04	0.06	2.10	2.10
91030	.....	A	Acid perfusion of esophagus	0.91	1.64	1.64	2.21	2.21	0.05	3.17	3.17
91030	26	A	Acid perfusion of esophagus	0.91	0.18	0.18	0.43	0.43	0.03	1.37	1.37
91030	TC	A	Acid perfusion of esophagus	0.00	1.46	1.46	1.78	1.78	0.02	1.80	1.80
91032	.....	A	Esophagus, acid reflux test	1.21	1.58	1.58	2.22	2.22	0.16	3.59	3.59
91032	26	A	Esophagus, acid reflux test	1.21	0.18	0.18	0.51	0.51	0.10	1.82	1.82
91032	TC	A	Esophagus, acid reflux test	0.00	1.40	1.40	1.71	1.71	0.06	1.77	1.77
91033	.....	A	Prolonged acid reflux test	1.30	1.68	1.68	2.39	2.39	0.25	3.94	3.94
91033	26	A	Prolonged acid reflux test	1.30	0.18	0.18	0.54	0.54	0.14	1.98	1.98
91033	TC	A	Prolonged acid reflux test	0.00	1.50	1.50	1.85	1.85	0.11	1.96	1.96
91052	.....	A	Gastric analysis test	0.79	1.65	1.65	2.21	2.21	0.07	3.07	3.07
91052	26	A	Gastric analysis test	0.79	0.18	0.18	0.41	0.41	0.04	1.24	1.24
91052	TC	A	Gastric analysis test	0.00	1.47	1.47	1.80	1.80	0.03	1.83	1.83
91055	.....	A	Gastric intubation for smear	0.94	1.48	1.48	2.03	2.03	0.06	3.03	3.03
91055	26	A	Gastric intubation for smear	0.94	0.18	0.18	0.44	0.44	0.04	1.42	1.42
91055	TC	A	Gastric intubation for smear	0.00	1.30	1.30	1.59	1.59	0.02	1.61	1.61
91060	.....	A	Gastric saline load test	0.45	0.24	0.24	0.41	0.41	0.06	0.92	0.92
91060	26	A	Gastric saline load test	0.45	0.07	0.07	0.19	0.19	0.04	0.68	0.68
91060	TC	A	Gastric saline load test	0.00	0.17	0.17	0.22	0.22	0.02	0.24	0.24
91065	.....	A	Breath hydrogen test	0.20	2.32	2.32	2.88	2.88	0.05	3.13	3.13
91065	26	A	Breath hydrogen test	0.20	0.18	0.18	0.27	0.27	0.03	0.50	0.50
91065	TC	A	Breath hydrogen test	0.00	2.14	2.14	2.61	2.61	0.02	2.63	2.63
91100	.....	A	Pass intestine bleeding tube	1.08	NA	0.14	NA	0.42	0.05	NA	1.55
91105	.....	A	Gastric intubation treatment	0.37	NA	0.14	NA	0.26	0.04	NA	0.67
91122	.....	A	Anal pressure record	1.77	2.00	2.00	2.88	2.88	0.22	4.87	4.87
91122	26	A	Anal pressure record	1.77	0.19	0.19	0.65	0.65	0.13	2.55	2.55
91122	TC	A	Anal pressure record	0.00	1.81	1.81	2.23	2.23	0.09	2.32	2.32
92002	.....	A	Eye exam, new patient	0.88	0.57	0.16	0.89	0.40	0.02	1.79	1.30
92004	.....	A	Eye exam, new patient	1.67	0.67	0.16	1.19	0.57	0.02	2.88	2.26

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92012		A	Eye exam established pt	0.67	0.53	0.16	0.80	0.35	0.02	1.49	1.04
92014		A	Eye exam & treatment	1.10	0.60	0.16	0.98	0.44	0.02	2.10	1.56
92015		N	Refraction	+0.38	0.57	0.07	0.78	0.17	0.02	1.18	0.57
92018		A	New eye exam & treatment	1.51	NA	0.16	NA	0.54	0.03	NA	2.08
92019		A	Eye exam & treatment	1.31	NA	0.16	NA	0.49	0.03	NA	1.83
92020		A	Special eye evaluation	0.37	0.41	0.07	0.58	0.17	0.01	0.96	0.55
92060		A	Special eye evaluation	0.69	0.86	0.86	1.21	1.21	0.02	1.92	1.92
92060	26	A	Special eye evaluation	0.69	0.08	0.08	0.25	0.25	0.01	0.95	0.95
92060	TC	A	Special eye evaluation	0.00	0.78	0.78	0.96	0.96	0.01	0.97	0.97
92065		A	Orthoptic/pleoptic training	0.37	0.86	0.86	1.14	1.14	0.01	1.52	1.52
92065	26	A	Orthoptic/pleoptic training	0.37	0.08	0.08	0.18	0.18	0.01	0.56	0.56
92065	TC	A	Orthoptic/pleoptic training	0.00	0.78	0.78	0.96	0.96	0.00	0.96	0.96
92070		A	Fitting of contact lens	0.70	0.38	0.07	0.63	0.25	0.06	1.39	1.01
92081		A	Visual field examination(s)	0.36	0.49	0.49	0.68	0.68	0.01	1.05	1.05
92081	26	A	Visual field examination(s)	0.36	0.03	0.03	0.12	0.12	0.01	0.49	0.49
92081	TC	A	Visual field examination(s)	0.00	0.46	0.46	0.56	0.56	0.00	0.56	0.56
92082		A	Visual field examination(s)	0.44	0.60	0.60	0.84	0.84	0.02	1.30	1.30
92082	26	A	Visual field examination(s)	0.44	0.03	0.03	0.14	0.14	0.01	0.59	0.59
92082	TC	A	Visual field examination(s)	0.00	0.57	0.57	0.70	0.70	0.01	0.71	0.71
92083		A	Visual field examination(s)	0.50	0.72	0.72	1.00	1.00	0.04	1.54	1.54
92083	26	A	Visual field examination(s)	0.50	0.04	0.04	0.17	0.17	0.03	0.70	0.70
92083	TC	A	Visual field examination(s)	0.00	0.68	0.68	0.83	0.83	0.01	0.84	0.84
92100		A	Serial tonometry exam(s)	0.92	0.38	0.16	0.66	0.40	0.01	1.59	1.33
92120		A	Tonography & eye evaluation	0.81	0.29	0.07	0.53	0.27	0.02	1.36	1.10
92130		A	Water provocation tonography	0.81	0.32	0.07	0.57	0.27	0.02	1.40	1.10
92140		A	Glaucoma provocative tests	0.50	0.41	0.07	0.61	0.20	0.01	1.12	0.71
92225		A	Special eye exam, initial	0.38	0.16	0.07	0.29	0.17	0.02	0.69	0.57
92226		A	Special eye exam, subsequent	0.33	0.16	0.07	0.28	0.16	0.02	0.63	0.51
92230		A	Eye exam with photos	0.60	0.45	0.01	0.69	0.15	0.04	1.33	0.79
92235		A	Eye exam with photos	0.81	1.23	1.23	1.70	1.70	0.09	2.60	2.60
92235	26	A	Eye exam with photos	0.81	0.04	0.04	0.23	0.23	0.03	1.07	1.07
92235	TC	A	Eye exam with photos	0.00	1.19	1.19	1.47	1.47	0.06	1.53	1.53
92240		A	Icg angiography	1.10	2.35	2.35	3.13	3.13	0.09	4.32	4.32
92240	26	A	Icg angiography	1.10	0.09	0.09	0.36	0.36	0.03	1.49	1.49
92240	TC	A	Icg angiography	0.00	2.26	2.26	2.77	2.77	0.06	2.83	2.83
92250		A	Eye exam with photos	0.44	0.82	0.82	1.11	1.11	0.02	1.57	1.57
92250	26	A	Eye exam with photos	0.44	0.04	0.04	0.15	0.15	0.01	0.60	0.60
92250	TC	A	Eye exam with photos	0.00	0.78	0.78	0.96	0.96	0.01	0.97	0.97
92260		A	Ophthalmoscopy/dynamometry	0.20	0.13	0.07	0.21	0.14	0.03	0.44	0.37
92265		A	Eye muscle evaluation	0.81	0.58	0.58	0.89	0.89	0.02	1.72	1.72
92265	26	A	Eye muscle evaluation	0.81	0.03	0.03	0.21	0.21	0.00	1.02	1.02
92265	TC	A	Eye muscle evaluation	0.00	0.55	0.55	0.68	0.68	0.02	0.70	0.70
92270		A	Electro-oculography	0.81	0.79	0.79	1.15	1.15	0.05	2.01	2.01
92270	26	A	Electro-oculography	0.81	0.04	0.04	0.23	0.23	0.03	1.07	1.07
92270	TC	A	Electro-oculography	0.00	0.75	0.75	0.92	0.92	0.02	0.94	0.94
92275		A	Electroretinography	1.01	0.88	0.88	1.30	1.30	0.05	2.36	2.36
92275	26	A	Electroretinography	1.01	0.04	0.04	0.28	0.28	0.03	1.32	1.32
92275	TC	A	Electroretinography	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
92283		A	Color vision examination	0.17	0.55	0.55	0.71	0.71	0.01	0.89	0.89
92283	26	A	Color vision examination	0.17	0.07	0.07	0.13	0.13	0.01	0.31	0.31
92283	TC	A	Color vision examination	0.00	0.48	0.48	0.58	0.58	0.00	0.58	0.58
92284		A	Dark adaptation eye exam	0.24	1.04	1.04	1.32	1.32	0.02	1.58	1.58
92284	26	A	Dark adaptation eye exam	0.24	0.08	0.08	0.15	0.15	0.01	0.40	0.40
92284	TC	A	Dark adaptation eye exam	0.00	0.96	0.96	1.17	1.17	0.01	1.18	1.18
92285		A	Eye photography	0.20	0.82	0.82	1.06	1.06	0.01	1.27	1.27
92285	26	A	Eye photography	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
92285	TC	A	Eye photography	0.00	0.78	0.78	0.96	0.96	0.00	0.96	0.96
92286		A	Internal eye photography	0.66	0.81	0.81	1.16	1.16	0.07	1.89	1.89
92286	26	A	Internal eye photography	0.66	0.04	0.04	0.21	0.21	0.05	0.92	0.92
92286	TC	A	Internal eye photography	0.00	0.77	0.77	0.95	0.95	0.02	0.97	0.97
92287		A	Internal eye photography	0.81	1.02	0.08	1.44	0.29	0.08	2.33	1.18
92310		N	Contact lens fitting	+1.17	0.49	0.11	0.85	0.39	0.00	2.02	1.56
92311		A	Contact lens fitting	1.08	0.49	0.11	0.84	0.38	0.03	1.95	1.49
92312		A	Contact lens fitting	1.26	0.49	0.11	0.88	0.42	0.03	2.17	1.71
92313		A	Contact lens fitting	0.92	0.49	0.11	0.80	0.34	0.03	1.75	1.29
92314		N	Prescription of contact lens	+0.69	0.49	0.11	0.75	0.29	0.00	1.44	0.98
92315		A	Prescription of contact lens	0.45	0.49	0.11	0.70	0.24	0.03	1.18	0.72
92316		A	Prescription of contact lens	0.68	0.49	0.11	0.75	0.29	0.04	1.47	1.01
92317		A	Prescription of contact lens	0.45	0.49	0.11	0.70	0.24	0.02	1.17	0.71
92325		A	Modification of contact lens	0.00	0.41	0.10	0.50	0.13	0.01	0.51	0.14
92326		A	Replacement of contact lens	0.00	0.30	0.08	0.37	0.11	0.06	0.43	0.17
92330		A	Fitting of artificial eye	1.08	0.49	0.11	0.85	0.39	0.09	2.02	1.56
92335		A	Fitting of artificial eye	0.45	0.49	0.11	0.72	0.26	0.11	1.28	0.82
92340		N	Fitting of spectacles	+0.37	0.41	0.10	0.58	0.21	0.00	0.95	0.58

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92341	.....	N	Fitting of spectacles	+0.47	0.41	0.10	0.60	0.23	0.00	1.07	0.70
92342	.....	N	Fitting of spectacles	+0.53	0.41	0.10	0.61	0.24	0.00	1.14	0.77
92352	.....	B	Special spectacles fitting	+0.37	0.41	0.10	0.58	0.21	0.01	0.96	0.59
92353	.....	B	Special spectacles fitting	+0.50	0.41	0.10	0.61	0.24	0.01	1.12	0.75
92354	.....	B	Special spectacles fitting	+0.00	0.49	0.11	0.62	0.16	0.10	0.72	0.26
92355	.....	B	Special spectacles fitting	+0.00	0.49	0.11	0.60	0.14	0.01	0.61	0.15
92358	.....	B	Eye prosthesis service	+0.00	0.30	0.08	0.37	0.11	0.05	0.42	0.16
92370	.....	N	Repair & adjust spectacles	+0.32	0.29	0.08	0.42	0.17	0.00	0.74	0.49
92371	.....	B	Repair & adjust spectacles	+0.00	0.30	0.08	0.36	0.10	0.02	0.38	0.12
92392	.....	G	Supply of low vision aids	+0.00	0.30	0.08	0.36	0.10	0.02	0.38	0.12
92393	.....	G	Supply of artificial eye	+0.00	0.30	0.08	0.51	0.25	0.67	1.18	0.92
92395	.....	G	Supply of spectacles	+0.00	0.30	0.08	0.38	0.12	0.10	0.48	0.22
92396	.....	G	Supply of contact lenses	+0.00	0.30	0.08	0.38	0.12	0.08	0.46	0.20
92502	.....	A	Ear and throat examination	1.51	NA	0.16	NA	0.56	0.12	NA	2.19
92504	.....	A	Ear microscopy examination	0.18	0.53	0.16	0.69	0.24	0.02	0.89	0.44
92506	.....	A	Speech & hearing evaluation	0.86	0.50	0.09	0.81	0.31	0.05	1.72	1.22
92507	.....	A	Speech/hearing therapy	0.52	0.50	0.09	0.73	0.23	0.03	1.28	0.78
92508	.....	A	Speech/hearing therapy	0.26	0.50	0.09	0.67	0.17	0.02	0.95	0.45
92510	.....	A	Rehab for ear implant	1.50	0.49	0.09	0.96	0.47	0.15	2.61	2.12
92511	.....	A	Nasopharyngoscopy	0.84	0.35	0.10	0.63	0.33	0.09	1.56	1.26
92512	.....	A	Nasal function studies	0.55	0.37	0.13	0.58	0.29	0.05	1.18	0.89
92516	.....	A	Facial nerve function test	0.43	0.38	0.13	0.56	0.26	0.04	1.03	0.73
92520	.....	A	Laryngeal function studies	0.76	0.22	0.13	0.45	0.34	0.05	1.26	1.15
92525	.....	A	Oral function evaluation	1.50	0.50	0.09	0.96	0.46	0.11	2.57	2.07
92526	.....	A	Oral function therapy	0.55	0.50	0.09	0.74	0.24	0.05	1.34	0.84
92541	.....	A	Spontaneous nystagmus test	0.40	0.57	0.57	0.80	0.80	0.07	1.27	1.27
92541	26	A	Spontaneous nystagmus test	0.40	0.07	0.07	0.19	0.19	0.05	0.64	0.64
92541	TC	A	Spontaneous nystagmus test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92542	.....	A	Positional nystagmus test	0.33	0.57	0.57	0.79	0.79	0.07	1.19	1.19
92542	26	A	Positional nystagmus test	0.33	0.07	0.07	0.17	0.17	0.04	0.54	0.54
92542	TC	A	Positional nystagmus test	0.00	0.50	0.50	0.62	0.62	0.03	0.65	0.65
92543	.....	A	Caloric vestibular test	0.38	0.14	0.14	0.28	0.28	0.09	0.75	0.75
92543	26	A	Caloric vestibular test	0.38	0.02	0.02	0.12	0.12	0.05	0.55	0.55
92543	TC	A	Caloric vestibular test	0.00	0.12	0.12	0.16	0.16	0.04	0.20	0.20
92544	.....	A	Optokinetic nystagmus test	0.26	0.57	0.57	0.76	0.76	0.05	1.07	1.07
92544	26	A	Optokinetic nystagmus test	0.26	0.07	0.07	0.15	0.15	0.03	0.44	0.44
92544	TC	A	Optokinetic nystagmus test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92545	.....	A	Oscillating tracking test	0.23	0.57	0.57	0.75	0.75	0.04	1.02	1.02
92545	26	A	Oscillating tracking test	0.23	0.07	0.07	0.14	0.14	0.02	0.39	0.39
92545	TC	A	Oscillating tracking test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92546	.....	A	Sinusoidal rotational test	0.29	0.79	0.79	1.05	1.05	0.05	1.39	1.39
92546	26	A	Sinusoidal rotational test	0.29	0.07	0.07	0.16	0.16	0.03	0.48	0.48
92546	TC	A	Sinusoidal rotational test	0.00	0.72	0.72	0.89	0.89	0.02	0.91	0.91
92547	.....	A	Supplemental electrical test	0.00	0.56	0.14	0.70	0.19	0.06	0.76	0.25
92548	.....	A	Posturography	0.50	1.76	1.76	2.29	2.29	0.19	2.98	2.98
92548	26	A	Posturography	0.50	0.06	0.06	0.19	0.19	0.05	0.74	0.74
92548	TC	A	Posturography	0.00	1.70	1.70	2.10	2.10	0.14	2.24	2.24
92552	.....	A	Pure tone audiometry, air	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92553	.....	A	Audiometry, air & bone	0.00	0.59	0.16	0.74	0.21	0.07	0.81	0.28
92555	.....	A	Speech threshold audiometry	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92556	.....	A	Speech audiometry, complete	0.00	0.59	0.16	0.73	0.21	0.06	0.79	0.27
92557	.....	A	Comprehensive hearing test	0.00	0.59	0.16	0.75	0.23	0.13	0.88	0.36
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.59	0.16	0.74	0.21	0.07	0.81	0.28
92562	.....	A	Loudness balance test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92563	.....	A	Tone decay hearing test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92564	.....	A	Sisi hearing test	0.00	0.59	0.16	0.73	0.21	0.05	0.78	0.26
92565	.....	A	Stenger test, pure tone	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92567	.....	A	Tympanometry	0.00	0.58	0.16	0.72	0.21	0.06	0.78	0.27
92568	.....	A	Acoustic reflex testing	0.00	0.58	0.16	0.72	0.21	0.04	0.76	0.25
92569	.....	A	Acoustic reflex decay test	0.00	0.58	0.16	0.72	0.21	0.04	0.76	0.25
92571	.....	A	Filtered speech hearing test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92572	.....	A	Staggered spondaic word test	0.00	0.59	0.16	0.72	0.20	0.01	0.73	0.21
92573	.....	A	Lombard test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92575	.....	A	Sensorineural acuity test	0.00	0.59	0.16	0.73	0.21	0.03	0.76	0.24
92576	.....	A	Synthetic sentence test	0.00	0.59	0.16	0.73	0.21	0.05	0.78	0.26
92577	.....	A	Stenger test, speech	0.00	0.59	0.16	0.74	0.22	0.08	0.82	0.30
92579	.....	A	Visual audiometry (vra)	0.00	1.09	0.16	1.34	0.21	0.07	1.41	0.28
92582	.....	A	Conditioning play audiometry	0.00	1.11	0.16	1.37	0.21	0.07	1.44	0.28
92583	.....	A	Select picture audiometry	0.00	1.15	0.16	1.42	0.22	0.09	1.51	0.31
92584	.....	A	Electrocochleography	0.00	0.73	0.14	0.95	0.23	0.25	1.20	0.48
92585	.....	A	Auditory evoked potential	0.50	1.57	1.57	2.09	2.09	0.31	2.90	2.90
92585	26	A	Auditory evoked potential	0.50	0.11	0.11	0.28	0.28	0.14	0.92	0.92
92585	TC	A	Auditory evoked potential	0.00	1.46	1.46	1.81	1.81	0.17	1.98	1.98
92587	.....	A	Evoked auditory test	0.13	0.56	0.56	0.74	0.74	0.13	1.00	1.00

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.12	0.12	0.01	0.26	0.26
92587	TC	A	Evoked auditory test	0.00	0.49	0.49	0.62	0.62	0.12	0.74	0.74
92588		A	Evoked auditory test	0.36	0.56	0.56	0.80	0.80	0.16	1.32	1.32
92588	26	A	Evoked auditory test	0.36	0.07	0.07	0.17	0.17	0.02	0.55	0.55
92588	TC	A	Evoked auditory test	0.00	0.49	0.49	0.63	0.63	0.14	0.77	0.77
92589		A	Auditory function test(s)	0.00	0.90	0.16	1.11	0.21	0.06	1.17	0.27
92596		A	Ear protector evaluation	0.00	0.59	0.16	0.73	0.21	0.06	0.79	0.27
92597		A	Oral speech device eval	1.35	0.50	0.09	0.93	0.43	0.11	2.39	1.89
92598		A	Modify oral speech device	0.99	0.58	0.16	0.94	0.43	0.07	2.00	1.49
92950		A	Heart/lung resuscitation (CPR)	3.80	0.66	0.05	1.67	0.93	0.17	5.64	4.90
92953		A	Temporary external pacing	0.23	NA	0.05	NA	0.15	0.15	NA	0.53
92960		A	Heart electroconversion	2.25	0.66	0.10	1.33	0.65	0.16	3.74	3.06
92970		A	Cardioassist, internal	3.52	NA	0.16	NA	1.06	0.41	NA	4.99
92971		A	Cardioassist, external	1.77	NA	0.12	NA	0.55	0.08	NA	2.40
92975		A	Dissolve clot, heart vessel	7.25	NA	0.16	NA	1.88	0.42	NA	9.55
92977		A	Dissolve clot, heart vessel	0.00	NA	0.01	NA	0.13	0.54	NA	0.67
92978		A	Intravascular us, heart	1.80	NA	0.10	NA	0.59	0.36	NA	2.75
92978	26	A	Intravascular us, heart	1.80	NA	0.05	NA	0.47	0.08	NA	2.35
92978	TC	A	Intravascular us, heart	0.00	NA	0.05	NA	0.12	0.28	NA	0.40
92979		A	Intravascular us, heart	1.44	NA	0.10	NA	0.48	0.20	NA	2.12
92979	26	A	Intravascular us, heart	1.44	NA	0.05	NA	0.39	0.06	NA	1.89
92979	TC	A	Intravascular us, heart	0.00	NA	0.05	NA	0.09	0.14	NA	0.23
92980		A	Insert intracoronary stent	14.84	NA	0.16	NA	3.72	1.22	NA	19.78
92981		A	Insert intracoronary stent	4.17	NA	0.16	NA	1.20	0.44	NA	5.81
92982		A	Coronary artery dilation	10.98	NA	0.16	NA	2.87	1.22	NA	15.07
92984		A	Coronary artery dilation	2.97	NA	0.16	NA	0.94	0.44	NA	4.35
92986		A	Revision of aortic valve	20.34	NA	1.49	NA	6.47	0.90	NA	27.71
92987		A	Revision of mitral valve	20.69	NA	1.46	NA	6.51	0.91	NA	28.11
92990		A	Revision of pulmonary valve	16.22	NA	0.16	NA	3.91	0.71	NA	20.84
92995		A	Coronary atherectomy	12.09	NA	0.16	NA	3.11	1.22	NA	16.42
92996		A	Coronary atherectomy	3.26	NA	0.16	NA	1.01	0.44	NA	4.71
93000		A	Electrocardiogram, complete	0.17	0.36	0.11	0.48	0.18	0.04	0.69	0.39
93005		A	Electrocardiogram, tracing	0.00	0.30	0.05	0.37	0.07	0.03	0.40	0.10
93010		A	Electrocardiogram report	0.17	0.05	0.05	0.10	0.10	0.01	0.28	0.28
93012		A	Transmission of ecg	0.00	0.80	0.11	1.02	0.18	0.22	1.24	0.40
93014		A	Report on transmitted ecg	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
93015		A	Cardiovascular stress test	0.75	1.63	0.16	2.19	0.40	0.18	3.12	1.33
93016		A	Cardiovascular stress test	0.45	0.05	0.05	0.17	0.17	0.03	0.65	0.65
93017		A	Cardiovascular stress test	0.00	1.52	0.05	1.88	0.09	0.12	2.00	0.21
93018		A	Cardiovascular stress test	0.30	0.05	0.05	0.13	0.13	0.03	0.46	0.46
93024		A	Cardiac drug stress test	1.17	1.63	0.16	2.29	0.50	0.23	3.69	1.90
93024	26	A	Cardiac drug stress test	1.17	0.63	0.08	1.05	0.38	0.14	2.36	1.69
93024	TC	A	Cardiac drug stress test	0.00	1.00	0.08	1.24	0.12	0.09	1.33	0.21
93040		A	Rhythm ECG with report	0.16	0.25	0.11	0.34	0.17	0.02	0.52	0.35
93041		A	Rhythm ECG, tracing	0.00	0.19	0.05	0.23	0.06	0.01	0.24	0.07
93042		A	Rhythm ECG, report	0.16	0.05	0.05	0.10	0.10	0.01	0.27	0.27
93224		A	ECG monitor/report, 24 hrs	0.52	0.47	0.15	0.75	0.37	0.31	1.58	1.20
93225		A	ECG monitor/record, 24 hrs	0.00	0.15	0.05	0.21	0.08	0.09	0.30	0.17
93226		A	ECG monitor/report, 24 hrs	0.00	0.27	0.05	0.36	0.10	0.16	0.52	0.26
93227		A	ECG monitor/review, 24 hrs	0.52	0.05	0.05	0.19	0.19	0.06	0.77	0.77
93230		A	ECG monitor/report, 24 hrs	0.52	0.47	0.15	0.76	0.37	0.34	1.62	1.23
93231		A	Ecg monitor/record, 24 hrs	0.00	0.15	0.05	0.21	0.09	0.11	0.32	0.20
93232		A	ECG monitor/report, 24 hrs	0.00	0.27	0.05	0.36	0.09	0.15	0.51	0.24
93233		A	ECG monitor/review, 24 hrs	0.52	0.05	0.05	0.19	0.19	0.08	0.79	0.79
93235		A	ECG monitor/report, 24 hrs	0.45	0.37	0.15	0.60	0.34	0.23	1.28	1.02
93236		A	ECG monitor/report, 24 hrs	0.00	0.32	0.08	0.43	0.13	0.17	0.60	0.30
93237		A	ECG monitor/review, 24 hrs	0.45	0.05	0.05	0.17	0.17	0.06	0.68	0.68
93268		A	ECG record/review	0.52	0.67	0.67	0.82	0.82	0.36	1.70	1.70
93270		A	ECG recording	0.00	0.16	0.05	0.21	0.08	0.09	0.30	0.17
93271		A	Ecg/monitoring and analysis	0.00	0.31	0.05	0.43	0.11	0.22	0.65	0.33
93272		A	Ecg/review, interpret only	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
93278		A	ECG/signal-averaged	0.25	0.22	0.22	0.37	0.37	0.18	0.80	0.80
93278	26	A	ECG/signal-averaged	0.25	0.04	0.04	0.12	0.12	0.06	0.43	0.43
93278	TC	A	ECG/signal-averaged	0.00	0.18	0.18	0.25	0.25	0.12	0.37	0.37
93303		A	Echo transthoracic	1.30	1.75	1.75	2.50	2.50	0.36	4.16	4.16
93303	26	A	Echo transthoracic	1.30	0.08	0.08	0.40	0.40	0.09	1.79	1.79
93303	TC	A	Echo transthoracic	0.00	1.67	1.67	2.10	2.10	0.27	2.37	2.37
93304		A	Echo transthoracic	0.75	1.60	1.60	2.16	2.16	0.19	3.10	3.10
93304	26	A	Echo transthoracic	0.75	0.08	0.08	0.27	0.27	0.05	1.07	1.07
93304	TC	A	Echo transthoracic	0.00	1.52	1.52	1.89	1.89	0.14	2.03	2.03
93307		A	Echo exam of heart	0.92	1.07	1.07	1.58	1.58	0.36	2.86	2.86
93307	26	A	Echo exam of heart	0.92	0.08	0.08	0.32	0.32	0.09	1.33	1.33
93307	TC	A	Echo exam of heart	0.00	0.99	0.99	1.26	1.26	0.27	1.53	1.53
93308		A	Echo exam of heart	0.53	0.99	0.99	1.37	1.37	0.19	2.09	2.09

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93308	26	A	Echo exam of heart	0.53	0.08	0.08	0.23	0.23	0.05	0.81	0.81
93308	TC	A	Echo exam of heart	0.00	0.91	0.91	1.14	1.14	0.14	1.28	1.28
93312		A	Echo transesophageal	2.20	3.96	3.96	5.41	5.41	0.45	8.06	8.06
93312	26	A	Echo transesophageal	2.20	0.08	0.08	0.61	0.61	0.12	2.93	2.93
93312	TC	A	Echo transesophageal	0.00	3.88	3.88	4.80	4.80	0.33	5.13	5.13
93313		A	Echo transesophageal	0.95	2.88	0.09	3.74	0.33	0.06	4.75	1.34
93314		A	Echo transesophageal	1.25	2.99	2.99	4.01	4.01	0.39	5.65	5.65
93314	26	A	Echo transesophageal	1.25	0.06	0.06	0.36	0.36	0.06	1.67	1.67
93314	TC	A	Echo transesophageal	0.00	2.93	2.93	3.65	3.65	0.33	3.98	3.98
93315		A	Echo transesophageal	2.78	4.89	4.89	6.67	6.67	0.45	9.90	9.90
93315	26	A	Echo transesophageal	2.78	0.08	0.08	0.73	0.73	0.12	3.63	3.63
93315	TC	A	Echo transesophageal	0.00	4.81	4.81	5.94	5.94	0.33	6.27	6.27
93316		A	Echo transesophageal	0.95	2.88	0.09	3.74	0.33	0.06	4.75	1.34
93317		A	Echo transesophageal	1.83	3.47	3.47	4.72	4.72	0.39	6.94	6.94
93317	26	A	Echo transesophageal	1.83	0.06	0.06	0.49	0.49	0.06	2.38	2.38
93317	TC	A	Echo transesophageal	0.00	3.41	3.41	4.23	4.23	0.33	4.56	4.56
93320		A	Doppler echo exam, heart	0.38	0.46	0.46	0.69	0.69	0.18	1.25	1.25
93320	26	A	Doppler echo exam, heart	0.38	0.06	0.06	0.17	0.17	0.05	0.60	0.60
93320	TC	A	Doppler echo exam, heart	0.00	0.40	0.40	0.52	0.52	0.13	0.65	0.65
93321		A	Doppler echo exam, heart	0.15	0.33	0.33	0.46	0.46	0.11	0.72	0.72
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.06	0.11	0.11	0.02	0.28	0.28
93321	TC	A	Doppler echo exam, heart	0.00	0.27	0.27	0.35	0.35	0.09	0.44	0.44
93325		A	Doppler color flow	0.07	0.25	0.25	0.37	0.37	0.25	0.69	0.69
93325	26	A	Doppler color flow	0.07	0.02	0.02	0.04	0.04	0.01	0.12	0.12
93325	TC	A	Doppler color flow	0.00	0.23	0.23	0.33	0.33	0.24	0.57	0.57
93350		A	Echo transthoracic	0.78	4.15	4.15	5.28	5.28	0.24	6.30	6.30
93350	26	A	Echo transthoracic	0.78	0.08	0.08	0.29	0.29	0.10	1.17	1.17
93350	TC	A	Echo transthoracic	0.00	4.07	4.07	4.99	4.99	0.14	5.13	5.13
93501		A	Right heart catheterization	3.02	11.07	11.07	14.50	14.50	1.54	19.06	19.06
93501	26	A	Right heart catheterization	3.02	0.14	0.14	0.91	0.91	0.34	4.27	4.27
93501	TC	A	Right heart catheterization	0.00	10.93	10.93	13.59	13.59	1.20	14.79	14.79
93503		A	Insert/place heart catheter	2.91	0.66	0.16	1.52	0.92	0.36	4.79	4.19
93505		A	Biopsy of heart lining	4.38	1.42	1.42	2.79	2.79	0.46	7.63	7.63
93505	26	A	Biopsy of heart lining	4.38	0.14	0.14	1.19	1.19	0.28	5.85	5.85
93505	TC	A	Biopsy of heart lining	0.00	1.28	1.28	1.60	1.60	0.18	1.78	1.78
93510		A	Left heart catheterization	4.33	24.04	24.04	30.88	30.88	2.86	38.07	38.07
93510	26	A	Left heart catheterization	4.33	0.14	0.14	1.17	1.17	0.23	5.73	5.73
93510	TC	A	Left heart catheterization	0.00	23.90	23.90	29.71	29.71	2.63	32.34	32.34
93511		A	Left heart catheterization	5.03	23.41	23.41	30.25	30.25	2.76	38.04	38.04
93511	26	A	Left heart catheterization	5.03	0.14	0.14	1.32	1.32	0.20	6.55	6.55
93511	TC	A	Left heart catheterization	0.00	23.27	23.27	28.93	28.93	2.56	31.49	31.49
93514		A	Left heart catheterization	7.05	23.41	23.41	30.73	30.73	2.94	40.72	40.72
93514	26	A	Left heart catheterization	7.05	0.14	0.14	1.80	1.80	0.38	9.23	9.23
93514	TC	A	Left heart catheterization	0.00	23.27	23.27	28.93	28.93	2.56	31.49	31.49
93524		A	Left heart catheterization	6.95	30.54	30.54	39.56	39.56	3.69	50.20	50.20
93524	26	A	Left heart catheterization	6.95	0.14	0.14	1.77	1.77	0.34	9.06	9.06
93524	TC	A	Left heart catheterization	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93526		A	Rt & Lt heart catheters	5.99	31.38	31.38	40.41	40.41	3.83	50.23	50.23
93526	26	A	Rt & Lt heart catheters	5.99	0.14	0.14	1.57	1.57	0.39	7.95	7.95
93526	TC	A	Rt & Lt heart catheters	0.00	31.24	31.24	38.84	38.84	3.44	42.28	42.28
93527		A	Rt & Lt heart catheters	7.28	30.54	30.54	39.67	39.67	3.85	50.80	50.80
93527	26	A	Rt & Lt heart catheters	7.28	0.14	0.14	1.88	1.88	0.50	9.66	9.66
93527	TC	A	Rt & Lt heart catheters	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93528		A	Rt & Lt heart catheters	9.00	30.54	30.54	40.01	40.01	3.68	52.69	52.69
93528	26	A	Rt & Lt heart catheters	9.00	0.14	0.14	2.22	2.22	0.33	11.55	11.55
93528	TC	A	Rt & Lt heart catheters	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93529		A	Rt, Lt heart catheterization	4.80	30.54	30.54	39.06	39.06	3.57	47.43	47.43
93529	26	A	Rt, Lt heart catheterization	4.80	0.14	0.14	1.27	1.27	0.22	6.29	6.29
93529	TC	A	Rt, Lt heart catheterization	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93536		A	Insert circulation assi	4.85	NA	0.16	NA	1.42	0.71	NA	6.98
93539		A	Injection, cardiac cath	0.40	0.66	0.09	0.94	0.24	0.20	1.54	0.84
93540		A	Injection, cardiac cath	0.43	0.66	0.09	0.94	0.25	0.20	1.57	0.88
93541		A	Injection for lung angiogram	0.29	NA	0.09	NA	0.21	0.16	NA	0.66
93542		A	Injection for heart x-rays	0.29	NA	0.09	NA	0.21	0.16	NA	0.66
93543		A	Injection for heart x-rays	0.29	0.66	0.09	0.89	0.20	0.11	1.29	0.60
93544		A	Injection for aortography	0.25	0.66	0.09	0.88	0.19	0.11	1.24	0.55
93545		A	Injection for coronary xrays	0.40	0.66	0.09	0.94	0.25	0.24	1.58	0.89
93555		A	Imaging, cardiac cath	0.81	0.24	0.24	0.56	0.56	0.42	1.79	1.79
93555	26	A	Imaging, cardiac cath	0.81	0.12	0.12	0.33	0.33	0.04	1.18	1.18
93555	TC	A	Imaging, cardiac cath	0.00	0.12	0.12	0.23	0.23	0.38	0.61	0.61
93556		A	Imaging, cardiac cath	0.83	0.24	0.24	0.61	0.61	0.65	2.09	2.09
93556	26	A	Imaging, cardiac cath	0.83	0.12	0.12	0.34	0.34	0.07	1.24	1.24
93556	TC	A	Imaging, cardiac cath	0.00	0.12	0.12	0.27	0.27	0.58	0.85	0.85
93561		A	Cardiac output measurement	0.50	1.01	1.01	1.37	1.37	0.16	2.03	2.03

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93561	26	A	Cardiac output measurement	0.50	0.14	0.14	0.30	0.30	0.09	0.89	0.89
93561	TC	A	Cardiac output measurement	0.00	0.87	0.87	1.07	1.07	0.07	1.14	1.14
93562		A	Cardiac output measurement	0.16	0.50	0.50	0.66	0.66	0.10	0.92	0.92
93562	26	A	Cardiac output measurement	0.16	0.07	0.07	0.13	0.13	0.06	0.35	0.35
93562	TC	A	Cardiac output measurement	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
93600		A	Bundle of His recording	2.12	1.04	1.04	1.82	1.82	0.38	4.32	4.32
93600	26	A	Bundle of His recording	2.12	0.20	0.20	0.77	0.77	0.24	3.13	3.13
93600	TC	A	Bundle of His recording	0.00	0.84	0.84	1.05	1.05	0.14	1.19	1.19
93602		A	Intra-atrial recording	2.12	1.04	1.04	1.78	1.78	0.22	4.12	4.12
93602	26	A	Intra-atrial recording	2.12	0.20	0.20	0.74	0.74	0.14	3.00	3.00
93602	TC	A	Intra-atrial recording	0.00	0.84	0.84	1.04	1.04	0.08	1.12	1.12
93603		A	Right ventricular recording	2.12	1.04	1.04	1.79	1.79	0.28	4.19	4.19
93603	26	A	Right ventricular recording	2.12	0.20	0.20	0.75	0.75	0.16	3.03	3.03
93603	TC	A	Right ventricular recording	0.00	0.84	0.84	1.04	1.04	0.12	1.16	1.16
93607		A	Right ventricular recording	3.26	1.04	1.04	2.04	2.04	0.28	5.58	5.58
93607	26	A	Right ventricular recording	3.26	0.20	0.20	1.00	1.00	0.17	4.43	4.43
93607	TC	A	Right ventricular recording	0.00	0.84	0.84	1.04	1.04	0.11	1.15	1.15
93609		A	Mapping of tachycardia	10.07	2.18	2.18	4.97	4.97	0.47	15.51	15.51
93609	26	A	Mapping of tachycardia	10.07	0.21	0.21	2.53	2.53	0.28	12.88	12.88
93609	TC	A	Mapping of tachycardia	0.00	1.97	1.97	2.44	2.44	0.19	2.63	2.63
93610		A	Intra-atrial pacing	3.02	1.56	1.56	2.62	2.62	0.27	5.91	5.91
93610	26	A	Intra-atrial pacing	3.02	0.20	0.20	0.95	0.95	0.17	4.14	4.14
93610	TC	A	Intra-atrial pacing	0.00	1.36	1.36	1.67	1.67	0.10	1.77	1.77
93612		A	Intraventricular pacing	3.02	1.56	1.56	2.63	2.63	0.29	5.94	5.94
93612	26	A	Intraventricular pacing	3.02	0.20	0.20	0.95	0.95	0.17	4.14	4.14
93612	TC	A	Intraventricular pacing	0.00	1.36	1.36	1.68	1.68	0.12	1.80	1.80
93615		A	Esophageal recording	0.99	0.81	0.81	1.22	1.22	0.04	2.25	2.25
93615	26	A	Esophageal recording	0.99	0.21	0.21	0.48	0.48	0.02	1.49	1.49
93615	TC	A	Esophageal recording	0.00	0.60	0.60	0.74	0.74	0.02	0.76	0.76
93616		A	Esophageal recording	1.49	0.81	0.81	1.34	1.34	0.10	2.93	2.93
93616	26	A	Esophageal recording	1.49	0.21	0.21	0.60	0.60	0.08	2.17	2.17
93616	TC	A	Esophageal recording	0.00	0.60	0.60	0.74	0.74	0.02	0.76	0.76
93618		A	Heart rhythm pacing	4.26	1.31	1.31	2.69	2.69	0.72	7.67	7.67
93618	26	A	Heart rhythm pacing	4.26	0.21	0.21	1.29	1.29	0.44	5.99	5.99
93618	TC	A	Heart rhythm pacing	0.00	1.10	1.10	1.40	1.40	0.28	1.68	1.68
93619		A	Electrophysiology evaluation	7.32	1.75	1.75	4.04	4.04	1.40	12.76	12.76
93619	26	A	Electrophysiology evaluation	7.32	0.21	0.21	2.05	2.05	0.86	10.23	10.23
93619	TC	A	Electrophysiology evaluation	0.00	1.54	1.54	1.99	1.99	0.54	2.53	2.53
93620		A	Electrophysiology evaluation	11.59	1.75	1.75	5.02	5.02	1.55	18.16	18.16
93620	26	A	Electrophysiology evaluation	11.59	0.21	0.21	3.01	3.01	0.95	15.55	15.55
93620	TC	A	Electrophysiology evaluation	0.00	1.54	1.54	2.01	2.01	0.60	2.61	2.61
93621	26	A	Electrophysiology evaluation	12.66	0.21	0.21	3.28	3.28	1.11	17.05	17.05
93622	26	A	Electrophysiology evaluation	12.74	0.21	0.21	3.29	3.29	1.07	17.10	17.10
93623	26	A	Stimulation, pacing heart	2.85	0.21	0.21	0.92	0.92	0.20	3.97	3.97
93624		A	Electrophysiologic study	4.81	1.31	1.31	2.73	2.73	0.35	7.89	7.89
93624	26	A	Electrophysiologic study	4.81	0.21	0.21	1.36	1.36	0.21	6.38	6.38
93624	TC	A	Electrophysiologic study	0.00	1.10	1.10	1.37	1.37	0.14	1.51	1.51
93631		A	Heart pacing, mapping	7.60	0.77	0.77	2.91	2.91	1.37	11.88	11.88
93631	26	A	Heart pacing, mapping	7.60	0.21	0.21	2.07	2.07	0.67	10.34	10.34
93631	TC	A	Heart pacing, mapping	0.00	0.56	0.56	0.84	0.84	0.70	1.54	1.54
93640		A	Evaluation heart device	3.52	1.85	1.85	3.27	3.27	1.09	7.88	7.88
93640	26	A	Evaluation heart device	3.52	0.21	0.21	1.17	1.17	0.61	5.30	5.30
93640	TC	A	Evaluation heart device	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93641		A	Electrophysiology evaluation	5.93	1.85	1.85	3.79	3.79	1.09	10.81	10.81
93641	26	A	Electrophysiology evaluation	5.93	0.21	0.21	1.69	1.69	0.61	8.23	8.23
93641	TC	A	Electrophysiology evaluation	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93642		A	Electrophysiology evaluation	4.89	1.85	1.85	3.57	3.57	1.09	9.55	9.55
93642	26	A	Electrophysiology evaluation	4.89	0.21	0.21	1.47	1.47	0.61	6.97	6.97
93642	TC	A	Electrophysiology evaluation	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93650		A	Ablate heart dysrhythm focus	10.51	NA	0.16	NA	2.79	1.34	NA	14.64
93651		A	Ablate heart dysrhythm focus	16.25	NA	0.16	NA	4.05	1.34	NA	21.64
93652		A	Ablate heart dysrhythm focus	17.68	NA	0.16	NA	4.37	1.34	NA	23.39
93660	26	A	Tilt table evaluation	1.89	0.21	0.21	0.71	0.71	0.17	2.77	2.77
93720		A	Total body plethysmography	0.17	0.82	0.11	1.06	0.20	0.10	1.33	0.47
93721		A	Plethysmography tracing	0.00	0.82	0.11	1.01	0.15	0.07	1.08	0.22
93722		A	Plethysmography report	0.17	0.82	0.11	1.04	0.18	0.03	1.24	0.38
93724		A	Analyze pacemaker system	4.89	0.42	0.42	1.69	1.69	0.50	7.08	7.08
93724	26	A	Analyze pacemaker system	4.89	0.06	0.06	1.19	1.19	0.22	6.30	6.30
93724	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.50	0.50	0.28	0.78	0.78
93731		A	Analyze pacemaker system	0.45	0.42	0.42	0.62	0.62	0.07	1.14	1.14
93731	26	A	Analyze pacemaker system	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
93731	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
93732		A	Analyze pacemaker system	0.92	0.47	0.47	0.79	0.79	0.08	1.79	1.79
93732	26	A	Analyze pacemaker system	0.92	0.07	0.07	0.30	0.30	0.04	1.26	1.26

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93732	TC	A	Analyze pacemaker system	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
93733		A	Telephone analysis, pacemaker	0.17	0.17	0.17	0.26	0.26	0.08	0.51	0.51
93733	26	A	Telephone analysis, pacemaker	0.17	0.04	0.04	0.09	0.09	0.02	0.28	0.28
93733	TC	A	Telephone analysis, pacemaker	0.00	0.13	0.13	0.17	0.17	0.06	0.23	0.23
93734		A	Analyze pacemaker system	0.38	0.38	0.38	0.55	0.55	0.06	0.99	0.99
93734	26	A	Analyze pacemaker system	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
93734	TC	A	Analyze pacemaker system	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
93735		A	Analyze pacemaker system	0.74	0.41	0.41	0.68	0.68	0.08	1.50	1.50
93735	26	A	Analyze pacemaker system	0.74	0.07	0.07	0.26	0.26	0.04	1.04	1.04
93735	TC	A	Analyze pacemaker system	0.00	0.34	0.34	0.42	0.42	0.04	0.46	0.46
93736		A	Telephone analysis, pacemaker	0.15	0.17	0.17	0.26	0.26	0.09	0.50	0.50
93736	26	A	Telephone analysis, pacemaker	0.15	0.04	0.04	0.09	0.09	0.03	0.27	0.27
93736	TC	A	Telephone analysis, pacemaker	0.00	0.13	0.13	0.17	0.17	0.06	0.23	0.23
93737		A	Analyze cardio/defibrillator	0.45	0.42	0.42	0.62	0.62	0.06	1.13	1.13
93737	26	A	Analyze cardio/defibrillator	0.45	0.06	0.06	0.18	0.18	0.02	0.65	0.65
93737	TC	A	Analyze cardio/defibrillator	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
93738		A	Analyze cardio/defibrillator	0.92	0.47	0.47	0.79	0.79	0.07	1.78	1.78
93738	26	A	Analyze cardio/defibrillator	0.92	0.07	0.07	0.30	0.30	0.03	1.25	1.25
93738	TC	A	Analyze cardio/defibrillator	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
93740		A	Temperature gradient studies	0.16	0.24	0.24	0.34	0.34	0.04	0.54	0.54
93740	26	A	Temperature gradient studies	0.16	0.12	0.12	0.19	0.19	0.03	0.38	0.38
93740	TC	A	Temperature gradient studies	0.00	0.12	0.12	0.15	0.15	0.01	0.16	0.16
93770		A	Measure venous pressure	0.16	0.24	0.24	0.34	0.34	0.02	0.52	0.52
93770	26	A	Measure venous pressure	0.16	0.12	0.12	0.19	0.19	0.02	0.37	0.37
93770	TC	A	Measure venous pressure	0.00	0.12	0.12	0.15	0.15	0.00	0.15	0.15
93797		A	Cardiac rehab	0.18	0.07	0.05	0.13	0.11	0.02	0.33	0.31
93798		A	Cardiac rehab/monitor	0.28	0.07	0.05	0.16	0.13	0.04	0.48	0.45
93875		A	Extracranial study	0.22	0.80	0.80	1.07	1.07	0.18	1.47	1.47
93875	26	A	Extracranial study	0.22	0.09	0.09	0.17	0.17	0.06	0.45	0.45
93875	TC	A	Extracranial study	0.00	0.71	0.71	0.90	0.90	0.12	1.02	1.02
93880		A	Extracranial study	0.60	1.76	1.76	2.38	2.38	0.44	3.42	3.42
93880	26	A	Extracranial study	0.60	0.12	0.12	0.29	0.29	0.04	0.93	0.93
93880	TC	A	Extracranial study	0.00	1.64	1.64	2.09	2.09	0.40	2.49	2.49
93882		A	Extracranial study	0.40	1.35	1.35	1.80	1.80	0.29	2.49	2.49
93882	26	A	Extracranial study	0.40	0.12	0.12	0.24	0.24	0.03	0.67	0.67
93882	TC	A	Extracranial study	0.00	1.23	1.23	1.56	1.56	0.26	1.82	1.82
93886		A	Intracranial study	0.94	1.87	1.87	2.60	2.60	0.50	4.04	4.04
93886	26	A	Intracranial study	0.94	0.12	0.12	0.37	0.37	0.05	1.36	1.36
93886	TC	A	Intracranial study	0.00	1.75	1.75	2.23	2.23	0.45	2.68	2.68
93888		A	Intracranial study	0.62	1.42	1.42	1.95	1.95	0.34	2.91	2.91
93888	26	A	Intracranial study	0.62	0.12	0.12	0.29	0.29	0.03	0.94	0.94
93888	TC	A	Intracranial study	0.00	1.30	1.30	1.66	1.66	0.31	1.97	1.97
93922		A	Extremity study	0.25	1.06	1.06	1.38	1.38	0.19	1.82	1.82
93922	26	A	Extremity study	0.25	0.12	0.12	0.21	0.21	0.05	0.51	0.51
93922	TC	A	Extremity study	0.00	0.94	0.94	1.17	1.17	0.14	1.31	1.31
93923		A	Extremity study	0.45	1.18	1.18	1.62	1.62	0.35	2.42	2.42
93923	26	A	Extremity study	0.45	0.12	0.12	0.27	0.27	0.09	0.81	0.81
93923	TC	A	Extremity study	0.00	1.06	1.06	1.35	1.35	0.26	1.61	1.61
93924		A	Extremity study	0.50	1.56	1.56	2.09	2.09	0.39	2.98	2.98
93924	26	A	Extremity study	0.50	0.12	0.12	0.28	0.28	0.10	0.88	0.88
93924	TC	A	Extremity study	0.00	1.44	1.44	1.81	1.81	0.29	2.10	2.10
93925		A	Lower extremity study	0.58	1.88	1.88	2.52	2.52	0.44	3.54	3.54
93925	26	A	Lower extremity study	0.58	0.12	0.12	0.28	0.28	0.04	0.90	0.90
93925	TC	A	Lower extremity study	0.00	1.76	1.76	2.24	2.24	0.40	2.64	2.64
93926		A	Lower extremity study	0.39	1.42	1.42	1.89	1.89	0.30	2.58	2.58
93926	26	A	Lower extremity study	0.39	0.12	0.12	0.24	0.24	0.03	0.66	0.66
93926	TC	A	Lower extremity study	0.00	1.30	1.30	1.65	1.65	0.27	1.92	1.92
93930		A	Upper extremity study	0.46	1.88	1.88	2.50	2.50	0.47	3.43	3.43
93930	26	A	Upper extremity study	0.46	0.12	0.12	0.26	0.26	0.05	0.77	0.77
93930	TC	A	Upper extremity study	0.00	1.76	1.76	2.24	2.24	0.42	2.66	2.66
93931		A	Upper extremity study	0.31	1.42	1.42	1.87	1.87	0.31	2.49	2.49
93931	26	A	Upper extremity study	0.31	0.12	0.12	0.22	0.22	0.03	0.56	0.56
93931	TC	A	Upper extremity study	0.00	1.30	1.30	1.65	1.65	0.28	1.93	1.93
93965		A	Extremity study	0.35	0.92	0.92	1.25	1.25	0.19	1.79	1.79
93965	26	A	Extremity study	0.35	0.12	0.12	0.24	0.24	0.06	0.65	0.65
93965	TC	A	Extremity study	0.00	0.80	0.80	1.01	1.01	0.13	1.14	1.14
93970		A	Extremity study	0.68	1.88	1.88	2.56	2.56	0.51	3.75	3.75
93970	26	A	Extremity study	0.68	0.12	0.12	0.31	0.31	0.05	1.04	1.04
93970	TC	A	Extremity study	0.00	1.76	1.76	2.25	2.25	0.46	2.71	2.71
93971		A	Extremity study	0.45	1.42	1.42	1.91	1.91	0.34	2.70	2.70
93971	26	A	Extremity study	0.45	0.12	0.12	0.25	0.25	0.03	0.73	0.73
93971	TC	A	Extremity study	0.00	1.30	1.30	1.66	1.66	0.31	1.97	1.97
93975		A	Vascular study	1.80	2.14	2.14	3.12	3.12	0.55	5.47	5.47
93975	26	A	Vascular study	1.80	0.12	0.12	0.55	0.55	0.05	2.40	2.40

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93975	TC	A	Vascular study	0.00	2.02	2.02	2.57	2.57	0.50	3.07	3.07
93976		A	Vascular study	1.21	1.49	1.49	2.16	2.16	0.37	3.74	3.74
93976	26	A	Vascular study	1.21	0.12	0.12	0.42	0.42	0.03	1.66	1.66
93976	TC	A	Vascular study	0.00	1.37	1.37	1.74	1.74	0.34	2.08	2.08
93978		A	Vascular study	0.65	1.96	1.96	2.64	2.64	0.47	3.76	3.76
93978	26	A	Vascular study	0.65	0.12	0.12	0.30	0.30	0.05	1.00	1.00
93978	TC	A	Vascular study	0.00	1.84	1.84	2.34	2.34	0.42	2.76	2.76
93979		A	Vascular study	0.44	1.44	1.44	1.93	1.93	0.31	2.68	2.68
93979	26	A	Vascular study	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
93979	TC	A	Vascular study	0.00	1.32	1.32	1.68	1.68	0.28	1.96	1.96
93980		A	Penile vascular study	1.25	1.76	1.76	2.52	2.52	0.45	4.22	4.22
93980	26	A	Penile vascular study	1.25	0.12	0.12	0.44	0.44	0.07	1.76	1.76
93980	TC	A	Penile vascular study	0.00	1.64	1.64	2.08	2.08	0.38	2.46	2.46
93981		A	Penile vascular study	0.44	1.61	1.61	2.14	2.14	0.39	2.97	2.97
93981	26	A	Penile vascular study	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
93981	TC	A	Penile vascular study	0.00	1.49	1.49	1.89	1.89	0.36	2.25	2.25
93990		A	Doppler flow testing	0.25	1.42	1.42	1.86	1.86	0.29	2.40	2.40
93990	26	A	Doppler flow testing	0.25	0.12	0.12	0.21	0.21	0.02	0.48	0.48
93990	TC	A	Doppler flow testing	0.00	1.30	1.30	1.65	1.65	0.27	1.92	1.92
94010		A	Breathing capacity test	0.17	0.50	0.50	0.66	0.66	0.05	0.88	0.88
94010	26	A	Breathing capacity test	0.17	0.06	0.06	0.12	0.12	0.02	0.31	0.31
94010	TC	A	Breathing capacity test	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
94060		A	Evaluation of wheezing	0.31	0.61	0.61	0.83	0.83	0.09	1.23	1.23
94060	26	A	Evaluation of wheezing	0.31	0.06	0.06	0.15	0.15	0.03	0.49	0.49
94060	TC	A	Evaluation of wheezing	0.00	0.55	0.55	0.68	0.68	0.06	0.74	0.74
94070		A	Evaluation of wheezing	0.60	2.22	2.22	2.86	2.86	0.13	3.59	3.59
94070	26	A	Evaluation of wheezing	0.60	0.07	0.07	0.22	0.22	0.03	0.85	0.85
94070	TC	A	Evaluation of wheezing	0.00	2.15	2.15	2.64	2.64	0.10	2.74	2.74
94150		B	Vital capacity test	+0.07	0.46	0.46	0.58	0.58	0.02	0.67	0.67
94150	26	B	Vital capacity test	+0.07	0.06	0.06	0.09	0.09	0.01	0.17	0.17
94150	TC	B	Vital capacity test	+0.00	0.40	0.40	0.49	0.49	0.01	0.50	0.50
94200		A	Lung function test (MBC/MVV)	0.11	0.46	0.46	0.59	0.59	0.03	0.73	0.73
94200	26	A	Lung function test (MBC/MVV)	0.11	0.06	0.06	0.10	0.10	0.01	0.22	0.22
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.40	0.40	0.49	0.49	0.02	0.51	0.51
94240		A	Residual lung capacity	0.26	1.22	1.22	1.57	1.57	0.07	1.90	1.90
94240	26	A	Residual lung capacity	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
94240	TC	A	Residual lung capacity	0.00	1.16	1.16	1.43	1.43	0.05	1.48	1.48
94250		A	Expired gas collection	0.11	0.53	0.53	0.67	0.67	0.02	0.80	0.80
94250	26	A	Expired gas collection	0.11	0.06	0.06	0.10	0.10	0.01	0.22	0.22
94250	TC	A	Expired gas collection	0.00	0.47	0.47	0.57	0.57	0.01	0.58	0.58
94260		A	Thoracic gas volume	0.13	0.45	0.45	0.59	0.59	0.06	0.78	0.78
94260	26	A	Thoracic gas volume	0.13	0.06	0.06	0.11	0.11	0.02	0.26	0.26
94260	TC	A	Thoracic gas volume	0.00	0.39	0.39	0.48	0.48	0.04	0.52	0.52
94350		A	Lung nitrogen washout curve	0.26	1.25	1.25	1.60	1.60	0.05	1.91	1.91
94350	26	A	Lung nitrogen washout curve	0.26	0.07	0.07	0.15	0.15	0.01	0.42	0.42
94350	TC	A	Lung nitrogen washout curve	0.00	1.18	1.18	1.45	1.45	0.04	1.49	1.49
94360		A	Measure airflow resistance	0.26	0.45	0.45	0.62	0.62	0.07	0.95	0.95
94360	26	A	Measure airflow resistance	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94360	TC	A	Measure airflow resistance	0.00	0.39	0.39	0.49	0.49	0.06	0.55	0.55
94370		A	Breath airway closing volume	0.26	1.23	1.23	1.56	1.56	0.03	1.85	1.85
94370	26	A	Breath airway closing volume	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94370	TC	A	Breath airway closing volume	0.00	1.17	1.17	1.43	1.43	0.02	1.45	1.45
94375		A	Respiratory flow volume loop	0.31	0.46	0.46	0.63	0.63	0.04	0.98	0.98
94375	26	A	Respiratory flow volume loop	0.31	0.06	0.06	0.14	0.14	0.01	0.46	0.46
94375	TC	A	Respiratory flow volume loop	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
94400		A	CO2 breathing response curve	0.40	0.57	0.57	0.82	0.82	0.19	1.41	1.41
94400	26	A	CO2 breathing response curve	0.40	0.06	0.06	0.19	0.19	0.13	0.72	0.72
94400	TC	A	CO2 breathing response curve	0.00	0.51	0.51	0.63	0.63	0.06	0.69	0.69
94450		A	Hypoxia response curve	0.40	0.12	0.12	0.25	0.25	0.05	0.70	0.70
94450	26	A	Hypoxia response curve	0.40	0.06	0.06	0.17	0.17	0.02	0.59	0.59
94450	TC	A	Hypoxia response curve	0.00	0.06	0.06	0.08	0.08	0.03	0.11	0.11
94620		A	Pulmonary stress testing	0.88	1.61	1.61	2.19	2.19	0.15	3.22	3.22
94620	26	A	Pulmonary stress testing	0.88	0.08	0.08	0.30	0.30	0.05	1.23	1.23
94620	TC	A	Pulmonary stress testing	0.00	1.53	1.53	1.89	1.89	0.10	1.99	1.99
94640		A	Airway inhalation treatment	0.00	0.60	0.06	0.74	0.08	0.03	0.77	0.11
94650		A	Pressure breathing (IPPB)	0.00	0.40	0.03	0.49	0.04	0.03	0.52	0.07
94651		A	Pressure breathing (IPPB)	0.00	0.36	0.03	0.44	0.04	0.03	0.47	0.07
94652		A	Pressure breathing (IPPB)	0.00	NA	0.03	NA	0.05	0.08	NA	0.13
94656		A	Initial ventilator mgmt	1.22	NA	0.14	NA	0.47	0.12	NA	1.81
94657		A	Cont. ventilator	0.83	NA	0.14	NA	0.37	0.05	NA	1.25
94660		A	Pos airway pressure, CPAP	0.76	0.49	0.14	0.78	0.35	0.06	1.60	1.17
94662		A	Neg pressure ventilation,cnp	0.76	NA	0.08	NA	0.27	0.02	NA	1.05
94664		A	Aerosol or vapor inhalations	0.00	0.40	0.03	0.49	0.05	0.04	0.53	0.09
94665		A	Aerosol or vapor inhalations	0.00	0.48	0.06	0.59	0.09	0.05	0.64	0.14

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94667		A	Chest wall manipulation	0.00	0.55	0.03	0.68	0.05	0.05	0.73	0.10
94668		A	Chest wall manipulation	0.00	0.50	0.03	0.62	0.04	0.03	0.65	0.07
94680		A	Exhaled air analysis: O_2	0.26	1.28	1.28	1.64	1.64	0.10	2.00	2.00
94680	26	A	Exhaled air analysis: O_2	0.26	0.07	0.07	0.15	0.15	0.03	0.44	0.44
94680	TC	A	Exhaled air analysis: O_2	0.00	1.21	1.21	1.49	1.49	0.07	1.56	1.56
94681		A	Exhaled air analysis: O_2, CO_2	0.20	1.32	1.32	1.70	1.70	0.17	2.07	2.07
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	0.07	0.07	0.14	0.14	0.04	0.38	0.38
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.25	1.25	1.56	1.56	0.13	1.69	1.69
94690		A	Exhaled air analysis	0.07	1.22	1.22	1.51	1.51	0.04	1.62	1.62
94690	26	A	Exhaled air analysis	0.07	0.07	0.07	0.10	0.10	0.00	0.17	0.17
94690	TC	A	Exhaled air analysis	0.00	1.15	1.15	1.41	1.41	0.04	1.45	1.45
94720		A	Monoxide diffusing capacity	0.26	1.02	1.02	1.32	1.32	0.08	1.66	1.66
94720	26	A	Monoxide diffusing capacity	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
94720	TC	A	Monoxide diffusing capacity	0.00	0.96	0.96	1.18	1.18	0.06	1.24	1.24
94725		A	Membrane diffusion capacity	0.26	1.48	1.48	1.88	1.88	0.14	2.28	2.28
94725	26	A	Membrane diffusion capacity	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94725	TC	A	Membrane diffusion capacity	0.00	1.42	1.42	1.75	1.75	0.13	1.88	1.88
94750		A	Pulmonary compliance study	0.23	1.91	1.91	2.40	2.40	0.06	2.69	2.69
94750	26	A	Pulmonary compliance study	0.23	0.06	0.06	0.13	0.13	0.02	0.38	0.38
94750	TC	A	Pulmonary compliance study	0.00	1.85	1.85	2.27	2.27	0.04	2.31	2.31
94760		A	Measure blood oxygen level	0.00	0.16	0.09	0.20	0.12	0.02	0.22	0.14
94761		A	Measure blood oxygen level	0.00	0.24	0.11	0.31	0.15	0.06	0.37	0.21
94762		A	Measure blood oxygen level	0.00	0.09	0.09	0.13	0.13	0.10	0.23	0.23
94770		A	Exhaled carbon dioxide test	0.15	1.30	1.30	1.64	1.64	0.11	1.90	1.90
94770	26	A	Exhaled carbon dioxide test	0.15	0.06	0.06	0.11	0.11	0.03	0.29	0.29
94770	TC	A	Exhaled carbon dioxide test	0.00	1.24	1.24	1.53	1.53	0.08	1.61	1.61
95004		A	Allergy skin tests	0.00	0.09	0.01	0.11	0.01	0.01	0.12	0.02
95010		A	Sensitivity skin tests	0.15	0.18	0.02	0.25	0.06	0.01	0.41	0.22
95015		A	Sensitivity skin tests	0.15	0.12	0.01	0.18	0.05	0.01	0.34	0.21
95024		A	Allergy skin tests	0.00	0.13	0.01	0.16	0.01	0.01	0.17	0.02
95027		A	Skin end point titration	0.00	0.33	0.11	0.40	0.14	0.01	0.41	0.15
95028		A	Allergy skin tests	0.00	0.17	0.02	0.21	0.03	0.01	0.22	0.04
95044		A	Allergy patch tests	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95052		A	Photo patch test	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95056		A	Photosensitivity tests	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95060		A	Eye allergy tests	0.00	0.35	0.11	0.43	0.14	0.02	0.45	0.16
95065		A	Nose allergy test	0.00	0.49	0.11	0.60	0.14	0.01	0.61	0.15
95070		A	Bronchial allergy tests	0.00	0.23	0.11	0.29	0.14	0.02	0.31	0.16
95071		A	Bronchial allergy tests	0.00	0.33	0.11	0.40	0.14	0.02	0.42	0.16
95075		A	Ingestion challenge test	0.95	0.36	0.11	0.65	0.35	0.02	1.62	1.32
95078		A	Provocative testing	0.00	0.33	0.11	0.40	0.14	0.02	0.42	0.16
95115		A	Immunotherapy, one injection	0.00	0.41	0.04	0.50	0.05	0.02	0.52	0.07
95117		A	Immunotherapy injections	0.00	0.42	0.04	0.51	0.05	0.02	0.53	0.07
95144		A	Antigen therapy services	0.06	0.18	0.01	0.23	0.03	0.01	0.30	0.10
95145		A	Antigen therapy services	0.06	0.30	0.01	0.39	0.03	0.03	0.48	0.12
95146		A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95147		A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95148		A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95149		A	Antigen therapy services	0.06	0.30	0.01	0.39	0.03	0.03	0.48	0.12
95165		A	Antigen therapy services	0.06	0.18	0.02	0.23	0.04	0.01	0.30	0.11
95170		A	Antigen therapy services	0.06	0.19	0.02	0.25	0.04	0.03	0.34	0.13
95180		A	Rapid desensitization	2.01	0.58	0.11	1.15	0.58	0.01	3.17	2.60
95805		A	Multiple sleep latency test	1.88	7.28	7.28	9.38	9.38	0.45	11.71	11.71
95805	26	A	Multiple sleep latency test	1.88	0.28	0.28	0.76	0.76	0.07	2.71	2.71
95805	TC	A	Multiple sleep latency test	0.00	7.00	7.00	8.62	8.62	0.38	9.00	9.00
95807		A	Sleep study	1.66	11.01	11.01	13.93	13.93	0.67	16.26	16.26
95807	26	A	Sleep study	1.66	0.34	0.34	0.82	0.82	0.19	2.67	2.67
95807	TC	A	Sleep study	0.00	10.67	10.67	13.11	13.11	0.48	13.59	13.59
95808		A	Polysomnography, 1–3	2.65	9.93	9.93	12.82	12.82	0.67	16.14	16.14
95808	26	A	Polysomnography, 1–3	2.65	0.34	0.34	1.03	1.03	0.19	3.87	3.87
95808	TC	A	Polysomnography, 1–3	0.00	9.59	9.59	11.79	11.79	0.48	12.27	12.27
95810		A	Polysomnography, 4 or more	3.53	12.98	12.98	16.75	16.75	0.67	20.95	20.95
95810	26	A	Polysomnography, 4 or more	3.53	0.26	0.26	1.14	1.14	0.19	4.86	4.86
95810	TC	A	Polysomnography, 4 or more	0.00	12.72	12.72	15.61	15.61	0.48	16.09	16.09
95812		A	Electroencephalogram (EEG)	1.08	2.06	2.06	2.78	2.78	0.15	4.01	4.01
95812	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95812	TC	A	Electroencephalogram (EEG)	0.00	1.95	1.95	2.40	2.40	0.11	2.51	2.51
95813		A	Electroencephalogram (EEG)	1.73	2.90	2.90	3.96	3.96	0.15	5.84	5.84
95813	26	A	Electroencephalogram (EEG)	1.73	0.16	0.16	0.59	0.59	0.04	2.36	2.36
95813	TC	A	Electroencephalogram (EEG)	0.00	2.74	2.74	3.37	3.37	0.11	3.48	3.48
95816		A	Electroencephalogram (EEG)	1.08	1.77	1.77	2.43	2.43	0.13	3.64	3.64
95816	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.03	1.49	1.49
95816	TC	A	Electroencephalogram (EEG)	0.00	1.66	1.66	2.05	2.05	0.10	2.15	2.15
95819		A	Electroencephalogram (EEG)	1.08	1.91	1.91	2.60	2.60	0.14	3.82	3.82

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
95819	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95819	TC	A	Electroencephalogram (EEG)	0.00	1.80	1.80	2.22	2.22	0.10	2.32	2.32
95822		A	Sleep electroencephalogram	1.08	1.98	1.98	2.70	2.70	0.18	3.96	3.96
95822	26	A	Sleep electroencephalogram	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95822	TC	A	Sleep electroencephalogram	0.00	1.87	1.87	2.32	2.32	0.14	2.46	2.46
95824		A	Electroencephalography	0.74	0.19	0.19	0.42	0.42	0.07	1.23	1.23
95824	26	A	Electroencephalography	0.74	0.07	0.07	0.26	0.26	0.04	1.04	1.04
95824	TC	A	Electroencephalography	0.00	0.12	0.12	0.16	0.16	0.03	0.19	0.19
95827		A	Night electroencephalogram	1.08	6.09	6.09	7.72	7.72	0.24	9.04	9.04
95827	26	A	Night electroencephalogram	1.08	0.16	0.16	0.45	0.45	0.07	1.60	1.60
95827	TC	A	Night electroencephalogram	0.00	5.93	5.93	7.27	7.27	0.17	7.44	7.44
95829		A	Surgery electrocorticogram	6.21	3.37	3.37	5.49	5.49	0.05	11.75	11.75
95829	26	A	Surgery electrocorticogram	6.21	0.16	0.16	1.57	1.57	0.03	7.81	7.81
95829	TC	A	Surgery electrocorticogram	0.00	3.21	3.21	3.92	3.92	0.02	3.94	3.94
95830		A	Insert electrodes for EEG	1.70	1.07	0.13	1.69	0.55	0.07	3.46	2.32
95831		A	Limb muscle testing, manual	0.28	0.34	0.16	0.48	0.27	0.03	0.79	0.58
95832		A	Hand muscle testing, manual	0.29	0.34	0.16	0.48	0.27	0.02	0.79	0.58
95833		A	Body muscle testing, manual	0.47	0.34	0.16	0.52	0.31	0.05	1.04	0.83
95834		A	Body muscle testing, manual	0.60	0.34	0.16	0.55	0.34	0.06	1.21	1.00
95851		A	Range of motion measurements	0.16	0.34	0.16	0.45	0.24	0.02	0.63	0.42
95852		A	Range of motion measurements	0.11	0.34	0.16	0.44	0.23	0.02	0.57	0.36
95857		A	Tensilon test	0.53	0.32	0.10	0.51	0.25	0.04	1.08	0.82
95858		A	Tensilon test & myogram	1.56	0.33	0.33	0.75	0.75	0.09	2.40	2.40
95858	26	A	Tensilon test & myogram	1.56	0.05	0.05	0.41	0.41	0.05	2.02	2.02
95858	TC	A	Tensilon test & myogram	0.00	0.28	0.28	0.34	0.34	0.04	0.38	0.38
95860		A	Muscle test, one limb	0.96	0.37	0.37	0.68	0.68	0.09	1.73	1.73
95860	26	A	Muscle test, one limb	0.96	0.05	0.05	0.29	0.29	0.06	1.31	1.31
95860	TC	A	Muscle test, one limb	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
95861		A	Muscle test, two limbs	1.54	0.43	0.43	0.89	0.89	0.16	2.59	2.59
95861	26	A	Muscle test, two limbs	1.54	0.05	0.05	0.42	0.42	0.10	2.06	2.06
95861	TC	A	Muscle test, two limbs	0.00	0.38	0.38	0.47	0.47	0.06	0.53	0.53
95863		A	Muscle test, 3 limbs	1.87	0.49	0.49	1.05	1.05	0.18	3.10	3.10
95863	26	A	Muscle test, 3 limbs	1.87	0.05	0.05	0.50	0.50	0.11	2.48	2.48
95863	TC	A	Muscle test, 3 limbs	0.00	0.44	0.44	0.55	0.55	0.07	0.62	0.62
95864		A	Muscle test, 4 limbs	1.99	0.55	0.55	1.17	1.17	0.27	3.43	3.43
95864	26	A	Muscle test, 4 limbs	1.99	0.05	0.05	0.53	0.53	0.14	2.66	2.66
95864	TC	A	Muscle test, 4 limbs	0.00	0.50	0.50	0.64	0.64	0.13	0.77	0.77
95867		A	Muscle test, head or neck	0.79	0.37	0.37	0.64	0.64	0.09	1.52	1.52
95867	26	A	Muscle test, head or neck	0.79	0.05	0.05	0.25	0.25	0.05	1.09	1.09
95867	TC	A	Muscle test, head or neck	0.00	0.32	0.32	0.39	0.39	0.04	0.43	0.43
95868		A	Muscle test, head or neck	1.18	0.43	0.43	0.81	0.81	0.15	2.14	2.14
95868	26	A	Muscle test, head or neck	1.18	0.05	0.05	0.34	0.34	0.10	1.62	1.62
95868	TC	A	Muscle test, head or neck	0.00	0.38	0.38	0.47	0.47	0.05	0.52	0.52
95869		A	Muscle test, limited	0.37	0.31	0.31	0.48	0.48	0.05	0.90	0.90
95869	26	A	Muscle test, limited	0.37	0.05	0.05	0.15	0.15	0.03	0.55	0.55
95869	TC	A	Muscle test, limited	0.00	0.26	0.26	0.33	0.33	0.02	0.35	0.35
95872		A	Muscle test, one fiber	1.50	0.50	0.50	0.96	0.96	0.11	2.57	2.57
95872	26	A	Muscle test, one fiber	1.50	0.05	0.05	0.40	0.40	0.06	1.96	1.96
95872	TC	A	Muscle test, one fiber	0.00	0.45	0.45	0.56	0.56	0.05	0.61	0.61
95875		A	Limb exercise test	1.34	0.60	0.60	1.04	1.04	0.10	2.48	2.48
95875	26	A	Limb exercise test	1.34	0.05	0.05	0.36	0.36	0.04	1.74	1.74
95875	TC	A	Limb exercise test	0.00	0.55	0.55	0.68	0.68	0.06	0.74	0.74
95900		A	Motor nerve conduction test	0.42	0.28	0.28	0.45	0.45	0.05	0.92	0.92
95900	26	A	Motor nerve conduction test	0.42	0.05	0.05	0.16	0.16	0.03	0.61	0.61
95900	TC	A	Motor nerve conduction test	0.00	0.23	0.23	0.29	0.29	0.02	0.31	0.31
95903		A	Motor nerve conduction test	0.60	0.39	0.39	0.61	0.61	0.05	1.26	1.26
95903	26	A	Motor nerve conduction test	0.60	0.05	0.05	0.20	0.20	0.03	0.83	0.83
95903	TC	A	Motor nerve conduction test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95904		A	Sense nerve conduction test	0.34	0.28	0.28	0.43	0.43	0.05	0.82	0.82
95904	26	A	Sense nerve conduction test	0.34	0.05	0.05	0.14	0.14	0.03	0.51	0.51
95904	TC	A	Sense nerve conduction test	0.00	0.23	0.23	0.29	0.29	0.02	0.31	0.31
95920		A	Intraoperative nerve testing	2.11	0.10	0.10	0.63	0.63	0.20	2.94	2.94
95920	26	A	Intraoperative nerve testing	2.11	0.05	0.05	0.55	0.55	0.12	2.78	2.78
95920	TC	A	Intraoperative nerve testing	0.00	0.05	0.05	0.08	0.08	0.08	0.16	0.16
95921		A	Autonomic nerve func test	0.45	1.99	1.99	2.54	2.54	0.05	3.04	3.04
95921	26	A	Autonomic nerve func test	0.45	0.11	0.11	0.24	0.24	0.02	0.71	0.71
95921	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95922		A	Autonomic nerve func test	0.48	1.99	1.99	2.55	2.55	0.06	3.09	3.09
95922	26	A	Autonomic nerve func test	0.48	0.11	0.11	0.25	0.25	0.03	0.76	0.76
95922	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95923		A	Autonomic nerve func test	0.45	1.99	1.99	2.54	2.54	0.05	3.04	3.04
95923	26	A	Autonomic nerve func test	0.45	0.11	0.11	0.24	0.24	0.02	0.71	0.71
95923	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95925		A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
95925	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95925	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95926		A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28
95926	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95926	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95927		A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28
95927	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95927	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95930		A	Visual evoked potential test	0.35	0.70	0.70	0.95	0.95	0.05	1.35	1.35
95930	26	A	Visual evoked potential test	0.35	0.04	0.04	0.14	0.14	0.04	0.53	0.53
95930	TC	A	Visual evoked potential test	0.00	0.66	0.66	0.81	0.81	0.01	0.82	0.82
95933		A	Blink reflex test	0.59	0.39	0.39	0.62	0.62	0.10	1.31	1.31
95933	26	A	Blink reflex test	0.59	0.05	0.05	0.20	0.20	0.04	0.83	0.83
95933	TC	A	Blink reflex test	0.00	0.34	0.34	0.42	0.42	0.06	0.48	0.48
95934		A	'H' reflex test	0.51	0.39	0.39	0.59	0.59	0.05	1.15	1.15
95934	26	A	'H' reflex test	0.51	0.05	0.05	0.18	0.18	0.03	0.72	0.72
95934	TC	A	'H' reflex test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95936		A	'H' reflex test	0.55	0.39	0.39	0.60	0.60	0.05	1.20	1.20
95936	26	A	'H' reflex test	0.55	0.05	0.05	0.19	0.19	0.03	0.77	0.77
95936	TC	A	'H' reflex test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95937		A	Neuromuscular junction test	0.65	0.39	0.39	0.63	0.63	0.07	1.35	1.35
95937	26	A	Neuromuscular junction test	0.65	0.05	0.05	0.21	0.21	0.04	0.90	0.90
95937	TC	A	Neuromuscular junction test	0.00	0.34	0.34	0.42	0.42	0.03	0.45	0.45
95950		A	Ambulatory eeg monitoring	1.51	3.28	3.28	4.46	4.46	0.60	6.57	6.57
95950	26	A	Ambulatory eeg monitoring	1.51	0.16	0.16	0.55	0.55	0.10	2.16	2.16
95950	TC	A	Ambulatory eeg monitoring	0.00	3.12	3.12	3.91	3.91	0.50	4.41	4.41
95951		A	EEG monitoring/videorecord	6.00	17.38	17.38	22.64	22.64	0.64	29.28	29.28
95951	26	A	EEG monitoring/videorecord	6.00	0.52	0.52	1.97	1.97	0.11	8.08	8.08
95951	TC	A	EEG monitoring/videorecord	0.00	16.86	16.86	20.67	20.67	0.53	21.20	21.20
95953		A	EEG monitoring/computer	3.08	2.38	2.38	3.72	3.72	0.60	7.40	7.40
95953	26	A	EEG monitoring/computer	3.08	0.16	0.16	0.90	0.90	0.10	4.08	4.08
95953	TC	A	EEG monitoring/computer	0.00	2.22	2.22	2.82	2.82	0.50	3.32	3.32
95954		A	EEG monitoring/giving drugs	2.45	2.13	2.13	3.19	3.19	0.28	5.92	5.92
95954	26	A	EEG monitoring/giving drugs	2.45	0.11	0.11	0.72	0.72	0.22	3.39	3.39
95954	TC	A	EEG monitoring/giving drugs	0.00	2.02	2.02	2.47	2.47	0.06	2.53	2.53
95955		A	EEG during surgery	1.01	2.00	2.00	2.73	2.73	0.30	4.04	4.04
95955	26	A	EEG during surgery	1.01	0.14	0.14	0.42	0.42	0.11	1.54	1.54
95955	TC	A	EEG during surgery	0.00	1.86	1.86	2.31	2.31	0.19	2.50	2.50
95956		A	EEG monitoring/cable/radio	3.08	16.94	16.94	21.46	21.46	0.61	25.15	25.15
95956	26	A	EEG monitoring/cable/radio	3.08	0.52	0.52	1.33	1.33	0.11	4.52	4.52
95956	TC	A	EEG monitoring/cable/radio	0.00	16.42	16.42	20.13	20.13	0.50	20.63	20.63
95957		A	EEG digital analysis	1.98	1.13	1.13	1.85	1.85	0.18	4.01	4.01
95957	26	A	EEG digital analysis	1.98	0.07	0.07	0.53	0.53	0.05	2.56	2.56
95957	TC	A	EEG digital analysis	0.00	1.06	1.06	1.32	1.32	0.13	1.45	1.45
95958		A	EEG monitoring/function test	4.25	3.04	3.04	4.76	4.76	0.52	9.53	9.53
95958	26	A	EEG monitoring/function test	4.25	0.14	0.14	1.19	1.19	0.38	5.82	5.82
95958	TC	A	EEG monitoring/function test	0.00	2.90	2.90	3.57	3.57	0.14	3.71	3.71
95961		A	Electrode stimulation, brain	2.97	2.01	2.01	3.16	3.16	0.20	6.33	6.33
95961	26	A	Electrode stimulation, brain	2.97	0.16	0.16	0.88	0.88	0.12	3.97	3.97
95961	TC	A	Electrode stimulation, brain	0.00	1.85	1.85	2.28	2.28	0.08	2.36	2.36
95962		A	Electrode stimulation, brain	3.21	1.15	1.15	2.15	2.15	0.20	5.56	5.56
95962	26	A	Electrode stimulation, brain	3.21	0.03	0.03	0.77	0.77	0.12	4.10	4.10
95962	TC	A	Electrode stimulation, brain	0.00	1.12	1.12	1.38	1.38	0.08	1.46	1.46
96100		A	Psychological testing	0.00	1.86	1.86	2.32	2.32	0.20	2.52	2.52
96105		A	Assessment of aphasia	0.00	1.84	1.84	2.29	2.29	0.20	2.49	2.49
96111		A	Developmental test, extend	0.00	1.87	1.87	2.33	2.33	0.20	2.53	2.53
96115		A	Neurobehavior status exam	0.00	1.94	1.94	2.40	2.40	0.20	2.60	2.60
96117		A	Neuropsych test battery	0.00	1.94	1.94	2.40	2.40	0.20	2.60	2.60
96400		A	Chemotherapy, (SC)/(IM)	0.00	0.88	0.15	1.07	0.19	0.01	1.08	0.20
96405		A	Intralesional chemo admin	0.52	0.94	0.16	1.26	0.32	0.03	1.81	0.87
96406		A	Intralesional chemo admin	0.80	0.95	0.16	1.34	0.38	0.04	2.18	1.22
96408		A	Chemotherapy, push technique	0.00	1.22	0.16	1.50	0.21	0.06	1.56	0.27
96410		A	Chemotherapy, infusion method	0.00	1.46	0.16	1.80	0.22	0.09	1.89	0.31
96412		A	Chemotherapy, infusion method	0.00	0.85	0.06	1.05	0.09	0.08	1.13	0.17
96414		A	Chemotherapy, infusion method	0.00	1.46	0.16	1.80	0.22	0.09	1.89	0.31
96420		A	Chemotherapy, push technique	0.00	1.25	0.16	1.55	0.22	0.09	1.64	0.31
96422		A	Chemotherapy, infusion method	0.00	1.25	0.16	1.55	0.22	0.09	1.64	0.31
96423		A	Chemotherapy, infusion method	0.00	1.07	0.06	1.31	0.08	0.03	1.34	0.11
96425		A	Chemotherapy, infusion method	0.00	1.49	0.16	1.83	0.22	0.09	1.92	0.31
96440		A	Chemotherapy, intracavitary	2.37	2.44	0.16	3.50	0.73	0.06	5.93	3.16
96445		A	Chemotherapy, intracavitary	2.20	2.44	0.16	3.47	0.70	0.09	5.76	2.99
96450		A	Chemotherapy, into CNS	1.89	1.94	0.16	2.79	0.63	0.06	4.74	2.58
96520		A	Pump refilling, maintenance	0.00	0.91	0.16	1.12	0.21	0.06	1.18	0.27
96530		A	Pump refilling, maintenance	0.00	1.14	0.16	1.41	0.21	0.07	1.48	0.28

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
96542		A	Chemotherapy injection	1.42	1.68	0.16	2.39	0.54	0.13	3.94	2.09
96900		A	Ultraviolet light therapy	0.00	0.50	0.16	0.62	0.21	0.03	0.65	0.24
96910		A	Photochemotherapy with UV–B	0.00	0.50	0.16	0.62	0.21	0.04	0.66	0.25
96912		A	Photochemotherapy with UV–A	0.00	0.63	0.16	0.78	0.21	0.05	0.83	0.26
96913		A	Photochemotherapy, UV–A or B	0.00	0.98	0.16	1.21	0.22	0.10	1.31	0.32
97010		B	Hot or cold packs therapy	+0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97012		A	Mechanical traction therapy	0.25	0.23	0.16	0.34	0.26	0.02	0.61	0.53
97014		A	Electric stimulation therapy	0.18	0.23	0.16	0.33	0.24	0.02	0.53	0.44
97016		A	Vasopneumatic device therapy	0.18	0.23	0.16	0.33	0.24	0.02	0.53	0.44
97018		A	Paraffin bath therapy	0.06	0.23	0.16	0.31	0.22	0.03	0.40	0.31
97020		A	Microwave therapy	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97022		A	Whirlpool therapy	0.17	0.23	0.16	0.33	0.24	0.02	0.52	0.43
97024		A	Diathermy treatment	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97026		A	Infrared therapy	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97028		A	Ultraviolet therapy	0.08	0.23	0.16	0.31	0.22	0.01	0.40	0.31
97032		A	Electrical stimulation	0.25	0.25	0.16	0.37	0.26	0.01	0.63	0.52
97033		A	Electric current therapy	0.26	0.28	0.16	0.40	0.26	0.02	0.68	0.54
97034		A	Contrast bath therapy	0.21	0.25	0.16	0.36	0.25	0.01	0.58	0.47
97035		A	Ultrasound therapy	0.21	0.25	0.16	0.36	0.25	0.01	0.58	0.47
97036		A	Hydrotherapy	0.28	0.26	0.16	0.39	0.26	0.02	0.69	0.56
97039		A	Physical therapy treatment	0.20	0.25	0.16	0.36	0.25	0.03	0.59	0.48
97110		A	Therapeutic exercises	0.45	0.25	0.16	0.41	0.30	0.02	0.88	0.77
97112		A	Neuromuscular reeducation	0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
97113		A	Aquatic therapy/exercises	0.44	0.25	0.16	0.41	0.30	0.02	0.87	0.76
97116		A	Gait training therapy	0.40	0.24	0.16	0.39	0.29	0.01	0.80	0.70
97122		A	Manual traction therapy	0.42	0.24	0.16	0.39	0.29	0.01	0.82	0.72
97124		A	Massage therapy	0.35	0.24	0.16	0.38	0.28	0.01	0.74	0.64
97139		A	Physical medicine procedure	0.21	0.24	0.16	0.35	0.25	0.02	0.58	0.48
97150		A	Group therapeutic procedures	0.27	0.24	0.16	0.36	0.26	0.02	0.65	0.55
97250		A	Myofascial release	0.45	0.24	0.16	0.41	0.31	0.04	0.90	0.80
97260		A	Regional manipulation	0.19	0.24	0.16	0.34	0.24	0.02	0.55	0.45
97261		A	Supplemental manipulations	0.12	0.12	0.08	0.17	0.13	0.01	0.30	0.26
97265		A	Joint mobilization	0.45	0.23	0.16	0.39	0.31	0.04	0.88	0.80
97504		A	Orthotic training	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
97520		A	Prosthetic training	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
97530		A	Therapeutic activities	0.44	0.24	0.16	0.40	0.30	0.02	0.86	0.76
97535		A	Self care mngment training	0.45	0.27	0.16	0.43	0.30	0.02	0.90	0.77
97537		A	Community/work reintegration	0.45	0.27	0.16	0.43	0.30	0.02	0.90	0.77
97542		A	Wheelchair mngement training	0.25	0.27	0.16	0.39	0.25	0.02	0.66	0.52
97703		A	Prosthetic checkout	0.25	0.27	0.16	0.39	0.26	0.03	0.67	0.54
97750		A	Physical performance test	0.45	0.25	0.16	0.42	0.30	0.03	0.90	0.78
97770		A	Cognitive skills development	0.44	0.28	0.16	0.44	0.30	0.03	0.91	0.77
98925		A	Osteopathic manipulation	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
98926		A	Osteopathic manipulation	0.65	0.25	0.16	0.46	0.35	0.03	1.14	1.03
98927		A	Osteopathic manipulation	0.87	0.25	0.16	0.51	0.40	0.03	1.41	1.30
98928		A	Osteopathic manipulation	1.03	0.25	0.16	0.54	0.43	0.04	1.61	1.50
98929		A	Osteopathic manipulation	1.19	0.25	0.16	0.58	0.47	0.03	1.80	1.69
98940		A	Chiropractic manipulation	0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
98941		A	Chiropractic manipulation	0.65	0.25	0.16	0.46	0.34	0.01	1.12	1.00
98942		A	Chiropractic manipulation	0.87	0.25	0.16	0.50	0.39	0.01	1.38	1.27
98943		N	Chiropractic manipulation	+0.40	0.24	0.16	0.39	0.29	0.01	0.80	0.70
99175		A	Induction of vomiting	0.00	0.38	0.04	0.48	0.07	0.10	0.58	0.17
99183		A	Hyperbaric oxygen therapy	2.34	0.47	0.11	1.11	0.67	0.11	3.56	3.12
99185		A	Regional hypothermia	0.00	NA	0.08	NA	0.11	0.04	NA	0.15
99186		A	Total body hypothermia	0.00	NA	0.16	NA	0.31	0.52	NA	0.83
99195		A	Phlebotomy	0.00	1.52	0.14	1.86	0.18	0.03	1.89	0.21
99201		A	Office/outpatient visit, new	0.45	0.64	0.33	0.89	0.50	0.04	1.38	0.99
99202		A	Office/outpatient visit, new	0.88	0.72	0.33	1.09	0.60	0.05	2.02	1.53
99203		A	Office/outpatient visit, new	1.34	0.80	0.33	1.29	0.70	0.06	2.69	2.10
99204		A	Office/outpatient visit, new	2.00	0.85	0.33	1.49	0.85	0.08	3.57	2.93
99205		A	Office/outpatient visit, new	2.67	0.89	0.33	1.69	1.00	0.09	4.45	3.76
99211		A	Office/outpatient visit, est	0.17	0.38	0.16	0.50	0.24	0.02	0.69	0.43
99212		A	Office/outpatient visit, est	0.45	0.42	0.16	0.61	0.30	0.02	1.08	0.77
99213		A	Office/outpatient visit, est	0.67	0.46	0.16	0.71	0.35	0.03	1.41	1.05
99214		A	Office/outpatient visit, est	1.10	0.50	0.16	0.86	0.45	0.04	2.00	1.59
99215		A	Office/outpatient visit, est	1.77	0.54	0.16	1.06	0.60	0.07	2.90	2.44
99217		A	Observation care discharge	1.28	NA	0.12	NA	0.44	0.04	NA	1.76
99218		A	Observation care	1.28	NA	0.51	NA	0.91	0.06	NA	2.25
99219		A	Observation care	2.14	NA	0.51	NA	1.11	0.09	NA	3.34
99220		A	Observation care	2.99	NA	0.57	NA	1.37	0.09	NA	4.45
99221		A	Initial hospital care	1.28	NA	0.51	NA	0.91	0.06	NA	2.25
99222		A	Initial hospital care	2.14	NA	0.51	NA	1.11	0.09	NA	3.34
99223		A	Initial hospital care	2.99	NA	0.57	NA	1.37	0.08	NA	4.44
99231		A	Subsequent hospital care	0.64	NA	0.05	NA	0.21	0.03	NA	0.88

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
99232		A	Subsequent hospital care	1.06	NA	0.05	NA	0.30	0.04	NA	1.40
99233		A	Subsequent hospital care	1.51	NA	0.05	NA	0.40	0.05	NA	1.96
99238		A	Hospital discharge day	1.28	NA	0.12	NA	0.44	0.04	NA	1.76
99239		A	Hospital discharge day	1.75	0.12	0.12	0.54	0.54	0.04	2.33	2.33
99241		A	Office consultation	0.64	0.85	0.41	1.19	0.65	0.08	1.91	1.37
99242		A	Office consultation	1.29	0.89	0.41	1.38	0.80	0.09	2.76	2.18
99243		A	Office consultation	1.72	0.93	0.41	1.53	0.90	0.10	3.35	2.72
99244		A	Office consultation	2.58	0.97	0.41	1.77	1.09	0.11	4.46	3.78
99245		A	Office consultation	3.43	1.02	0.41	2.03	1.28	0.16	5.62	4.87
99251		A	Initial inpatient consult	0.66	NA	0.41	NA	0.66	0.08	NA	1.40
99252		A	Initial inpatient consult	1.32	NA	0.41	NA	0.81	0.09	NA	2.22
99253		A	Initial inpatient consult	1.82	NA	0.41	NA	0.92	0.10	NA	2.84
99254		A	Initial inpatient consult	2.64	NA	0.41	NA	1.10	0.11	NA	3.85
99255		A	Initial inpatient consult	3.65	NA	0.41	NA	1.33	0.14	NA	5.12
99261		A	Follow-up inpatient consult	0.42	NA	0.08	NA	0.20	0.03	NA	0.65
99262		A	Follow-up inpatient consult	0.85	NA	0.08	NA	0.29	0.04	NA	1.18
99263		A	Follow-up inpatient consult	1.27	NA	0.08	NA	0.39	0.04	NA	1.70
99271		A	Confirmatory consultation	0.45	0.85	0.41	1.14	0.61	0.07	1.66	1.13
99272		A	Confirmatory consultation	0.84	0.89	0.41	1.28	0.70	0.09	2.21	1.63
99273		A	Confirmatory consultation	1.19	0.93	0.41	1.42	0.78	0.11	2.72	2.08
99274		A	Confirmatory consultation	1.73	0.97	0.41	1.58	0.90	0.11	3.42	2.74
99275		A	Confirmatory consultation	2.31	1.02	0.41	1.79	1.04	0.17	4.27	3.52
99281		A	Emergency dept visit	0.33	NA	0.25	NA	0.38	0.01	NA	0.72
99282		A	Emergency dept visit	0.55	NA	0.25	NA	0.44	0.03	NA	1.02
99283		A	Emergency dept visit	1.24	NA	0.25	NA	0.59	0.04	NA	1.87
99284		A	Emergency dept visit	1.95	NA	0.25	NA	0.75	0.06	NA	2.76
99285		A	Emergency dept visit	3.06	NA	0.25	NA	1.00	0.08	NA	4.14
99291		A	Critical care, first hour	4.00	1.92	0.41	3.24	1.40	0.11	7.35	5.51
99292		A	Critical care, addl 30 min	2.00	0.78	0.03	1.40	0.48	0.04	3.44	2.52
99295		A	Neonatal critical care	16.00	NA	0.41	NA	4.34	1.55	NA	21.89
99296		A	Neonatal critical care	8.00	NA	0.05	NA	1.98	0.77	NA	10.75
99297		A	Neonatal critical care	4.00	NA	0.05	NA	1.02	0.38	NA	5.40
99301		A	Nursing facility care	1.28	NA	0.16	NA	0.49	0.03	NA	1.80
99302		A	Nursing facility care	1.71	NA	0.16	NA	0.58	0.04	NA	2.33
99303		A	Nursing facility care	2.14	NA	0.16	NA	0.68	0.07	NA	2.89
99311		A	Nursing facility care, subseq	0.64	NA	0.16	NA	0.35	0.03	NA	1.02
99312		A	Nursing facility care, subseq	1.06	NA	0.16	NA	0.44	0.03	NA	1.53
99313		A	Nursing facility care, subseq	1.51	NA	0.16	NA	0.54	0.04	NA	2.09
99321		A	Rest home visit, new patient	0.71	0.37	0.37	0.61	0.61	0.03	1.35	1.35
99322		A	Rest home visit, new patient	1.01	0.50	0.50	0.84	0.84	0.05	1.90	1.90
99323		A	Rest home visit, new patient	1.28	0.58	0.58	1.00	1.00	0.06	2.34	2.34
99331		A	Rest home visit, estab pat	0.60	0.37	0.37	0.58	0.58	0.02	1.20	1.20
99332		A	Rest home visit, estab pat	0.80	0.42	0.42	0.69	0.69	0.03	1.52	1.52
99333		A	Rest home visit, estab pat	1.00	0.46	0.46	0.78	0.78	0.02	1.80	1.80
99341		A	Home visit, new patient	1.12	0.37	0.37	0.70	0.70	0.05	1.87	1.87
99342		A	Home visit, new patient	1.58	0.50	0.50	0.97	0.97	0.05	2.60	2.60
99343		A	Home visit, new patient	2.09	0.58	0.58	1.18	1.18	0.06	3.33	3.33
99351		A	Home visit, estab patient	0.83	0.37	0.37	0.64	0.64	0.04	1.51	1.51
99352		A	Home visit, estab patient	1.12	0.42	0.42	0.76	0.76	0.04	1.92	1.92
99353		A	Home visit, estab patient	1.48	0.46	0.46	0.89	0.89	0.05	2.42	2.42
99354		A	Prolonged service, office	1.77	0.29	0.05	0.75	0.47	0.07	2.59	2.31
99355		A	Prolonged service, office	1.77	0.17	0.05	0.61	0.47	0.07	2.45	2.31
99356		A	Prolonged service, inpatient	1.71	NA	0.03	NA	0.43	0.08	NA	2.22
99357		A	Prolonged service, inpatient	1.71	NA	0.03	NA	0.43	0.08	NA	2.22
99375		G	Care plan oversight/30–60	+1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
99381		N	Preventive visit, new, infant	+1.19	0.77	0.30	1.22	0.64	0.08	2.49	1.91
99382		N	Preventive visit, new, age 1–4	+1.36	0.69	0.30	1.16	0.68	0.09	2.61	2.13
99383		N	Preventive visit, new, age 5–11	+1.36	0.69	0.30	1.16	0.68	0.09	2.61	2.13
99384		N	Preventive visit, new, 12–17	+1.53	0.69	0.30	1.20	0.72	0.10	2.83	2.35
99385		N	Preventive visit, new, 18–39	+1.53	0.70	0.30	1.21	0.72	0.09	2.83	2.34
99386		N	Preventive visit, new, 40–64	+1.88	0.70	0.30	1.29	0.79	0.10	3.27	2.77
99387		N	Preventive visit, new, 65 & over	+2.06	0.78	0.30	1.43	0.84	0.11	3.60	3.01
99391		N	Preventive visit, est, infant	+1.02	0.46	0.16	0.80	0.44	0.07	1.89	1.53
99392		N	Preventive visit, est, age 1–4	+1.19	0.46	0.16	0.84	0.48	0.08	2.11	1.75
99393		N	Preventive visit, est, age 5–11	+1.19	0.46	0.16	0.84	0.48	0.08	2.11	1.75
99394		N	Preventive visit, est, 12–17	+1.36	0.46	0.16	0.88	0.52	0.09	2.33	1.97
99395		N	Preventive visit, est, 18–39	+1.36	0.47	0.16	0.89	0.51	0.08	2.33	1.95
99396		N	Preventive visit, est, 40–64	+1.53	0.47	0.16	0.93	0.55	0.09	2.55	2.17
99397		N	Preventive visit, est, 65 & over	+1.71	0.47	0.16	0.97	0.60	0.10	2.78	2.41
99401		N	Preventive counseling, indiv	+0.48	0.32	0.16	0.50	0.31	0.03	1.01	0.82
99402		N	Preventive counseling, indiv	+0.98	0.32	0.16	0.61	0.42	0.05	1.64	1.45
99403		N	Preventive counseling, indiv	+1.46	0.32	0.16	0.72	0.54	0.08	2.26	2.08
99404		N	Preventive counseling, indiv	+1.95	0.32	0.16	0.84	0.65	0.11	2.90	2.71
99411		N	Preventive counseling, group	+0.15	0.20	0.16	0.28	0.23	0.01	0.44	0.39

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
99412	.....	N	Preventive counseling, group	+0.25	0.20	0.16	0.30	0.25	0.01	0.56	0.51
99431	.....	A	Initial care, normal newborn	1.17	NA	0.33	NA	0.67	0.08	NA	1.92
99432	.....	A	Newborn care not in hospital	1.26	0.80	0.33	1.27	0.69	0.08	2.61	2.03
99433	.....	A	Normal newborn care, hospital	0.62	NA	0.03	NA	0.18	0.04	NA	0.84
99435	.....	A	Hospital NB discharge day	1.50	NA	0.32	NA	0.74	0.10	NA	2.34
99440	.....	A	Newborn resuscitation	2.93	NA	0.05	NA	0.75	0.19	NA	3.87
A2000	.....	G	Chiropractor manip of spine	+0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
A4263	.....	A	Permanent tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A4300	.....	A	Cath impl vasc access portal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A4550	.....	A	Surgical trays	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
G0002	.....	A	Temporary urinary catheter	0.50	0.85	0.02	1.14	0.14	0.02	1.66	0.66
G0004	.....	A	ECG transm phys review & int	0.52	1.57	0.15	2.17	0.44	0.65	3.34	1.61
G0005	.....	A	ECG 24 hour recording	0.00	0.16	0.05	0.21	0.08	0.09	0.30	0.17
G0006	.....	A	ECG transmission & analysis	0.00	1.35	0.05	1.76	0.17	0.51	2.27	0.68
G0007	.....	A	ECG phy review & interpret	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
G0015	.....	A	Post symptom ECG tracing	0.00	1.44	0.11	1.87	0.25	0.51	2.38	0.76
G0016	.....	A	Post symptom ECG md review	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
G0025	.....	A	Collagen skin test kit	0.00	0.47	0.02	0.57	0.02	0.00	0.57	0.02
G0030	26	A	PET imaging prev PET single	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0031	26	A	PET imaging prev PET multple	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0032	26	A	PET follow SPECT 78464 singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0033	26	A	PET follow SPECT 78464 mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0034	26	A	PET follow SPECT 76865 singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0035	26	A	PET follow SPECT 78465 mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0036	26	A	PET follow cornry angio sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0037	26	A	PET follow cornry angio mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0038	26	A	PET follow myocard perf sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0039	26	A	PET follow myocard perf mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0040	26	A	PET follow stress echo singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0041	26	A	PET follow stress echo mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0042	26	A	PET follow ventriculogm sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0043	26	A	PET follow ventriculogm mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0044	26	A	PET following rest ECG singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0045	26	A	PET following rest ECG mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0046	26	A	PET follow stress ECG singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0047	26	A	PET follow stress ECG mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0050	.....	A	Residual urine by ultrasound	0.00	0.40	0.40	0.50	0.50	0.05	0.55	0.55
G0051	.....	A	Destroy benign/premal lesion	0.55	0.60	0.26	0.86	0.45	0.04	1.45	1.04
G0052	.....	A	Destruction of add'l lesions	0.18	0.03	0.00	0.08	0.04	0.01	0.27	0.23
G0053	.....	A	Destruction of add'l lesions	3.05	0.77	0.26	1.66	1.03	0.20	4.91	4.28
G0062	.....	A	peripheral bone densitometry	0.22	0.97	0.97	1.25	1.25	0.07	1.54	1.54
G0062	26	A	peripheral bone densitometry	0.22	0.10	0.10	0.18	0.18	0.02	0.42	0.42
G0062	TC	A	peripheral bone densitometry	0.00	0.87	0.87	1.07	1.07	0.05	1.12	1.12
G0063	.....	A	central bone densitometry	0.30	0.39	0.39	0.58	0.58	0.21	1.09	1.09
G0063	26	A	central bone densitometry	0.30	0.09	0.09	0.18	0.18	0.02	0.50	0.50
G0063	TC	A	central bone densitometry	0.00	0.30	0.30	0.40	0.40	0.19	0.59	0.59
G0064	.....	A	care plan oversight, hme hlth	1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
G0065	.....	A	care plan oversight, hospice	1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
G0071	.....	A	Psychotherapy, office, no E/M	1.11	0.35	0.16	0.68	0.45	0.05	1.84	1.61
G0072	.....	A	Psychotherapy, office, wth E/M	1.47	0.35	0.16	0.76	0.53	0.05	2.28	2.05
G0073	.....	A	Psychotherapy, office, no E/M	1.73	0.35	0.16	0.82	0.60	0.08	2.63	2.41
G0074	.....	A	Psychotherapy, office, wth E/M	2.00	0.35	0.16	0.88	0.65	0.08	2.96	2.73
G0075	.....	A	Psychotherapy, office, no E/M	2.76	0.35	0.16	1.06	0.84	0.15	3.97	3.75
G0076	.....	A	Psychotherapy, office, wth E/M	3.15	0.35	0.16	1.15	0.92	0.15	4.45	4.22
G0077	.....	A	Psychotherapy, office, no E/M	1.19	0.35	0.16	0.70	0.48	0.09	1.98	1.76
G0078	.....	A	Psychotherapy, office, wth E/M	1.58	0.35	0.16	0.79	0.56	0.09	2.46	2.23
G0079	.....	A	Psychotherapy, office, no E/M	1.86	0.35	0.16	0.85	0.63	0.09	2.80	2.58
G0080	.....	A	Psychotherapy, office, wth E/M	2.15	0.35	0.16	0.91	0.69	0.09	3.15	2.93
G0081	.....	A	Psychotherapy, office, no E/M	2.97	0.35	0.16	1.09	0.87	0.09	4.15	3.93
G0082	.....	A	Psychotherapy, office, wth E/M	3.39	0.35	0.16	1.18	0.96	0.09	4.66	4.44
G0083	.....	A	Psychotherapy, inpt, no E/M	1.24	0.35	0.16	0.70	0.48	0.05	1.99	1.77
G0084	.....	A	Psychotherapy, inpt, with E/M	1.65	0.35	0.16	0.79	0.57	0.05	2.49	2.27
G0085	.....	A	Psychotherapy, inpt, no E/M	1.94	0.35	0.16	0.86	0.64	0.08	2.88	2.66
G0086	.....	A	Psychotherapy, inpt, with E/M	2.24	0.35	0.16	0.93	0.71	0.08	3.25	3.03
G0087	.....	A	Psychotherapy, inpt, no E/M	3.09	0.35	0.16	1.13	0.91	0.15	4.37	4.15
G0088	.....	A	Psychotherapy, inpt, with E/M	3.53	0.35	0.16	1.23	1.00	0.15	4.91	4.68
G0089	.....	A	Psychotherapy, inpt, no E/M	1.33	0.35	0.16	0.73	0.51	0.09	2.15	1.93
G0090	.....	A	Psychotherapy, inpt, with E/M	1.77	0.35	0.16	0.83	0.61	0.09	2.69	2.47
G0091	.....	A	Psychotherapy, inpt, no E/M	2.08	0.35	0.16	0.90	0.67	0.09	3.07	2.84
G0092	.....	A	Psychotherapy, inpt, with E/M	2.41	0.35	0.16	0.97	0.75	0.09	3.47	3.25
G0093	.....	A	Psychotherapy, inpt, no E/M	3.32	0.35	0.16	1.17	0.95	0.09	4.58	4.36
G0094	.....	A	Psychotherapy, inpt, with E/M	3.80	0.35	0.16	1.27	1.05	0.09	5.16	4.94
H5300	.....	G	Occupational therapy	+0.32	0.19	0.16	0.31	0.28	0.03	0.66	0.63
M0005	.....	G	Off visit 2/more modalities	+0.76	0.23	0.16	0.46	0.37	0.03	1.25	1.16

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
M0006	.....	G	One phys therapy modality	+0.50	0.23	0.16	0.40	0.31	0.02	0.92	0.83
M0007	.....	G	Combined phys ther mod & tx	+1.01	0.23	0.16	0.52	0.43	0.04	1.57	1.48
M0008	.....	G	Combined phys ther mod & tx	+0.50	0.23	0.16	0.40	0.31	0.01	0.91	0.82
M0064	.....	A	Visit for drug monitoring	0.37	0.35	0.16	0.51	0.29	0.03	0.91	0.69
M0101	.....	A	Foot care hygienic/pm	0.43	0.57	0.16	0.80	0.30	0.03	1.26	0.76
P3001	26	A	Screening pap smear by phys	0.42	0.69	0.16	0.94	0.30	0.04	1.40	0.76
Q0035	.....	A	Cardiokymography	0.17	0.36	0.36	0.48	0.48	0.04	0.69	0.69
Q0035	26	A	Cardiokymography	0.17	0.11	0.11	0.17	0.17	0.01	0.35	0.35
Q0035	TC	A	Cardiokymography	0.00	0.25	0.25	0.31	0.31	0.03	0.34	0.34
Q0068	.....	A	Extracorpeal plasmapheresis	1.67	1.75	0.14	2.54	0.57	0.16	4.37	2.40
Q0091	.....	A	Obtaining screen pap smear	0.37	0.46	0.16	0.65	0.29	0.03	1.05	0.69
Q0092	.....	A	Set up port xray equipment	0.00	0.20	0.20	0.24	0.24	0.01	0.25	0.25
Q0103	.....	A	Physical therapy evaluation	1.01	0.25	0.16	0.56	0.44	0.11	1.68	1.56
Q0104	.....	A	Phys therapy re-evaluation	0.50	0.25	0.16	0.42	0.31	0.01	0.93	0.82
Q0109	.....	A	Occupational therapy eval	1.01	0.20	0.13	0.49	0.41	0.11	1.61	1.53
Q0110	.....	A	Occupational therap re-eval	0.50	0.20	0.13	0.36	0.27	0.01	0.87	0.78
R0070	.....	A	Transport portable x-ray	0.00	0.46	0.46	0.56	0.56	0.00	0.56	0.56
R0075	.....	A	Transport port x-ray multipl	0.00	0.12	0.12	0.15	0.15	0.00	0.15	0.15

ADDENDUM D.—PROPOSED 1999 OFFICE RENTAL INDEX VERSUS 1997 RENTAL INDEX BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	Rental index		Difference	Percentage difference
			1999	1997		
00973	50	VIRGIN ISLANDS	1.309	1.089	0.220	20.2
00901	99	REST OF MARYLAND	1.020	0.916	0.104	11.4
00824	01	COLORADO	0.956	0.871	0.085	9.8
01380	01	PORTLAND, OR	1.006	0.923	0.083	9.0
01020	01	ALASKA	1.265	1.190	0.075	6.3
00910	09	UTAH	0.827	0.753	0.074	9.8
00820	02	SOUTH DAKOTA	0.809	0.740	0.069	9.3
00820	01	NORTH DAKOTA	0.761	0.695	0.066	9.5
01030	00	ARIZONA	0.955	0.892	0.063	7.1
01390	99	REST OF WASHINGTON	0.957	0.896	0.061	6.8
00900	31	AUSTIN, TX	1.118	1.061	0.057	5.4
00825	21	WYOMING	0.769	0.714	0.055	7.7
00751	01	MONTANA	0.766	0.713	0.053	7.4
00900	09	BRAZORIA, TX	1.001	0.957	0.044	4.6
05130	00	IDAHO	0.801	0.761	0.040	5.3
01380	99	REST OF OREGON	0.899	0.860	0.039	4.5
00528	99	REST OF LOUISIANA	0.721	0.682	0.039	5.7
01360	05	NEW MEXICO	0.844	0.811	0.033	4.1
00621	16	CHICAGO, IL	1.207	1.175	0.032	2.7
01040	99	REST OF GEORGIA	0.765	0.734	0.031	4.2
00660	00	KENTUCKY	0.719	0.690	0.029	4.2
00900	99	REST OF TEXAS	0.791	0.762	0.029	3.8
10250	00	MISSISSIPPI	0.705	0.678	0.027	4.0
05535	00	NORTH CAROLINA	0.817	0.791	0.026	3.3
00901	01	BALTIMORE/SURR. CNTYS, MD	1.027	1.003	0.024	2.4
00951	00	WISCONSIN	0.854	0.830	0.024	2.9
00700	99	REST OF MASSACHUSETTS	1.162	1.138	0.024	2.1
00865	99	REST OF PENNSYLVANIA	0.825	0.801	0.024	3.0
00801	99	REST OF NEW YORK	0.915	0.892	0.023	2.6
00650	00	KANSAS*	0.772	0.751	0.021	2.8
00740	04	KANSAS*	0.772	0.751	0.021	2.8
00880	01	SOUTH CAROLINA	0.795	0.774	0.021	2.7
00900	20	BEAUMONT, TX	0.758	0.737	0.021	2.8
00640	00	IOWA	0.778	0.758	0.020	2.6
01040	01	ATLANTA, GA	1.034	1.017	0.017	1.7
00623	99	REST OF MICHIGAN	0.829	0.813	0.016	2.0
00900	11	DALLAS, TX	1.005	0.990	0.015	1.5
00900	15	GALVESTON, TX	0.910	0.896	0.014	1.6
00590	99	REST OF FLORIDA	0.936	0.922	0.014	1.5
00528	01	NEW ORLEANS, LA	0.826	0.812	0.014	1.7
16510	16	WEST VIRGINIA	0.659	0.646	0.013	2.0

ADDENDUM D.—PROPOSED 1999 OFFICE RENTAL INDEX VERSUS 1997 RENTAL INDEX BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	Rental index		Difference	Percentage difference
			1999	1997		
01390	02	SEATTLE (KING CNTY), WA	1.162	1.149	0.013	1.1
01290	00	NEVADA	1.079	1.066	0.013	1.2
10490	00	VIRGINIA	0.881	0.869	0.012	1.4
00621	99	REST OF ILLINOIS	0.756	0.745	0.011	1.5
00510	00	ALABAMA	0.713	0.703	0.010	1.4
00520	13	ARKANSAS	0.698	0.688	0.010	1.5
00655	00	NEBRASKA	0.770	0.760	0.010	1.3
00900	18	HOUSTON, TX	0.972	0.964	0.008	0.8
10240	00	MINNESOTA	0.896	0.888	0.008	0.9
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.305	1.298	0.007	0.5
00621	12	EAST ST. LOUIS, IL	0.787	0.784	0.003	0.4
00740	02	METROPOLITAN KANSAS CITY, MO	0.828	0.827	0.001	0.1
05440	35	TENNESSEE	0.758	0.757	0.001	0.1
00630	00	INDIANA	0.806	0.805	0.001	0.1
00740	99	REST OF MISSOURI*	0.656	0.656	0.000	0.0
11260	99	REST OF MISSOURI*	0.656	0.656	0.000	0.0
16360	00	OHIO	0.812	0.812	0.000	0.0
00803	02	NYC SUBURBS/LONG I., NY	1.535	1.537	−0.002	−0.1
00590	03	FORT WORTH, TX	0.921	0.924	−0.003	−0.3
11260	01	METROPOLITAN ST. LOUIS, MO	0.807	0.810	−0.003	−0.4
01370	00	OKLAHOMA	0.713	0.716	−0.003	−0.4
21200	99	REST OF MAINE	0.827	0.830	−0.003	−0.4
00865	01	METROPOLITAN PHILADELPHIA, PA	1.162	1.168	−0.006	−0.5
00780	40	NEW HAMPSHIRE	1.091	1.101	−0.010	−0.9
21200	03	SOUTHERN MAINE	1.119	1.134	−0.015	−1.3
00570	01	DELAWARE	1.013	1.028	−0.015	−1.5
00780	50	VERMONT	0.980	0.996	−0.016	−1.6
14330	04	QUEENS, NY	1.466	1.484	−0.018	−1.2
00803	01	MANHATTAN, NY	1.808	1.829	−0.021	−1.1
00870	01	RHODE ISLAND	1.111	1.133	−0.022	−1.9
02050	99	REST OF CALIFORNIA*	1.068	1.092	−0.024	−2.2
00542	99	REST OF CALIFORNIA*	1.068	1.092	−0.024	−2.2
02050	18	LOS ANGELES	1.466	1.495	−0.029	−1.9
00973	20	PUERTO RICO	0.715	0.751	−0.036	−4.8
00900	28	FORT LAUDERDALE, FL	1.114	1.151	−0.037	−3.2
00590	04	MIAMI, FL	1.232	1.276	−0.044	−3.4
02050	26	ANAHEIM/SANTA ANA, CA	1.474	1.526	−0.052	−3.4
10230	00	CONNECTICUT	1.313	1.367	−0.054	−4.0
00623	01	DETROIT, MI	0.971	1.032	−0.061	−5.9
00700	01	METROPOLITAN BOSTON	1.366	1.433	−0.067	−4.7
00542	07	OAKLAND/BERKLEY, CA	1.339	1.411	−0.072	−5.1
00542	03	MARIN/NAPA/SOLANO, CA	1.346	1.423	−0.077	−5.4
00860	99	REST OF NEW JERSEY	1.261	1.343	−0.082	−6.1
00860	01	NORTHERN NJ	1.415	1.507	−0.092	−6.1
00542	06	SAN MATEO, CA	1.629	1.730	−0.101	−5.8
00542	09	SANTA CLARA, CA	1.548	1.651	−0.103	−6.2
00621	15	SUBURBAN CHICAGO, IL	1.207	1.313	−0.106	−8.1
00542	05	SAN FRANCISCO, CA	1.629	1.748	−0.119	−6.8
00580	01	DC + MD/VA SUBURBS	1.335	1.458	−0.123	−8.4
01120	01	HAWAII/GUAM	1.639	1.785	−0.146	−8.2
02050	17	VENTURA, CA	1.329	1.573	−0.244	−15.5

* Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00621	16	CHICAGO, IL	1.641	1.351	0.290	21.5

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00621	12	EAST ST. LOUIS, IL	1.441	1.175	0.266	22.6
00621	15	SUBURBAN CHICAGO, IL	1.323	1.133	0.190	16.8
00621	99	REST OF ILLINOIS	0.960	0.803	0.157	19.6
00803	02	NYC SUBURBS/LONG I., NY	1.873	1.719	0.154	9.0
00528	01	NEW ORLEANS, LA	1.118	0.975	0.143	14.7
14330	04	QUEENS, NY	1.782	1.648	0.134	8.1
00528	99	REST OF LOUISIANA	0.999	0.891	0.108	12.1
01290	00	NEVADA	0.966	0.867	0.099	11.4
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.285	1.191	0.094	7.9
00803	01	MANHATTAN, NY	1.603	1.511	0.092	6.1
16510	16	WEST VIRGINIA	1.072	0.981	0.091	9.3
00780	50	VERMONT	0.531	0.442	0.089	20.1
00780	40	NEW HAMPSHIRE	0.982	0.895	0.087	9.7
00973	20	PUERTO RICO	0.348	0.262	0.086	32.8
02050	18	LOS ANGELES, CA	0.820	0.735	0.085	11.6
02050	26	ANAHEIM/SANTA ANA, CA	0.820	0.735	0.085	11.6
00542	03	MARIN/NAPA/SOLANO, CA	0.646	0.583	0.063	10.8
00542	05	SAN FRANCISCO, CA	0.646	0.583	0.063	10.8
00542	06	SAN MATEO, CA	0.646	0.583	0.063	10.8
00542	07	OAKLAND/BERKLEY, CA	0.646	0.583	0.063	10.8
00542	09	SANTA CLARA, CA	0.646	0.583	0.063	10.8
02050	99	REST OF CALIFORNIA*	0.677	0.614	0.063	10.3
00542	99	REST OF CALIFORNIA*	0.677	0.614	0.063	10.3
00570	01	DELAWARE	0.834	0.774	0.060	7.8
05535	00	NORTH CAROLINA	0.482	0.425	0.057	13.4
00630	00	INDIANA	0.395	0.348	0.047	13.5
00580	01	DC + MD/VA SUBURBS	1.000	0.958	0.042	4.4
10230	00	CONNECTICUT	1.020	0.978	0.042	4.3
01040	01	ATLANTA, GA	0.922	0.882	0.040	4.5
01040	99	REST OF GEORGIA	0.922	0.882	0.040	4.5
10490	00	VIRGINIA	0.540	0.506	0.034	6.7
00820	01	NORTH DAKOTA	0.636	0.603	0.033	5.5
00900	11	DALLAS, TX	0.901	0.873	0.028	3.2
00590	03	FORT WORTH, TX	0.901	0.873	0.028	3.2
00860	01	NORTHERN NJ	0.771	0.745	0.026	3.5
00860	99	REST OF NEW JERSEY	0.771	0.745	0.026	3.5
01120	01	HAWAII/GUAM	0.924	0.899	0.025	2.8
00900	99	REST OF TEXAS	0.844	0.819	0.025	3.1
02050	17	VENTURA, CA	0.695	0.671	0.024	3.6
05440	35	TENNESSEE	0.535	0.512	0.023	4.5
16360	00	OHIO	1.041	1.025	0.016	1.6
00900	31	AUSTIN, TX	0.823	0.808	0.015	1.9
00973	50	VIRGIN ISLANDS	1.000	1.000	0.000	0.0
00901	99	REST OF MARYLAND	0.839	0.843	−0.004	−0.5
00740	99	REST OF MISSOURI*	1.129	1.133	−0.004	−0.4
11260	99	REST OF MISSOURI*	1.129	1.133	−0.004	−0.4
00655	00	NEBRASKA	0.429	0.434	−0.005	−1.2
00623	01	DETROIT, MI	2.975	2.982	−0.007	−0.2
10250	00	MISSISSIPPI	0.699	0.710	−0.011	−1.5
00820	02	SOUTH DAKOTA	0.422	0.433	−0.011	−2.5
01390	02	SEATTLE (KING CNTY), WA	0.719	0.731	−0.012	−1.6
01390	99	REST OF WASHINGTON	0.719	0.731	−0.012	−1.6
11260	01	METROPOLITAN ST. LOUIS, MO	1.161	1.180	−0.019	−1.6
00660	00	KENTUCKY	0.782	0.801	−0.019	−2.4
00740	02	METROPOLITAN KANSAS CITY, MO	1.159	1.180	−0.021	−1.8
00900	18	HOUSTON, TX	1.374	1.396	−0.022	−1.6
05130	00	IDAHO	0.549	0.575	−0.026	−4.5
00520	13	ARKANSAS	0.391	0.417	−0.026	−6.2
00901	01	BALTIMORE/SURR. CNTYS, MD	1.064	1.090	−0.026	−2.4
00751	01	MONTANA	0.709	0.739	−0.030	−4.1
00623	99	REST OF MICHIGAN	1.772	1.802	−0.030	−1.7
01370	00	OKLAHOMA	0.437	0.470	−0.033	−7.0
00801	99	REST OF NEW YORK	0.769	0.802	−0.033	−4.1
00640	00	IOWA	0.628	0.664	−0.036	−5.4

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00824	01	COLORADO	0.771	0.808	−0.037	−4.6
00900	09	BRAZORIA, TX	1.343	1.396	−0.053	−3.8
00900	15	GALVESTON, TX	1.343	1.396	−0.053	−3.8
00900	20	BEAUMONT, TX	1.343	1.396	−0.053	−3.8
00910	09	UTAH	0.576	0.629	−0.053	−8.4
01380	01	PORTLAND, OR	0.569	0.623	−0.054	−8.7
01380	99	REST OF OREGON	0.569	0.623	−0.054	−8.7
21200	03	SOUTHERN MAINE	0.686	0.742	−0.056	−7.5
21200	99	REST OF MAINE	0.686	0.742	−0.056	−7.5
00510	00	ALABAMA	0.849	0.906	−0.057	−6.3
01360	05	NEW MEXICO	0.694	0.774	−0.080	−10.3
00880	01	SOUTH CAROLINA	0.271	0.353	−0.082	−23.2
10240	00	MINNESOTA	0.491	0.581	−0.090	−15.5
01020	01	ALASKA	1.486	1.581	−0.095	−6.0
00900	28	FORT LAUDERDALE, FL	1.728	1.825	−0.097	−5.3
00590	99	REST OF FLORIDA	1.286	1.385	−0.099	−7.1
00865	99	REST OF PENNSYLVANIA	0.617	0.719	−0.102	−14.2
00825	21	WYOMING	0.683	0.793	−0.110	−13.9
00865	01	METROPOLITAN PHILADELPHIA, PA	1.170	1.284	−0.114	−8.9
00590	04	MIAMI, FL	2.278	2.401	−0.123	−5.1
01030	00	ARIZONA	1.152	1.291	−0.139	−10.8
00700	01	METROPOLITAN BOSTON	0.691	0.956	−0.265	−27.7
00700	99	REST OF MASSACHUSETTS	0.691	0.956	−0.265	−27.7
00650	00	KANSAS*	0.863	1.164	−0.301	−25.9
00740	04	KANSAS*	0.863	1.164	−0.301	−25.9
00951	00	WISCONSIN	0.815	1.134	−0.319	−28.1
00870	01	RHODE ISLAND	1.152	1.534	−0.382	−24.9

*Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
00973	50	VIRGIN ISLANDS	0.995	0.972	0.023	2.4
00621	16	CHICAGO, IL	1.081	1.064	0.017	1.6
00901	99	REST OF MARYLAND	0.978	0.962	0.016	1.7
00621	12	EAST ST. LOUIS, IL	0.986	0.972	0.014	1.4
00528	99	REST OF LOUISIANA	0.934	0.924	0.010	1.1
00621	99	REST OF ILLINOIS	0.931	0.922	0.009	1.0
00528	01	NEW ORLEANS, LA	0.984	0.975	0.009	0.9
00820	01	NORTH DAKOTA	0.905	0.896	0.009	1.0
00803	02	NYC SUBURBS/LONG I., NY	1.173	1.166	0.007	0.6
00820	02	SOUTH DAKOTA	0.885	0.878	0.007	0.8
00900	31	AUSTIN, TX	0.984	0.977	0.007	0.7
01290	00	NEVADA	1.014	1.008	0.006	0.6
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.053	1.047	0.006	0.6
01380	01	PORTLAND, OR	0.985	0.979	0.006	0.6
00900	99	REST OF TEXAS	0.928	0.922	0.006	0.7
01390	99	REST OF WASHINGTON	0.967	0.961	0.006	0.6
16510	16	WEST VIRGINIA	0.923	0.917	0.006	0.7
00780	40	NEW HAMPSHIRE	1.006	1.001	0.005	0.5
00824	01	COLORADO	0.969	0.964	0.005	0.5
05535	00	NORTH CAROLINA	0.927	0.922	0.005	0.5
01040	99	REST OF GEORGIA	0.939	0.934	0.005	0.5
01040	01	ATLANTA, GA	1.013	1.009	0.004	0.4
00751	01	MONTANA	0.909	0.905	0.004	0.4
14330	04	QUEENS, NY	1.164	1.160	0.004	0.3
00910	09	UTAH	0.929	0.925	0.004	0.4

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
05130	00	IDAHO	0.912	0.909	0.003	0.3
10490	00	VIRGINIA	0.945	0.942	0.003	0.3
00780	50	VERMONT	0.956	0.953	0.003	0.3
01020	01	ALASKA	1.128	1.125	0.003	0.3
00900	11	DALLAS, TX	1.007	1.004	0.003	0.3
00630	00	INDIANA	0.926	0.924	0.002	0.2
00660	00	KENTUCKY	0.922	0.920	0.002	0.2
10250	00	MISSISSIPPI	0.899	0.897	0.002	0.2
00803	01	MANHATTAN, NY	1.224	1.222	0.002	0.2
00900	09	BRAZORIA, TX	1.002	1.000	0.002	0.2
02050	18	LOS ANGELES	1.102	1.101	0.001	0.1
01390	02	SEATTLE (KING CNTY), WA	1.022	1.021	0.001	0.1
00640	00	IOWA	0.911	0.910	0.001	0.1
00973	20	PUERTO RICO	0.794	0.793	0.001	0.1
05440	35	TENNESSEE	0.922	0.921	0.001	0.1
00520	13	ARKANSAS	0.886	0.886	0.000	0.0
02050	99	REST OF CALIFORNIA*	1.006	1.006	0.000	0.0
00542	99	REST OF CALIFORNIA*	1.006	1.006	0.000	0.0
00570	01	DELAWARE	1.013	1.013	0.000	0.0
00655	00	NEBRASKA	0.893	0.893	0.000	0.0
16360	00	OHIO	0.971	0.971	0.000	0.0
01380	99	REST OF OREGON	0.932	0.932	0.000	0.0
00900	18	HOUSTON, TX	1.031	1.031	0.000	0.0
00900	20	BEAUMONT, TX	0.970	0.970	0.000	0.0
00590	03	FORT WORTH, TX	0.976	0.976	0.000	0.0
00825	21	WYOMING	0.923	0.923	0.000	0.0
00621	15	SUBURBAN CHICAGO, IL	1.046	1.047	−0.001	−0.1
01030	00	ARIZONA	0.992	0.993	−0.001	−0.1
00740	02	METROPOLITAN KANSAS CITY, MO	0.980	0.981	−0.001	−0.1
11260	01	METROPOLITAN ST. LOUIS, MO	0.981	0.982	−0.001	−0.1
00801	99	REST OF NEW YORK	0.971	0.972	−0.001	−0.1
00900	15	GALVESTON, TX	0.997	0.998	−0.001	−0.1
02050	26	ANAHEIM/SANTA ANA, CA	1.089	1.090	−0.001	−0.1
00901	01	BALTIMORE/SURR. CNTYS, MD	1.029	1.030	−0.001	−0.1
00623	99	REST OF MICHIGAN	1.009	1.010	−0.001	−0.1
00510	00	ALABAMA	0.928	0.930	−0.002	−0.2
01360	05	NEW MEXICO	0.933	0.935	−0.002	−0.2
01370	00	OKLAHOMA	0.907	0.909	−0.002	−0.2
00865	99	REST OF PENNSYLVANIA	0.947	0.949	−0.002	−0.2
00880	01	SOUTH CAROLINA	0.912	0.914	−0.002	−0.2
21200	99	REST OF MAINE	0.932	0.935	−0.003	−0.3
10240	00	MINNESOTA	0.956	0.959	−0.003	−0.3
00740	99	REST OF MISSOURI*	0.906	0.909	−0.003	−0.3
11260	99	REST OF MISSOURI*	0.906	0.909	−0.003	−0.3
00590	99	REST OF FLORIDA	0.978	0.982	−0.004	−0.4
00542	03	MARIN/NAPA/SOLANO, CA	1.056	1.061	−0.005	−0.5
21200	03	SOUTHERN MAINE	0.985	0.990	−0.005	−0.5
00542	07	OAKLAND/BERKLEY, CA	1.085	1.090	−0.005	−0.5
10230	00	CONNECTICUT	1.098	1.104	−0.006	−0.5
00865	01	METROPOLITAN PHILADELPHIA, PA	1.057	1.063	−0.006	−0.6
00860	99	REST OF NEW JERSEY	1.042	1.049	−0.007	−0.7
00623	01	DETROIT, MI	1.126	1.133	−0.007	−0.6
00542	06	SAN MATEO, CA	1.120	1.128	−0.008	−0.7
00542	09	SANTA CLARA, CA	1.124	1.132	−0.008	−0.7
00860	01	NORTHERN NJ	1.098	1.107	−0.009	−0.8
00542	05	SAN FRANCISCO, CA	1.142	1.151	−0.009	−0.8
00900	28	FORT LAUDERDALE, FL	1.043	1.052	−0.009	−0.9
00580	01	DC +MD/VA SUBURBS	1.093	1.103	−0.010	−0.9
00590	04	MIAMI, FL	1.101	1.111	−0.010	−0.9
00700	99	REST OF MASSACHUSETTS	1.028	1.038	−0.010	−1.0
00650	00	KANSAS*	0.931	0.943	−0.012	−1.3
00740	04	KANSAS*	0.931	0.943	−0.012	−1.3
00951	00	WISCONSIN	0.953	0.965	−0.012	−1.2
01120	01	HAWAII/GUAM	1.070	1.083	−0.013	−1.2

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
00700	01	METROPOLITAN BOSTON	1.086	1.106	−0.020	−1.8
00870	01	RHODE ISLAND	1.045	1.065	−0.020	−1.9
02050	17	VENTURA, CA	1.053	1.077	−0.024	−2.2

*Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

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